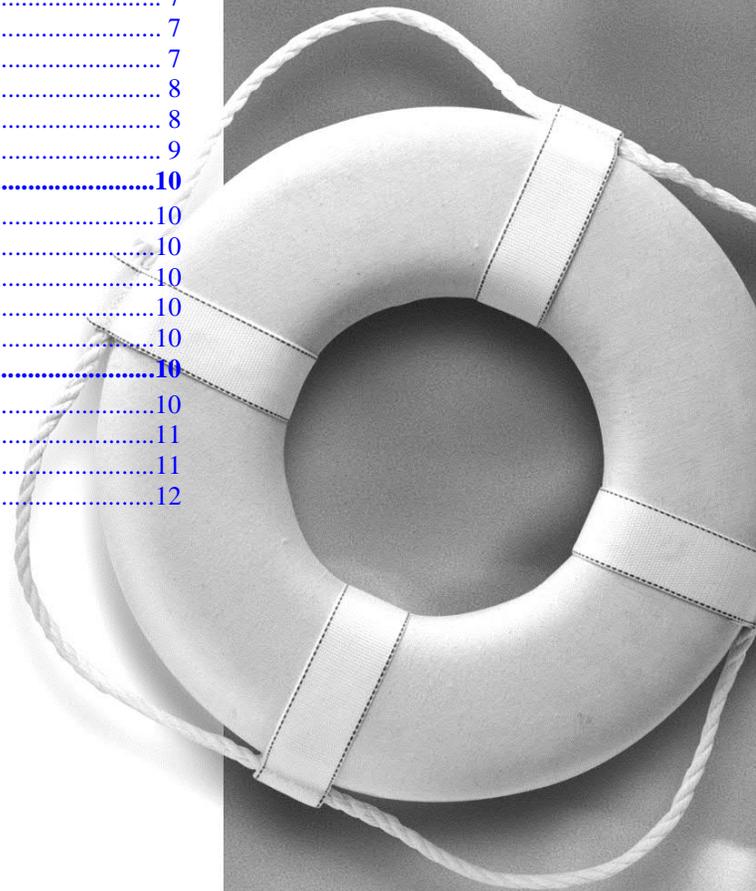


Long Term Disability Insurance Plan

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THE LONG TERM DISABILITY INSURANCE PLAN

TERMS

Terms that are defined in the Glossary of this SPD are bolded and capitalized when they first appear in the text; thereafter, they will be capitalized wherever they are used in the text. See the Glossary section for more information.

The Long Term Disability (LTD) Insurance Plan provides you with loss of income protection in the event you become **Disabled** and are unable to work, subject to the terms and conditions of the LTD Insurance Plan. The LTD Insurance Plan is insured under a group insurance policy issued by The Hartford.*

LTD COVERAGE

Enrollment and Evidence of Insurability

There are no restrictions on enrollment within the first 31 days of initial eligibility. **Evidence of Insurability (EOI)** is required for all subsequent enrollments at Annual Enrollment or upon a **Qualified Change in Status**. If you file a disability claim within two years from the effective date of your coverage, The Hartford has the right to validate the statements made on your application for accuracy, and may contest your coverage if there are material misrepresentations.

When LTD Benefits are Payable

The Hartford will pay you a monthly LTD benefit when:

- you have become Disabled while insured for LTD;
- your **Disability** has continued through the completion of the **Elimination Period**;
- you remain Disabled after the Elimination Period;
- you are receiving regular care of a **Physician**; and
- you submit **Proof of Loss** satisfactory to The Hartford.

However, the payment of monthly benefits is subject to all other applicable terms and conditions of the LTD Insurance Plan.

Monthly benefits are paid each month after the completion of the Elimination Period. Benefits will be paid for full or partial months of Disability. For each day of a partial month, $\frac{1}{30}$ th of a full month's benefit is payable.

Pre-Existing Conditions

The LTD Insurance Plan does not provide benefits for any Disability which:

- is caused by or results from a pre-existing condition; and
- begins in the first 12 months immediately after your effective date of coverage, unless you received no treatment of the condition for any 12 consecutive months after your effective date of coverage.

