



Policyholder: Martin Transportation Systems, Inc.
Voluntary Short-Term Disability (STD) Coverage
Office & Management

Effective Date: 5/1/2015

This is a summary of your short-term disability coverage from Principal Life Insurance Company. Short-term disability coverage provides you with weekly income if you are disabled because of injury or illness.

Your Benefits at a Glance	
Qualifying as Disabled	<p>You may qualify as disabled during the elimination period and benefit payment period if because of sickness, injury or pregnancy, one of the following applies:</p> <ul style="list-style-type: none"> • You cannot perform the majority of the substantial and material duties of your own job. • You are performing the duties of your own job on a modified basis and lose at least 20% of the income you earned before becoming disabled. • You are performing the duties of any other occupation and lose at least 20% of the income you earned before becoming disabled. <p>The income you earned before becoming disabled is referred to as predisability earnings.</p>
When Benefits Begin	<p>STD benefits begin on the 15th day of disability when your disability is due to injury. Benefits begin on the 15th day of disability when your disability is due to sickness. The amount of time you must be disabled before receiving benefits is called the elimination period. It can be satisfied with days of total or partial disability.</p>
Benefits if Not Working	<p>When you are unable to work in any capacity during the benefit payment period, your weekly benefit equals your primary weekly benefit less income from other sources.</p> <p>Your primary weekly benefit is equal to 60% of your earnings before becoming disabled, but will not exceed \$1,000.</p> <p>Your weekly benefit will not be less than the minimum benefit of \$15.</p>
Benefits if Working	<p>If you are able to work while disabled, you may still be eligible to receive a disability benefit.</p> <p>If you are working during the benefit payment period, your weekly benefit is the lesser of:</p> <ul style="list-style-type: none"> • 100% of the earnings you received before becoming disabled, less income from other sources, less current earnings; or • Your primary weekly benefit, less income from other sources.
Maternity	<p>Treated same as any other disability.</p>
Your Benefit Duration	<p>You are eligible to receive STD benefits for 24 weeks after the benefit payment period begins.</p> <p>However, your disability benefits will end when you:</p> <ul style="list-style-type: none"> • Recover • Cease to be under the regular and appropriate care of a physician • Fail to provide any required proof of disability • Fail to submit to a required medical examination • Fail to report income from other sources, or any other required earnings information • Fail to pursue Social Security disability benefits or Workers' Compensation benefits • Die <p>If you recover and return to work for 30 days or less during the benefit duration and then again become disabled from the same or related cause, you are not required to complete a new elimination period.</p>
Survivor Benefit	<p>A survivor benefit is a lump sum payment issued to your survivors, should you die while receiving disability benefits. The benefit payment is equal to three times your primary weekly benefit.</p>

Rehabilitation Services and Benefits	
Rehabilitation Services	<p>While disabled, you may qualify to participate in a rehabilitation plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work.</p> <p>If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own job, preventive rehabilitation services may be offered.</p>
Rehabilitation Incentive Benefit	If you become totally disabled, your benefit percentage can be increased by 5% when you participate in and satisfy the requirements of an individual rehabilitation plan.
Mandatory Rehabilitation	This provision indicates that, if appropriate, you may be required to participate in an individual rehabilitation plan. Any expenses associated with the rehabilitation plan will be paid for by Principal Life. If you do not comply with the rehabilitation plan without good cause, your disability benefits may cease.

Limitations of Benefits	
Limitations	<p>No benefits will be paid for disabilities resulting from:</p> <ul style="list-style-type: none"> • Willful self injury, while sane or insane • War or an act of war • Participation in an assault or felony • A new or continuing disability that begins after your benefit payment period has ended, but you have not returned to active work • Sickness or injury arising out of or in the course of employment for wage or profit

Terms to Know

Income from Other Sources – Income you receive from other sources can be deducted from your primary weekly benefit amount. Other sources include:

- All retirement or disability benefits that you and your dependents receive or could have received, from Social Security or other government agencies
- Salary continuance, personal time off or sick pay
- Workers' Compensation benefits
- Income from state disability plans
- Payments from policies that provide coverage for time away from work, if paid in part by or deducted from payroll by the policyholder
- Income from other group disability coverage policies
- Disability or retirement benefits, paid by pension plans sponsored by the policyholder
- Income received from no-fault auto laws
- Renewal commissions received from the policyholder
- Severance pay
- All payments for the month that the member receives under state unemployment laws

Other income sources do not include:

- Individual disability coverage
- Profit sharing plans
- Thrift savings plans
- Nonqualified deferred compensation plans
- 401(k) plans
- Individual retirement accounts (IRA)
- Stock ownership plans
- Keogh (HR-10) plans
- Any cost of living increases paid in connection with other sources of income
- Social Security or pension plan payments that were being received prior to the current disability
- Any income the member receives for services rendered prior to the member's date of disability

Modified Basis – You will be considered working on a modified basis if you are working on a part-time basis or performing some, but not all, of the substantial and material duties of a job on a full-time basis.

