

Group Long Term Disability Insurance

Designed for Employees of

Gilbert Chamber of Commerce



CNA Group Life Assurance Company

Home Office: 2 North LaSalle Street, Suite 2500
Chicago, Illinois 60602

A Stock Company

Executive Offices: 200 Hopmeadow Street
Simsbury, Connecticut 06089



Having issued Group Policy No. 83154646

to

**Group Benefits Insurance Trust, located in Washington D.C., for
Employers in General Services Industries
(herein called the Holder)**

and insuring Eligible Employees of

**Gilbert Chamber of Commerce
(herein individually called the Participating Employer)**

Customer No. 83173989

CERTIFICATE OF INSURANCE

CERTIFIES that *You* are insured provided that *You* qualify under the *ELIGIBILITY* provision, become insured and remain insured in accordance with the terms of the Policy. *Your* insurance is subject to all the definitions, limitations and conditions of the Policy. It takes effect on the effective date indicated in the *EFFECTIVE DATE* provision. This certificate, however, is not the Policy. It is merely evidence of insurance provided under the Policy. The Policy can be amended by mutual consent between the Employer and *Us*.

This certificate replaces and cancels any other certificate previously issued to *You* under the Policy.
CDI-1AA

Signed for CNA Group Life Assurance Company

Christine Hayer Repasy, *Secretary*

Thomas M. Marra, *President*

Group Long Term Disability Certificate

NOTICE: THIS CERTIFICATE OF INSURANCE MAY NOT PROVIDE ALL BENEFITS AND PROTECTIONS PROVIDED BY LAW IN ARIZONA. PLEASE READ THIS CERTIFICATE CAREFULLY.

SBDI-C

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Note: All terms in *italics* are listed and defined in the Definitions section or within the certificate itself.

CDI-3AA

SCHEDULE OF BENEFITS

Effective as of: January 1, 2005

Holder: Group Benefits Insurance Trust for
Employers in General Services Industries

Policy Number: 83154646

Policy Effective Date: October 1, 2002

Participating Employer: Gilbert Chamber of Commerce

**Participating Employer
Customer Number:** 83173989

**Participating Employer
Effective Date:** January 1, 2005

Premium Rate Guarantee: We agree to guarantee the premium rate and not to modify the Participating Employer's coverage under the Policy until October 1, 2006 if:

- 1) There are no changes made to the program by the Participating Employer;
- 2) At least 4 eligible employees of the Participating Employer are insured under the Policy;
- 3) There are no changes in the Participating Employer's classes of employees, subsidiaries, or affiliated companies covered under the Policy or new acquisitions of the Participating Employer added under the Policy after the effective date of the Participating Employer's coverage under the Policy.

We have the right to change premium rates under the Policy on any premium due date after October 1, 2006. We will give 31 days written notice to the Participating Employer before any change in rate will become effective.

Eligibility: All full-time employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer and who have completed the Waiting Period.

A full-time employee is one who regularly works a minimum of 30 hours per week for the Participating Employer. Part-time, seasonal and temporary employees of the Participating Employer are not eligible.

Waiting Period: If *You* are in a class eligible for insurance on or before the Participating Employer Effective Date: 30 Days of continuous, active, full-time employment
If *You* enter a class eligible for insurance after the Participating Employer Effective Date: 30 Days of continuous, active, full-time employment

Elimination Period: 90 Days
Catastrophic Disability Benefit: 180 Days

LTD Monthly Benefit: 60% of *Monthly Earnings* to a maximum benefit of \$5,000 per month subject to reduction by deductible sources of income or *Disability Earnings*.

Social Security Offset Method: Family Social Security

**Participating Employer's
Contribution:** 100% of premium

Maximum Period Payable:

Age at <i>Disability</i>	Maximum Period Payable
Age 61 or younger	To Retirement Age*
Age 62	42 months or to Retirement Age*, whichever is longer
Age 63	36 months or to Retirement Age*, whichever is longer
Age 64	30 months or to Retirement Age*, whichever is longer
Age 65	24 months or to Retirement Age*, whichever is longer
Age 66	21 months or to Retirement Age*, whichever is longer
Age 67	18 months or to Retirement Age*, whichever is longer
Age 68	15 months or to Retirement Age*, whichever is longer
Age 69 or over	12 months

***SOCIAL SECURITY NORMAL RETIREMENT AGES**

Based on the 1983 amendment to the Social Security Act, the following are normal retirement ages by date of birth:

Year of Birth	Social Security Normal Retirement Age
1937 or earlier	65 years
1938	65 years, 2 months
1939	65 years, 4 months
1940	65 years, 6 months
1941	65 years, 8 months
1942	65 years, 10 months
1943 – 1954	66 years
1955	66 years, 2 months
1956	66 years, 4 months
1957	66 years, 6 months
1958	66 years, 8 months
1959	66 years, 10 months
1960 or later	67 years

Catastrophic Disability Benefit: 12 months

OTHER FEATURES

The following other features are included:

- Waiver of Premium
- Work Incentive Benefit
- Minimum Benefit
- Recurrent Disability
- Survivor Benefit
- Worksite Modification Benefit
- Vocational Rehabilitation Service
- Social Security Assistance
- Catastrophic Disability Benefit
 - Caregiver Respite Benefit
 - Caregiver Training Benefit
 - Emergency Alert System Benefit

THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED TO *YOU* UNDER THE POLICY. IT OUTLINES THE POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF *YOUR* CERTIFICATE.