“Pre-existing condition” means a condition resulting from an **Injury** or **Sickness** for which you are diagnosed or received treatment within 12 months prior to your effective date of coverage.

Completing the Elimination Period

You will complete the Elimination Period when you have been **Disabled** the greater of (a) the end of your Short Term Disability benefits or (b) 180 days.

If, after a period of Disability for which monthly benefits were payable, you return to **Active Work** and resume premium payments for LTD insurance, you may be required to complete another Elimination Period for any subsequent Disability.

If the subsequent Disability is due to the same or related cause(s) and begins more than six consecutive months after you return to Active Work, or is due to entirely unrelated causes, then your subsequent period will be treated as a new disability. A new disability is subject to a new Elimination Period and a new Maximum Benefit Period, and subject to all other applicable terms and conditions of the LTD Insurance Plan.

The Maximum Benefit Period Age at Disability	Maximum Benefit Period (Assumes Continued Total Disability)
Prior to Age 63	To Normal Retirement Age or 42 months, if greater
63	To Normal Retirement Age or 36 months, if greater
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by your date of birth as follows:

Year of Birth	Normal Retirement Age
1937 or before	65
1938	65 + 2 months
1939	65 + 4 months
1940	65 + 6 months
1941	65 + 8 months
1942	65 + 10 months
1943 through 1954	66
1955	66 + 2 months
1956	66 + 4 months
1957	66 + 6 months
1958	66 + 8 months
1959	66 + 10 months
1960 or after	67

LTD BENEFIT AMOUNTS

Monthly Benefit Amount

The monthly benefit while you are Disabled is equal to the lesser of:

- The benefit percentage of 60% of your **Basic Monthly Earnings**; or
- The maximum monthly benefit of \$7,500.

The monthly benefit payable while you are Disabled will not be less than \$50 unless The Hartford has made payments in excess of the amount actually payable under these LTD Insurance Plan provisions. The Hartford has the right to recover any excess payments by reducing all or part of future monthly benefits until the excess has been fully recovered.

The Hartford, in its sole discretion, has the authority to offer a lump sum payment in lieu of the monthly benefit.

The monthly benefit amount during the duration of your Disability will be based on your Basic Monthly Earnings in effect at the time your Disability began.

Other Income Benefits or Other Income Earnings

If you are paid **Other Income Benefits** in a lump sum or settlement, you must provide proof satisfactory to The Hartford of:

- the amount attributed to loss of income; and
- the period of time covered by the lump sum or settlement.

The Hartford will pro-rate the lump sum or settlement over this period of time. If you cannot or do not provide this information, The Hartford will assume the entire sum to be for loss of income, and the time period will be the lesser of:

- the remainder of the Maximum Benefit Period; or
- 24 months.

The Hartford may make a retroactive allocation of any retroactive Other Income Benefits. A retroactive allocation may result in an overpayment of your claim.

The amount of any increase in Other Income Benefits will not be included as Other Income Benefits if such increase:

- takes effect after the date benefits become payable under this LTD Insurance Plan; and
- is a general increase which applies to all persons who are entitled to such benefits.

You are responsible for notifying The Hartford if you receive any additional Other Income Benefits. If you receive any Other Income Benefits after the inception of a disability for which benefits are payable under this LTD Insurance Plan, the amount of the monthly benefit will be recalculated as if the Other Income Benefits had been paid beginning with the first day of disability for which you were entitled to receive the Other Income Benefits.

IMPORTANT

At no time can your monthly benefit amount be greater than \$7,500.

Impact of Social Security Disability Benefits on LTD Benefits

You will be required to apply for **Social Security** disability benefits when the duration of your disability meets the minimum duration required to apply for such benefits. If the Social Security Administration (SSA) denies your eligibility for benefits, you will be required to follow the process established by the SSA to reconsider the denial and, if denied again, to request a hearing before an Administrative Law Judge of the Office of Hearing and Appeals.