Own Job – The job you are routinely performing for the policyholder when your disability begins.

Predisability Earnings – The weekly earnings you receive before becoming disabled.

Your weekly earnings are based on the weekly average of W-2 earnings for the prior calendar year, which includes:

- Earnings under a qualified deferred compensation plan
- Voluntary earnings reduction under a Section 125 plan

Weekly earnings do not include housing or car allowances.

Primary Weekly Benefit – Your primary weekly benefit is equal to 60% of your earnings before becoming disabled, but will not exceed the maximum weekly benefit of \$1,000.

Substantial and Material Duties – The essential tasks required by employers from those engaged in a particular job which cannot be modified or omitted.

Weekly Payment Limit – The benefits paid to you are reduced if your total income exceeds 100% of your predisability earnings. Total income includes:

- Your normal benefit payable
- Additional benefits payable under your policy
- Return to work earnings
- Other Income Sources defined in the policy

This is a summary of group disability coverage underwritten by or with administrative services provided by Principal Life Insurance Company. Because this is a summary of your coverage, it does not state all contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy or contract determines all rights, benefits, exclusions and limitations of the coverage described here. For complete details, refer to your benefit booklet



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Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

Note: This announcement supplements any materials presented by your employer. It does not state all contract provisions, restrictions of coverage, benefits, conditions, limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with state or federal law, that provision will be applied to comply with state or federal law. A more complete description is in the booklet that will be issued to each member. Ask your employer for details.

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Martin Transportation Systems, Inc.

Short Term Disability - Office & Management

Estimated Weekly Benefit & Weekly Deduction Amount

End of Rate Guarantee Period: 12/31/2016

To determine your estimated weekly benefit amount, multiply your weekly earnings by your benefit percentage. See your Benefit Summary for the definition of earnings.

Weekly earnings: \$ _____
If your weekly earnings are greater than \$1,667 then use \$1,667 as your earnings.

X Benefit percentage: 0.60

= Estimated weekly benefit amount: \$ _____

To determine your estimated weekly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right.

Age	Weekly Rate
Age 24 & Under	0.0184615
25-29	0.0177692
30-34	0.0186923
35-39	0.0184615
40-44	0.0186923
45-49	0.0226154
50-54	0.0267692
55-59	0.0339231
60-64	0.0433846
65-69	0.0475385
70+	0.0519231

Estimated weekly benefit amount: \$ _____

X Age rate: \$ _____

= Estimated weekly deduction: \$ _____

Example

Age 30; weekly earnings: \$800; age rate is 0.0186923

Estimated weekly benefit amount : $\$800.00 \times 0.60 = \480.00

Estimated Weekly deduction : $\$480.00 \times 0.0186923 = \8.97



If your age changes to a different rate band during the guarantee period, your deduction amount will change to reflect the new rate band effective on the next policy anniversary date.

This is a general statement of Short Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.



Policyholder: Martin Transportation Systems, Inc.
**Voluntary Long-Term Disability (LTD) Coverage
 Office & Management**

Effective Date: 5/1/2015

This is a summary of your long-term disability coverage from Principal Life Insurance Company. Long-term disability coverage is designed to replace a portion of your income when you are disabled because of injury or illness.

