



Disability Protection for Professionals

*We protect businesses' most valuable assets:
their employees.*



Professional Benefit Consultants, Inc
309 E Main Street, Suite 7
Auburn, WA 98002
Toll: 877-877-2407
www.psetinsurance.com

Architectural Professionals
Short-Term Disability Coverage

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE AND SUMMARY PLAN DESCRIPTION:

GROUP SHORT TERM DISABILITY INSURANCE

Policyholder:	Professional Services Employers Trust
Employer:	Concord Engineering Inc.
Policy Number:	445425-A
Effective Date:	May 1, 1998
Employer Participation Date:	March 1, 2015

A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



President

Table of Contents

COVERAGE FEATURES	1
GENERAL POLICY INFORMATION.....	1
BECOMING INSURED	1
PREMIUM CONTRIBUTIONS	2
SCHEDULE OF INSURANCE.....	2
DISABILITY PROVISIONS.....	2
EXCLUSIONS AND LIMITATIONS	2
OTHER PROVISIONS	2
ERISA SUMMARY PLAN DESCRIPTION INFORMATION	3
INSURING CLAUSE.....	4
DEFINITION OF DISABILITY	4
RETURN TO WORK INCENTIVE	4
TEMPORARY RECOVERY	4
WHEN STD BENEFITS END.....	5
PREDISABILITY EARNINGS.....	5
DEDUCTIBLE INCOME.....	6
RULES FOR DEDUCTIBLE INCOME	7
BENEFITS AFTER INSURANCE ENDS OR IS CHANGED.....	7
EFFECT OF NEW DISABILITY	7
EXCLUSIONS.....	8
LIMITATIONS	8
CLAIMS	8
TIME LIMITS ON LEGAL ACTIONS.....	10
INCONTESTABILITY PROVISIONS	10
WHEN YOUR INSURANCE BECOMES EFFECTIVE	10
ACTIVE WORK PROVISIONS.....	11
WHEN YOUR INSURANCE ENDS	11
REINSTATEMENT OF INSURANCE	12
DEFINITIONS	12
ERISA INFORMATION AND NOTICE OF RIGHTS	13

Index of Defined Terms

The page number shown below is where the term is defined. For terms defined by an entire section, the page number below is the page on which that section begins.

Active Work, Actively at Work, 11	Return To Work Incentive, 4
Benefit Waiting Period, 12	Sickness, 13
	STD Benefit, 13
Contributory, 12	Temporary Recovery, 4
Deductible Income, 6	War, 8
Disability, 4	Work Earnings, 4
Disabled, 4	
Eligibility Waiting Period, 12	
Employer(s), 1	
Evidence of Insurability, 12	
Group Policy, 12	
Group Policy Effective Date, 1	
Injury, 12	
Leave of Absence Provision, 2	
Maximum Benefit Period, 12	
Maximum STD Benefit, 2	
Member, 1	
Minimum, 2	
Noncontributory, 12	
Partial Disability Income Percentage, 2	
Partially Disabled, 4	
Physician, 12	
Plan Administrator, 3	
Policyholder, 1	
Predisability Earnings, 5, 6	
Preexisting Condition, 8	
Pregnancy, 12	
Prior Plan, 13	
Proof Of Loss, 9	

COVERAGE FEATURES

This section shows many of the features of your short term disability (STD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	445425-STD
Policyholder:	Professional Services Employers Trust
Employer(s):	Concord Engineering Inc.
Group Policy Effective Date:	May 1, 1998
Employer Participation Date:	March 1, 2015
Policy Issued In:	Washington

BECOMING INSURED

To become insured you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

Definition of Member: You are a Member if you are:

1. An active partner or employee of the Employer; and
2. Regularly working 30 hours each week.

You are not a Member if you are:

1. A temporary or seasonal employee; or
2. A full time member of the armed forces of any country.

Eligibility Waiting Period: You are eligible on the first day of the calendar month following the date you become a Member.

Evidence Of Insurability Required:

- a. For Members eligible but not insured under the Prior Plan.
- b. To become insured for an STD Benefit in excess of \$1,500, if your Employer employs fewer than 10 eligible Members on the date the Employer first participates under the Group Policy.
- c. To become insured for Maximum Benefit Period Plan 2 if your Employer elects to change from Maximum Benefit Period Plan 1, and your Employer had fewer than 10 eligible Members on the date the Employer first participated under the Group Policy.

PREMIUM CONTRIBUTIONS

Insurance is: Noncontributory

SCHEDULE OF INSURANCE

STD Benefit: 70% of the first \$2,143 of your Predisability Earnings, reduced by Deductible Income.

