Schedule of Benefits

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): All active, full-time Faculty and Professional Staff Employees of the Employer regularly scheduled to work a minimum of 30 hour per week or on an approved 9, 10, 11, and 12 month per year appointment; Faculty on an approved joint appointment: one full-time position shared by two College Faculty members each working at least 1040 hours annually; full-time Faculty working reduced schedule under an approved Phased Retirement Agreement, visiting, tenured, non-tenured and tenure track Faculty; full-time Employees of the Lancaster City Alliance, full-time Employees of the Centennial Conference and full-time Employees of the Pennsylvania Consortium for Liberal Arts, excluding Senior Officers.

Program Date: July 1, 2015. This Booklet describes the benefits under the Group Program as of the Program Date.

- This Booklet and the Certificate of Coverage together form your Group Insurance Certificate. The Coverages in this Booklet are insured under a Group Contract issued by Prudential. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. It alone forms the agreement under which payment of insurance is made.

BASIC EMPLOYEE TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount For Each Benefit Class:

<table>
<thead>
<tr>
<th>Benefit Classes</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees</td>
<td>150% of your annual Earnings. If this amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000.</td>
</tr>
<tr>
<td></td>
<td>Maximum Amount: $100,000.</td>
</tr>
</tbody>
</table>

The Definitions section explains what "Earnings" means.

Amount Limit Due to Age: When you are age 75 or more, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Limited Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 and more</td>
<td>50</td>
</tr>
</tbody>
</table>

The Limited Percent for an Age takes effect on the day you become insured if you are then that Age. Otherwise, each Limited Percent for an Age takes effect on the first July 1 that occurs while you are that Age.

The Delay of Effective Date section does not apply to this Amount Limit Due to Age provision.

Effect of Option to Accelerate Payment of Death Benefits: Your amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Condition Proceeds paid under the Option to Accelerate Payment of Death Benefits.
BASIC ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

BENEFIT AMOUNTS UNDER EMPLOYEE INSURANCE:

Amount For Each Benefit Class: An amount equal to the amount for which you are insured under the Basic Employee Term Life Coverage. For this purpose only, that amount will be the amount as determined above, except that if your Basic Employee Term Life Coverage is reduced by any amount paid under the Option to Accelerate Payment of Death Benefits, that reduction will not apply to this Coverage.

ADDITIONAL BENEFITS UNDER EMPLOYEE INSURANCE:

For the purposes of determining benefits under the Coverage, Amount of Insurance does not include any additional amount payable as shown below.

Additional Amount Payable for Loss of Life as a Result of an Accident in a Four Wheel Vehicle While Using a Seat Belt: An amount equal to the lesser of:

(1) 10% of your Amount of Insurance; and
(2) $10,000.

Additional Amount Payable for Loss of Life as a Result of an Accident in a Four Wheel Vehicle Equipped with a Supplemental Restraint System: An amount equal to the lesser of:

(1) 10% of your Amount of Insurance; and
(2) $10,000.

Additional Amount Payable for Return of Remains: An amount equal to the lesser of:

(1) the amount of Covered Expenses; and
(2) $2,500.

Additional Amount Payable for Your Loss as a Result of Felonious Assault: An amount equal to 5% of the amount payable under the Coverage for the Loss that results from a Felonious Assault.

Additional Amount Payable for Tuition Reimbursement for Your Spouse: An amount equal to the least of:

(1) the actual tuition charged for the program;
(2) 1% of your Amount of Insurance; and
(3) $2,500.

Additional Annual Amount Payable for Tuition Reimbursement for Your Dependent Child: An amount equal to the least of:

(1) the actual annual tuition, exclusive of room and board, charged by the School;
(2) 1% of your Amount of Insurance; and
(3) $2,500.
This benefit is payable annually for up to four consecutive years, but not beyond the date the child reaches age 23.

If there is no dependent child eligible for this benefit, a benefit of $1,000 will be paid.

**Additional Annual Amount Payable for Day Care Expenses for Your Dependent Child:** An amount equal to the least of:

1. the actual cost charged by such Day Care Center per year;
2. 1% of your Amount of Insurance, and
3. $2,000.

This benefit is payable annually for up to four consecutive years, but not beyond the date the child reaches age seven.

If there is no dependent child eligible for this benefit, a benefit of $1,000 will be paid.

**TO WHOM PAYABLE:**

Accidental Death and Dismemberment benefits are payable to you with these exceptions:

1. Benefits for tuition reimbursement for your spouse payable on account of your Loss of life will be paid to:
   a. your spouse, if living; or
   b. your spouse's estate.

2. Benefits for day care expenses or tuition reimbursement for your dependent children payable on account of your Loss of life will be paid to the person or institution appearing to Prudential to have assumed the main support of the children.

3. Benefits for any other of your Losses that are unpaid at your death or become payable on account of your death will be paid to your Beneficiary or Beneficiaries. (See Beneficiary Rules.)

**OTHER INFORMATION**

**Contract Holder:** FRANKLIN & MARSHALL COLLEGE

**Group Contract No.:** G-51993-PA

**Associated Companies:** Associated Companies are employers who are the Contract Holder's subsidiaries or affiliates and are reported to Prudential in writing for inclusion under the Group Contract, provided that Prudential has approved such request.

**Cost of Insurance:** The insurance in this Booklet is Non-contributory Insurance.

**Prudential's Address:**

The Prudential Insurance Company of America
80 Livingston Avenue
Roseland, New Jersey 07068

83500
BSB 1009

(51993-6)
WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Use a claim form, and follow the instructions on the form.

If you do not have a claim form, contact your Employer.