Your Benefits at a Glance

<p>Qualifying as Disabled</p>	<p>You may qualify as disabled during the elimination period and own occupation period if because of sickness, injury or pregnancy, one of the following applies:</p> <ul style="list-style-type: none"> • You cannot perform the majority of the substantial and material duties of your own occupation. • You are performing the duties of your own occupation on a modified basis and lose at least 20% of the income you earned before becoming disabled. • You are performing the duties of any other occupation and lose at least 20% of the income you earned before becoming disabled. <p>After completing the own occupation period, you may qualify as disabled if because of sickness, injury or pregnancy, one of the following applies:</p> <ul style="list-style-type: none"> • You cannot perform the majority of the substantial and material duties of any occupation for which you are or may become qualified based on your education, training or experience. • You are performing the substantial and material duties of your own or any other occupation on a modified basis and lose at least 20% of the income you earned before becoming disabled. <p>The monthly income you earned before becoming disabled is referred to as predisability earnings.</p>
<p>When Benefits Begin</p>	<p>LTD benefits begin after you have been disabled for 180 days. This is called the elimination period. It can be satisfied with days of total or partial disability.</p> <p>If you recover and return to work during the elimination period and become disabled again, you may not have to satisfy a new elimination period. If you become disabled again, your elimination period will pick up at the point where it was left off when you recovered. You have a period twice as long as the elimination period to satisfy the required number of days of disability.</p>
<p>Benefits if Not Working</p>	<p>When you are unable to work in any capacity during the benefit payment period, your monthly benefit equals your primary monthly benefit, less income from other sources.</p> <p>Your primary monthly benefit is equal to 60% of your earnings before becoming disabled, but will not exceed \$6,000.</p> <p>Your monthly benefit will not be less than the minimum monthly benefit of the greater of 10% of your primary monthly benefit or \$100.</p>
<p>Benefits if Working</p>	<p>If you are able to work while disabled, you may still be eligible to receive a disability benefit.</p> <p>If you are working during the benefit payment period, your monthly benefit for the 12 month work incentive period is the lesser of:</p> <ul style="list-style-type: none"> • 100% of the indexed earnings you received before becoming disabled, less income from other sources, less current earnings; or • Your primary monthly benefit, less income from other sources. <p>After the work incentive period, your monthly benefit equals your primary monthly benefit, less income from other sources and multiplied by your income loss percentage.</p>
<p>Your Benefit Duration</p>	<p>Your age at the time of disability affects the length of time you are eligible to receive disability benefits.</p>

	<p>If you become disabled before reaching age 65, your disability benefits are payable until the later of:</p> <ul style="list-style-type: none"> • The date you reach Social Security normal retirement age: or • 36 months after your benefit payment period begins. <p>If you become disabled at or after age 65, your disability benefits are payable until the later of:</p> <ul style="list-style-type: none"> • The date you reach Social Security normal retirement age; or • The date the benefit payment period reaches the number of months shown below. <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Age disability occurs</u></th> <th style="text-align: center;"><u>Duration of benefits</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Age 65 – 67</td> <td style="text-align: center;">24 months</td> </tr> <tr> <td style="text-align: center;">Age 68 – 69</td> <td style="text-align: center;">18 months</td> </tr> <tr> <td style="text-align: center;">Age 70 – 71</td> <td style="text-align: center;">15 months</td> </tr> <tr> <td style="text-align: center;">Age 72 and over</td> <td style="text-align: center;">12 months</td> </tr> </tbody> </table> <p>However, your disability benefits will end when you:</p> <ul style="list-style-type: none"> • Recover • Cease to be under the regular and appropriate care of a physician • Fail to provide any required proof of disability • Fail to submit to a required medical examination • Fail to report income from other sources, or any other required earnings information • Fail to pursue Social Security disability benefits or Workers' Compensation benefits • Die <p>If you recover and return to work for six months or less during the benefit duration and then again become disabled from the same or related cause, you are not required to complete a new elimination period.</p>	<u>Age disability occurs</u>	<u>Duration of benefits</u>	Age 65 – 67	24 months	Age 68 – 69	18 months	Age 70 – 71	15 months	Age 72 and over	12 months
<u>Age disability occurs</u>	<u>Duration of benefits</u>										
Age 65 – 67	24 months										
Age 68 – 69	18 months										
Age 70 – 71	15 months										
Age 72 and over	12 months										

Rehabilitation Services and Benefits

Rehabilitation Services	<p>While disabled, you may qualify to participate in a rehabilitation plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work.</p> <p>If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own occupation, preventive rehabilitation services may be offered.</p>
Rehabilitation Incentive Benefit	<p>If you become totally disabled, your benefit percentage can be increased by 5% when you participate in and satisfy the requirements of an individual rehabilitation plan. You may be eligible for 12 months of rehabilitation incentive benefits.</p>
Mandatory Rehabilitation	<p>This provision indicates that, if appropriate, you may be required to participate in an individual rehabilitation plan. Any expenses associated with the rehabilitation plan will be paid for by Principal Life. If you do not comply with the rehabilitation plan without good cause, your disability benefits may cease.</p>

Additional Benefits

Survivor Benefit	<p>A survivor benefit is a lump sum payment issued to your survivors, should you die while receiving disability benefits. The benefit payment is equal to three times your benefit payable.</p>
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Limitations of Benefits