The Hartford reserves the right to reduce LTD benefits by estimating Social Security disability benefits. Included in The Hartford's estimate will be Social Security disability benefits for you, your spouse, and your children.

The Hartford may begin estimating Social Security disability benefits 45 days from the date you apply for Social Security disability benefits if The Hartford does not receive proof of your application from the SSA. Proof must be submitted to The Hartford no later than 120 days from the date of your application.

The Hartford will ask that you sign an agreement concerning LTD insurance:

- confirming that you will repay The Hartford any overpayments caused by the receipt of Social Security disability benefits, including any retroactive payment; and
- authorizing The Hartford to obtain any information on awards directly from the SSA.

When the SSA approves or denies your claim, it may cause a change in the monthly benefit amount from The Hartford. That change will be made when The Hartford receives notification that Social Security disability benefits have either been approved or denied.

Recurrent Disability

Attempts to return to Active Work during the Elimination Period will not interrupt the Elimination Period, if the number of days the **Covered Person** returns to work as an Active Employee are less than one-half ($\frac{1}{2}$) the number of days in the Elimination Period.

Limitations and Exclusions

If you are Disabled because of **Mental Illness** that results from any cause or any condition that may result in Mental Illness, then subject to all other Plan provisions, benefits will be payable only for so long as you are confined in a **Hospital** or other place licensed to provide **Medical Care** for the disabling condition or, when you are not so confined, a total of 24 months for all such disabilities during your lifetime.

In addition, the LTD Insurance Plan does not cover any Disability:

- unless you are under the regular care of a Physician;
- that is caused or contributed to by war or act of war (declared or not);
- caused by your commission of or attempt to commit a felony;
- caused or contributed to by your being engaged in an illegal occupation; or
- caused or contributed to by an intentionally self-inflicted **Injury**.

Termination of Benefit Payments

Benefit payments will stop on the earliest of:

- the date you are no longer Disabled;
- the date you fail to furnish Proof of Loss;
- the date you are no longer under the regular care of a Physician;
- the date you refuse The Hartford's request that you submit to an examination by a Physician or other qualified medical professional;
- the date of your death;
- the date you refuse to receive recommended treatment that is generally acknowledged by Physicians to cure, correct or limit the disabling condition;

- the last day benefits are payable according to the Maximum Duration of Benefits Table; or
- the date your **Current Monthly Earnings** exceed:
 - 80% of your **Indexed Pre-Disability Earnings** if you are receiving benefits for being Disabled from your Occupation; or
 - 80% of your Indexed Pre-Disability Earnings if you are receiving benefits for being Disabled from **Any Occupation**;
- the date no further benefits are payable under any provision in The Policy that limits benefit duration; or
- the date you refuse to participate in a Rehabilitation program, or refuse to cooperate with or try:
 - modifications made to the work site or job process to accommodate your identified medical limitations to enable you to perform the Essential Duties of your Occupation;
 - adaptive equipment or devices designed to accommodate your identified medical limitations to enable you to perform the Essential Duties of your Occupation;
 - modifications made to the work site or job process to accommodate your identified medical limitations to enable you to perform the Essential Duties of Any Occupation, if you were receiving benefits for being disabled from Any Occupation; or
 - adaptive equipment or devices designed to accommodate your identified medical limitations to enable you to perform the Essential Duties of Any Occupation, if you were receiving benefits for being disabled from Any Occupation; provided a qualified Physician or other qualified medical professional agrees that such modifications, Rehabilitation program or adaptive equipment accommodate your medical limitation.

Rehabilitation

Rehabilitation is a process of working together to plan, adapt, and put into use options and services to meet your return to work needs.

A rehabilitation program may include, when considered appropriate by The Hartford, any necessary and feasible:

- vocational testing;
- vocational training;
- alternative treatment plans, such as:
 - support groups;
 - physical therapy;
 - occupational therapy; and
 - speech therapy;
- workplace modification;
- job placement; and
- similar services.

Workplace Modification Benefit

If you are Disabled and receiving a benefit from The Hartford, a benefit may be payable to your **Employer** as part of your benefit for modification to the workplace to accommodate your return-to-work or to assist you with remaining at work.