Maximum: \$1,500 before reduction by Deductible Income.

Minimum: \$15

Benefit Waiting Period: None for Disability caused by accidental Injury.
7 days for Disability caused by Sickness or Pregnancy.

Maximum Benefit Period: If Preexisting Condition Limitation applies: 4 weeks.
If Preexisting Condition Limitation does not apply: 13 weeks.

See **Limitations** for the Preexisting Condition Limitation.

If you are Disabled for less than one full week, we will pay one-seventh of the STD Benefit for each day of Disability.

DISABILITY PROVISIONS

Partial Disability: Covered. The Partial Disability Income Percentage is 70% of your Predisability Earnings.

See **Definition Of Disability** for more information.

EXCLUSIONS AND LIMITATIONS

Work Related Disability Exclusion: No

See **Exclusions** and **Limitations** for this and other exclusions and limitations.

OTHER PROVISIONS

Daily Hospital Benefit: No

Leave Of Absence Period: 90 days or less.

ERISA SUMMARY PLAN DESCRIPTION INFORMATION

Name of Plan: Short Term Disability Insurance

Name, Address of Plan Sponsor: Professional Services Employers Trust
7525 SE 24th Street, Suite 350
Mercer Island WA 98040

Plan Sponsor Tax ID Number: 91-1263424

Plan Number: 501

Type of Plan: Group Insurance Plan

Type of Administration: Contract Administration

Name, Address, Phone Number of Plan Administrator: Plan Sponsor
(206) 236-6480

Name, Address of Registered Agent for Service of Legal Process: Plan Administrator

If Legal Process involves Claims For Benefits Under The Group Policy, Additional Notification of Legal Process Must Be Sent To: Standard Insurance Company
1100 SW 6th Ave
Portland OR 97204-1093

Sources of Contributions: Employer

Funding Medium: Standard Insurance Company - Fully Insured

Plan Fiscal Year End: February 28

INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay STD Benefits according to the terms of the Group Policy after we receive satisfactory Proof Of Loss.

ST.IC.01

DEFINITION OF DISABILITY

You are Disabled if you meet either of the following definitions:

- A. Definition Of Disability; or
- B. Definition Of Partial Disability.

A. Definition Of Disability

You are Disabled if, as a result of Sickness, Injury or Pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation.

B. Definition Of Partial Disability

You are Partially Disabled when you work for your Employer but, as a result of Sickness, Injury or Pregnancy, are unable to earn more than the Partial Disability Income Percentage shown in the **Coverage Features**.

One half of your Work Earnings will be Deductible Income. See **Return To Work Incentive** and **Deductible Income**.

ST.DD.01

RETURN TO WORK INCENTIVE

A. During The Benefit Waiting Period

You may serve your Benefit Waiting Period while working for your Employer, if you meet either the Definition Of Disability or the Definition Of Partial Disability.

B. After The Benefit Waiting Period

You are eligible for the Return To Work Incentive on the first day you work for your Employer after the Benefit Waiting Period if STD Benefits are payable on that date.

One half of your Work Earnings will be Deductible Income.

Work Earnings means your gross weekly earnings from work you perform for your Employer while Disabled.

ST.RW.01

TEMPORARY RECOVERY

You may temporarily recover from your Disability during the Maximum Benefit Period, and then become Disabled again from the same cause or causes, without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the allowable period.

A. Allowable Period

The allowable period of recovery during the Maximum Benefit Period is a total of 30 days.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the allowable period, 1 through 4 below will apply.

1. The Predisability Earnings used to determine your STD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Maximum Benefit Period.
3. No STD Benefits will be payable for the period of Temporary Recovery.
4. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

ST.TR.05

WHEN STD BENEFITS END

Your STD Benefits end automatically on the earliest of 1 through 5 below.

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date you begin working for an employer other than your Employer, or become self-employed.
5. The date long term disability benefits become payable to you under a group long term disability policy issued by us.

ST.BE.01

PREDISABILITY EARNINGS

Your STD Benefit will be based on your Predisability Earnings in effect on your last full day of Active Work. Any subsequent change in your Predisability Earnings will not affect your STD Benefit.

A. Partners and S-Corporation Shareholders

Predisability Earnings means your average weekly compensation from your Employer (if a partnership or S-Corporation) during your previous tax year. Your average weekly compensation is determined by adding the following amounts as reported on the Schedule K-1, Form W-2 or S-Corporation federal income tax return for the previous tax year, and dividing by 52 (or by the number of weeks you were actively working as a partner or S-Corporation shareholder, if less than 52):

1. Your ordinary income (loss) from trade or business activity(ies).
2. Your guaranteed payments, if you are a partner.
3. Your compensation (as an officer), salary, or wages, if you are an S-corporation shareholder.

