



JEFFERSON PILOT
FINANCIAL

Jefferson Pilot Financial Insurance Company
8801 Indian Hills Drive, Omaha NE 68114-4066
(800) 423-2765 A Stock Company

CERTIFIES THAT Group Policy No. GL 000010072415 has been issued to
Manhattan Beach Unified School District
(The Group Policyholder)

The Issue Date of the Policy is October 1, 2005.

The insurance is effective only if the Employee is eligible for insurance and becomes and remains insured as provided in the Group Policy.

CERTIFICATE OF GROUP LONG TERM DISABILITY INSURANCE

CLASS 1 - All Certificated Employees working 50% time or more participating in STRS

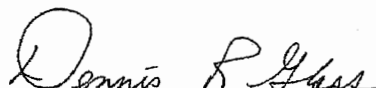
CLASS 2 - All Classified Employees working 50% time or more participating in PERS and Social Security Integration

NOTE: THIS Long Term Disability Insurance is paid for by the District.
There is no cost to the employee.

The Employee is entitled to benefits described in this Certificate if the Employee is eligible for insurance under the provisions of the Policy and according to the records of the Employer.

This Certificate replaces any other certificate previously issued for the benefits described inside. As a Certificate of insurance, this does not constitute a contract of insurance, it summarizes the provisions of the Policy and is subject to the terms of the Policy.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE. If you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in its sale, or if you have additional questions; then you may contact the insurance company at the above address or phone them at 1-800-423-2765. If unable to obtain satisfaction from the company or agent, you may contact the state regulatory agency at California Department of Insurance, Consumer Communications Bureau, 300 South Spring Street, Los Angeles, CA 90013, or phone them at 1-800-927-4357. Please have your policy number available.


Chief Executive Officer

CERTIFICATE OF GROUP LONG TERM DISABILITY INSURANCE

Manhattan Beach Unified School District
000010072415

SCHEDULE OF BENEFITS

ELIGIBLE CLASS means: Class 1 Certificated Employees

Class 2 Classified Employees

MINIMUM HOURS PER WEEK: 20 (or 50% time)

LONG-TERM DISABILITY BENEFITS

WAITING PERIOD (For date insurance begins, refer to "Effective Dates" section)

- a. None for employees who were hired on or before the Policy Issue Date.
- b. One month of continuous Active Work for employees who were hired after the Policy Issue Date.

BENEFIT PERCENTAGE: 66 2/3%

MAXIMUM MONTHLY BENEFIT: \$10,000

MINIMUM MONTHLY BENEFIT: \$100 or 10% of the Insured Employee's Monthly Benefit, whichever is greater

Long-Term Disability Benefits for PRE-EXISTING CONDITIONS will be subject to the Pre-Existing Condition Exclusion on the Exclusion page.

ELIMINATION PERIOD: 60 calendar days of Disability caused by the same or a related Sickness or Injury, which must be accumulated within a 120 calendar day period.

MAXIMUM BENEFIT PERIOD: (For Sickness, Injury or Pre-Existing Condition): The Insured Employee's Social Security Normal Retirement Age, or the Maximum Benefit Period shown below (whichever is later).

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

OWN OCCUPATION PERIOD means a period beginning at the end of the Elimination Period and ending 24 months later for Insured Employees.