The Hartford will reimburse your Employer for up to 100% of reasonable costs incurred for modification, not to exceed an amount equal to the amount of the maximum monthly benefit.

To qualify for this benefit:

- the Disability must prevent you from performing some or all of the duties of:
 - Any Occupation (for pilots, co-pilots and crewmembers); or
 - Your occupation (excluding pilots, co-pilots and crewmembers) for 24 months and after that Any Occupation;
- any proposed modifications must be approved in writing and signed by you, your Employer and The Hartford; and
- your Employer must agree to make the modifications to the workplace to reasonably accommodate your return-to-work or to assist you in remaining at work.

Work Incentive Benefit

If you remain Disabled after the Elimination Period, but work while you are Disabled, we will determine your Monthly Benefit for a period of up to 12 consecutive months as follows:

- multiply your Pre-Disability Earnings by the Benefit Percentage;
- compare the result with the Maximum Benefit; and
- from the lesser amount, deduct Other Income Benefits.

The result is your Monthly Benefit. Current Monthly Earnings will not be used to reduce your Monthly Benefit. However, if the sum of your Monthly Benefit and your Current Monthly Earnings exceeds 100% of your Pre-Disability Earnings, we will reduce your Monthly Benefit by the amount of excess.

The 12 consecutive month period will start on the last to occur of:

- the day you first start work; or
- the end of the Elimination Period.

If you are Disabled and not receiving benefits under the Return to Work Incentive, we will calculate your Monthly Benefit as follows:

- multiply your Monthly Income Loss by the Benefit Percentage;
- compare the result with the Maximum Benefit; and
- from the lesser amount, deduct Other Income Benefits.

The result is your Monthly Benefit.

If the sum of your Monthly Benefit, Current Monthly Earnings and Other Income Benefits exceeds 100% of your Pre-Disability Earnings, we will reduce your Monthly Benefit by the amount of the excess. However, your Monthly Benefit will not be less than the Minimum Monthly Benefit.

If an overpayment occurs, we may recover all or any portion of the overpayment, in accordance with the Overpayment Recovery provision.

Indexed Pre-Disability Earnings means your Pre-Disability Earnings adjusted annually by adding the lesser of:

- 10%; or
- the percentage change in the Consumer Price Index (CPI-W).

OTHER PLAN PROVISIONS

Statements Made by You Which Relate to Insurability

If material facts about you were not stated accurately, the true facts will be used to determine if, and for what amount, coverage should have been in force.

No statement made by you relating to your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during your lifetime. In order to be used, the statement must be in writing and signed by you.

Assignment

You may not assign this coverage.

Waiver of Premium

Premiums for LTD insurance are waived for any period during which monthly benefits are payable.

To Whom Benefits Are Payable

All benefits are payable to you. However, upon your death, any applicable benefits remaining will be paid to your estate. If any payment is owed to your estate, a person who is a minor or a person who is not legally competent, then The Hartford may pay up to \$1,000 to any of your relatives who is entitled to payment in The Hartford's opinion. Any such payment shall fulfill The Hartford's responsibility for the amount paid.

Overpayments

An overpayment occurs when it is determined that the total amount The Hartford has paid in benefits is more than the amount that was due to you under this LTD Insurance Plan. This includes, but is not limited to, overpayments resulting from retroactive awards of Other Income Benefits, failure to report or late notification to The Hartford of Other Income Benefits or earned income, misstatement, or an error.

The Hartford and the Allstate Cafeteria Plan have the right to recover from you any amount that is an overpayment of benefits under this LTD Insurance Plan. You must refund the overpaid amount. The Hartford and the Allstate Cafeteria Plan may also, without forfeiting the right to collect an overpayment through any means legally available, recover all or any portion of an overpayment by reducing or withholding future benefit payments, including the minimum monthly benefit.