If you were not a partner or S-Corporation shareholder of the Employer during the entire previous tax year, your Predisability Earnings will be your average weekly compensation for your period as a Member.

B. Sole Proprietors

Predisability Earnings means your average weekly compensation from your Employer (if a sole proprietorship) during your previous tax year. Your average weekly compensation is the following amount as reported on the sole proprietorship federal income tax return for the previous tax year, divided by 52 (or by the number of weeks you were a sole proprietor, if less than 52):

Your ordinary income (loss) from trade or business activity(ies), excluding dividend, capital gains and return of capital.

If you were not a sole proprietor during the entire previous tax year, your Predisability Earnings will be your average weekly compensation for your period as a sole proprietor.

C. All Other Members

Predisability Earnings means your weekly rate of earnings your Employer.

Predisability Earnings does not include:

1. Commissions.
2. Bonuses.
3. Overtime pay.
4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Any other extra compensation.

If you are paid on an annual contract basis, your weekly rate of earnings is 1/52nd of your annual contract salary.

If you are paid hourly, your weekly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per week, but not more than 40 hours. If you do not have regular work hours, your weekly rate of earnings is based on the average number of hours you worked per week during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 40 hours.

D. All Members

Predisability Earnings includes 1 and 2 below.

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.

LT.PD.01X

DEDUCTIBLE INCOME

Deductible Income means:

1. Sick pay or other salary continuation (but not vacation pay) paid to you by your Employer, as determined below:
 - a. Determine the amount of your STD Benefit as if there were no Deductible Income, and add your sick pay or other salary continuation to that amount.
 - b. Determine 100% of your Predisability Earnings.
 - c. If a. is greater than b., the difference will be Deductible Income.
2. Your Work Earnings, as described in the **Return To Work Incentive**.

3. Any amount you receive or are eligible to receive because of your disability under:
 - a. A workers' compensation law or similar law, including amounts for partial or total disability, whether permanent, temporary, or vocational. However, California Workers' Compensation benefits for permanent total or permanent partial disability are not Deductible Income.
 - b. A state disability income benefit law or similar law.
4. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

ST.DI.09

RULES FOR DEDUCTIBLE INCOME

A. Weekly Equivalents

Each week we will determine your STD Benefit using the Deductible Income for the same weekly period, even if you actually receive the Deductible Income in another week.

If you are paid Deductible Income in a lump sum or by a method other than weekly, we will determine your STD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your STD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim. See **Claims**.

ST.RU.01

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

Your right to receive STD Benefits for a period of Disability which begins while you are insured will not be affected by:

1. Termination of the Group Policy after you become Disabled;
2. Termination of your insurance while the Group Policy remains in force; or
3. Any amendment to the Group Policy approved after the date you become Disabled.

ST.BA.01

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while STD Benefits are payable, STD Benefits will continue while you remain Disabled. However, 1 and 2 below will apply.

1. STD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Group Policy, including the **Exclusions** and **Limitations** sections will apply to the new cause of Disability.

ST.ND.01

EXCLUSIONS

A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.

ST.EX.07

LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician during the Benefit Waiting Period. No STD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician.

B. Working

No STD benefits will be paid for any period when you are working for wage or profit for any employer other than your Employer. This limitation applies whether you are working in your own or another occupation.

C. Preexisting Condition

Your Maximum Benefit Period will be limited as shown in the **Coverage Features** if your Disability is caused or contributed to by a Preexisting Condition. However, this limitation will not apply if you meet rules 1 and 2 below on the date you become Disabled.

1. You have been continuously insured for at least 6 months.
2. You have been Actively At Work at least one full day after those 6 months.

Preexisting Condition means a mental or physical condition for which you have done any of the following during the 90-day period just before the effective date of your insurance under the Group Policy:

1. Consulted a Physician;
2. Received medical treatment or services; or
3. Taken prescribed drugs or medications.

ST.LM.13X

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If you do not receive our forms within 15 days after you ask for them, you may submit your claim in a letter to us. The letter should include the date Disability began, and the cause and nature of the Disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period.

If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to STD Benefits. Proof Of Loss must be provided at your expense.

D. Documentation

At your expense, you must submit completed claims statements, your signed authorization for us to obtain information, and any other items we may reasonably require in support of your claim. If you do not provide the documentation within 60 days after we mail you our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend STD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay STD Benefits within 60 days after you satisfy Proof Of Loss.

STD Benefits will be paid to you at the end of each week you qualify for them. STD Benefits remaining unpaid at your death will be paid to your estate.

G. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any STD Benefits until we have been repaid in full. In the meantime, any STD Benefits paid, including the Minimum STD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

H. Notice Of Decision On Claim

You will receive a written decision on your claim within a reasonable time after we receive your claim.

If you do not receive our decision within 90 days after we receive your claim, you will have an immediate right to request a review as if your claim had been denied.

If we deny any part of your claim, you will receive a written notice of denial containing:

1. The reasons for our decision;
2. Reference to the parts of the Group Policy on which our decision is based;
3. A description of any additional information needed to support your claim; and
4. Information concerning your right to a review of our decision.

I. Review Procedure

You must request in writing a review of a denial of all or part of your claim within 60 days after you receive notice of the denial.

When you request a review, you may send us written comments or other items to support your claim. You may review any non-privileged information that relates to your request for review.

We will review your claim promptly after we receive your request. We will send you a notice of our decision within 60 days after we receive your request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant parts of the Group Policy.

J. Assignment

The rights and benefits under the Group Policy are not assignable.

ST.CL.01

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The end of the period within which Proof Of Loss is required to be given.

ST.TL.01

INCONTESTABILITY PROVISIONS

A. Incontestability Of Member's Insurance

Any statement you make to obtain insurance is a representation and not a warranty.

No misrepresentation by you will be used to reduce or deny your claim unless:

1. Your insurance would not have been approved if we had known the truth; and
2. We have given you a copy of a written instrument signed by you which contains your misrepresentation.

After your insurance has been in effect for two years, we will not use a misrepresentation by you to reduce or deny your claim, unless it was a fraudulent misrepresentation.

B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

ST.IN.01

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. Noncontributory Insurance

Subject to the **Active Work Provisions**, your Noncontributory insurance becomes effective on the later of:

1. The date you become eligible; and
2. The date we approve your Evidence Of Insurability, if required.

B. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured for insurance if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

ST.EF.02X

ACTIVE WORK PROVISIONS

A. Active Work Requirement

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business.

You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance. However, if you return to Active Work during a period of Disability or Temporary Recovery (see **Temporary Recovery**), you will not qualify for any change in insurance caused by a change in:

1. Your status as a member of a class;
2. The rate of earnings used to determine your Predisability Earnings; or
3. The terms of the Group Policy.

ST.AW.02

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Contributory.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, if you cease to be a Member because you are not working the required minimum number of hours, your insurance will be continued during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member.
 - b. During the Benefit Waiting Period and while STD Benefits are payable.

- c. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
- d. During any other leave of absence approved by your Employer in advance and in writing and scheduled to last the Leave Of Absence Period shown in the **Coverage Features**.

ST.EN.16

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply.

1. If your insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If your insurance ends because you are on a federal or state mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state mandated family or medical leave act or law.

ST.RE.01

DEFINITIONS

Benefit Waiting Period means the period you must be continuously Disabled before STD Benefits become payable. No STD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means you pay all or part of the premium for your insurance.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. At your expense, provide any additional information about your insurability that we may reasonably require.

Group Policy means the group short term disability insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Maximum Benefit Period means the longest period for which STD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No STD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Noncontributory means the Policyholder or Employer pays the entire premium for your insurance.

Physician means a licensed medical professional, other than yourself, acting within the scope of the license.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group short term disability insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

STD Benefit means the weekly benefit payable to you under the terms of the Group Policy.

ST.DF.01

ERISA INFORMATION AND NOTICE OF RIGHTS

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA).

A. Termination or Amendment of the Group Policy

The Group Policy that provides benefits for this Plan may be terminated by the Policyholder at any time with prior written notice to Standard Insurance Company. It will terminate automatically if the Policyholder fails to pay the required premium.

Standard Insurance Company may terminate the Group Policy if the number of persons insured is less than the required minimum, or if Standard believes the Policyholder has failed to perform its obligations relating to the Group Policy.

The Group Policy may be changed in whole or in part. No change or amendment will be valid unless it is approved in writing by a Standard Insurance Company executive officer.

The summary plan description and Group Policy contain the complete termination and amendment provisions.

B. Statement of Your Rights Under ERISA

1. Right To Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration. These documents may be examined free of charge at the Plan Administrator's office.

2. Right To Obtain Copies of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

3. Right To Receive A Copy of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

4. Right to Review of Denied Claims

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have the right: a) to know why this was done; b) to obtain copies of documents relating to the decision, without charge; and c) to have your claim reviewed and reconsidered, all within certain time schedules.

C. Obligations of Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of all Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate

against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

D. Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

E. Plan and ERISA Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.