Limitations	<p>No benefits will be paid for disabilities resulting from:</p> <ul style="list-style-type: none"> • Willful self injury, while sane or insane • War or an act of war • Participation in an assault or felony • A new or continuing disability that begins after your benefit payment period has ended, but you have not returned to active work
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<p>Treatment of Mental Health Conditions and Drug and Alcohol Abuse Conditions</p>	<p>A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.</p> <p>Maximum benefit payment periods for: Mental health conditions – 24 months Alcohol, drug or chemical abuse conditions – 24 months</p> <p>The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.</p> <p>However, if at the end of the benefit duration, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.</p>
<p>Preexisting Conditions</p>	<p>A preexisting condition is a sickness or injury, including all related conditions and complications, or pregnancy for which you:</p> <ul style="list-style-type: none"> • Received medical treatment, consultation, care or service; or • Were prescribed or took prescription medications <p>in the six months prior to your effective date under this policy.</p> <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to:</p> <ul style="list-style-type: none"> • Policy amendments • Changes in earnings of 25% or greater

Terms you should know:

Income from Other Sources – Income you receive from other sources can be deducted from your primary monthly benefit amount. Other sources include:

- All retirement or disability benefits that you and your dependents receive or could have received, from Social Security or other government agencies
- Salary continuance, personal time off or sick pay
- Workers’ Compensation benefits
- Income from state disability plans
- Payments from policies that provide coverage for time away from work, if paid in part by or deducted from payroll by the policyholder
- Income from other group disability policies
- Disability or retirement benefits, paid by pension plans sponsored by the policyholder
- Income received from no-fault auto laws
- Renewal commissions received from the policyholder
- Severance pay
- All payments for the month that the member receives under state unemployment laws

Other income sources do not include:

- Individual disability coverage
- Profit sharing plans
- Thrift savings plans
- Nonqualified deferred compensation plans
- 401(k) plans
- Individual retirement accounts (IRA)
- Stock ownership plans
- Keogh (HR-10) plans
- Any cost of living increases paid in connection with other sources of income
- Social Security or pension plan payments that were being received prior to the current disability
- Any income the member receives for services rendered prior to the member’s date of disability

Modified Basis – You are considered to be working on a modified basis if you are working on either a part-time basis or you are able to perform some, but not all, of the substantial and material duties of an occupation on a full-time basis.

Monthly Payment Limit – The benefits paid to you are reduced if your total income exceeds 100% of your predisability earnings. Total income includes:

- Your normal benefit payable
- Additional benefits payable under your policy
- Return to work earnings
- Other Income Sources defined in the policy

Own Occupation – The occupation you are routinely performing when disability begins. Own occupation does not mean the specific tasks or job you are performing for the policyholder or at a specific location.

Own Occupation Period – The period of time you must be unable to perform the duties of your own occupation. Your own occupation period is the first 2 years of the benefit payment period.

Predisability Earnings – The monthly earnings you receive before becoming disabled. Your monthly earnings are based on the monthly average of W-2 earnings for the prior calendar year, which includes:

- Earnings under a qualified deferred compensation plan
- Voluntary earnings reduction under a Section 125 plan

Monthly earnings do not include housing or car allowances.

Primary Monthly Benefit - Your primary monthly benefit is equal to 60% of your earnings before becoming disabled, but will not exceed \$6,000.

Substantial and Material Duties – The essential tasks generally required by employers from those engaged in a particular occupation that cannot be modified or omitted.

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Long Term Disability - Office & Management

Estimated Monthly Benefit Amount & Weekly Deduction Amount

End of Rate Guarantee Period: 12/31/2016

To determine your estimated weekly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your Benefit Summary for the definition of earnings.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$10,000.00 then use \$10,000.00 as your earnings.

X Age rate: _____

= Estimated Weekly deduction : \$ _____

Age	Weekly Rate
Under age 24	.00030000
25-29	.00048462
30-34	.00080769
35-39	.00131538
40-44	.00198462
45-49	.00274615
50-54	.00360000
55-59	.00422308
60-64	.00362308
65-69	.00304615
70+	.00180000

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$10,000.00 then use \$10,000.00 as your earnings.

X Benefit percentage: 0.60

= Estimated monthly benefit amount: \$ _____

Example

Age 30; covered monthly earnings: \$4,000; age rate is 0.00080769

Estimated weekly deduction : \$4,000.00 X 0.00080769 = \$3.23

Estimated monthly benefit amount : \$4,000.00 X 0.60 = \$2,400.00



If your age changes to a different rate band during the guarantee period, your monthly deduction will change to reflect the new rate band effective on the next policy anniversary date.

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