CLAIM PROCEDURES

How to File a Claim

Claim Forms

The Hartford will initiate the LTD claim process on your behalf and provide you with any required claim and/or authorization forms. You are only required to file an application for LTD benefits if you are not receiving benefits under the Allstate Short Term Disability Program. If you are not receiving Short Term Disability benefits, you must file a claim with The Hartford at www.TheHartfordAtWork.com. If The Hartford does not furnish a LTD application packet within 15 calendar days after you have given The Hartford notice, you must furnish your own form of Proof of Loss in writing.

When Proof of Loss Must Be Given

In order to avoid a lapse in benefit payment, return the necessary LTD documents as soon as possible, but no later than one year after the date of Disability. The Hartford may request Proof of Loss throughout your disability. In such cases, The Hartford must receive the Proof of Loss within 30 calendar days of the request.

Medical Examination

The Hartford, at its **expense**, has the right to have you examined by Physicians of its choice when and as often as reasonably required by The Hartford to determine if you are Disabled.

Claim Decisions

The Hartford will notify you of its decision no more than 45 calendar days after receipt of your claim. However, the time period for notice of decision may be extended up to two additional 30-calendar-day periods provided that, prior to any extension period, The Hartford notifies you in writing that an extension is necessary due to matters beyond its control, identifies those matters and gives the date by which it expects to render a decision. If your claim is extended due to your failure to submit information necessary to render a decision, you will have 45 calendar days within which to provide the necessary information. The time period for notice of decision shall be tolled from the date on which the notification of the extension is sent to you until the earlier of the expiration of the 45-calendar-day period for submitting the necessary information or the date The Hartford receives your response to their request.

The written decision will include, in addition to other information required by applicable law:

- Specific reasons for the decision;
- Specific references to the Plan provisions on which the decision is based;
- A description of any additional material or information required from you and an explanation of why such material is required; and
- A description of the review procedures and time limits applicable to such procedures.

Appealing Denial of Claims

On any wholly or partially denied claim, you or your representative may file an appeal with The Hartford for a full and fair review. You may:

- Request a review upon written application within 180 calendar days of the claim denial;
- Request, free of charge, copies of all documents, records, and other information relevant to your claim; and
- Submit written comments, documents, records and other information related to your claim.

Send your appeal to the following address:

The Hartford Group Disability Claims
P.O. Box 14303
Lexington, KY 40512-2303

The Hartford will notify you of its decision no more than 45 calendar days after your appeal is received. However, the time period for notice of decision may be extended for one additional 45-calendar-day period provided that, prior to the extension, The Hartford notifies you in writing that an extension is necessary due to special circumstances, identifies those circumstances and gives the date by which it expects to render a decision. If your claim is extended due to your failure to submit information necessary to render a decision, you will have 45 calendar days within which to provide the necessary information. The time period for notice of decision shall be tolled from the date on which the notification of the extension is sent to you until the earlier of the expiration of the 45-calendar-day period for submitting the necessary information or the date The Hartford receives your response to their request.

The written decision will include, in addition to other information required by applicable law:

- Specific reasons for the decision;
- Specific references to the Plan provisions on which the decision is based; and
- A statement that you may request, free of charge, copies of all documents, records, and other information relevant to your claim.

Decisions of The Hartford are final.

Time Limits on Starting Lawsuits or Other Legal Action

No claimant (including Plan Participants and their beneficiaries) or claimant's representative may file or commence any lawsuit or legal action (under § 502 of ERISA or otherwise) to obtain any LTD Insurance Plan benefits under the Allstate Cafeteria Plan, without first having complied with and exhausted all levels of appeal required by the LTD Insurance Plan, and in any event not less than 60 calendar days or more than three years after the final appeal is denied by The Hartford.

Failure to follow the claim procedures of the LTD Insurance Plan, including timeframes and exhaustion of administrative remedies, shall result in a loss of benefits, if otherwise available.

* The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and administrative services company Hartford - Comprehensive Employee Benefit Service Company. Hartford Life and Accident Insurance Company is the administrative services company in MI, NH, NM, NC and WY. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home office of the issuing companies is Simsbury, CT.

All insurance benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This (summary plan description) explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this (summary plan description) and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.