SOBC

ELIGIBILITY AND EFFECTIVE DATES

Are You eligible for this insurance?

All full-time employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer and who have completed the Waiting Period.

A full-time employee is one who regularly works a minimum of 30 hours per week for the Participating Employer. Part-time, seasonal and temporary employees of the Participating Employer are not eligible.

The waiting period is stated in the *Schedule of Benefits*.

CDI-4AA

When does Your insurance become effective?

If *You* are eligible as of the Participating Employer's Effective Date, *Your* insurance shall take effect on such Date. If *You* become eligible after the Participating Employer's Effective Date, *Your* insurance shall become effective on the first of the month that falls on or next follows the date *You* become eligible.

If, because of *Injury* or *Sickness*, *You* are eligible but not *Actively at Work* on the date the insurance would otherwise take effect, it will take effect on the day *You* return to *Active Work*.

CDI-5AA

Who pays for Your coverage?

Your Participating Employer pays the entire cost of *Your* coverage.

CDI-6AA

Is premium payable while You receive benefits?

We will waive premium for *You* during a period of *Disability* for which the *LTD Monthly Benefit* is payable under the Policy. Premium payment is required during *Your Elimination Period* or any other period when the *LTD Monthly Benefit* is not payable under the Policy.

CDI-45AA

LONG TERM DISABILITY BENEFITS

How do We define Disability?

Disability or *Disabled* means that *You* satisfy the Occupation Qualifier or the Earnings Qualifier as defined below.

CDI-9AA

Occupation Qualifier

Disability means that during the *Elimination Period* and the following 24 months, *Injury* or *Sickness* causes physical or mental impairment to such a degree of severity that *You* are:

- 1) continuously unable to perform the *Material and Substantial Duties* of *Your Regular Occupation*; and
- 2) not *Gainfully Employed*.

CDI-10AB

After the *LTD Monthly Benefit* has been payable for 24 months, *Disability* means that *Injury* or *Sickness* causes physical or mental impairment to such a degree of severity that *You* are:

- 1) continuously unable to engage in any occupation for which *You* are or become qualified by education, training or experience; and
- 2) not *Gainfully Employed*.

CDI-11AB

Earnings Qualifier

You may be considered *Disabled* during and after the *Elimination Period* in any month in which You are *Gainfully Employed*, if an *Injury* or *Sickness* is causing physical or mental impairment to such a degree of severity that You are unable to earn more than 80% of *Your Monthly Earnings* in any occupation for which You are qualified by education, training or experience. On each anniversary of *Your Disability*, We will increase the *Monthly Earnings* by the lesser of the current annual percentage increase in *CPI-W*, or 10%.

You are not considered to be *Disabled* if You are able to earn more than 80% of *Your Monthly Earnings*. After We have made 24 months of benefit payments while You are *Gainfully Employed*, You are not considered to be *Disabled* if You are able to earn more than 60% of *Your Monthly Earnings*. Salary, wages, partnership or proprietorship draw, commissions, bonuses, or similar pay, and any other income You receive or are entitled to receive will be included. Sick pay and salary continuance payments will not be included. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

CDI-13AB

Loss of Professional License or Certification

If You require a professional license or certification for *Your* occupation, loss of that professional license or certification does not in and of itself constitute *Disability* under the Occupation Qualifier or the Earnings Qualifier.

CDI-14AA

What is the Elimination Period and how is it satisfied?

The *Elimination Period* begins on the day You become *Disabled*. It is a period of continuous *Disability* which must be satisfied before You are eligible to receive benefits from Us. You must be continuously *Disabled* through *Your Elimination Period*.

If You temporarily recover and return to work, We will treat *Your Disability* as continuous if You return to work for a period of less than one-half the *Elimination Period* as shown in the *Schedule of Benefits* not to exceed 90 days. The days that You are not *Disabled* will not count toward *Your Elimination Period*.

Any increases You receive in *Monthly Earnings* during *Your* return to work period will not be taken into consideration when calculating *Your LTD Monthly Benefit*.

If You return to work for a period greater than one-half the *Elimination Period*, or 90 days, whichever is less, and become *Disabled* again, You will have to begin a new *Elimination Period*.

Can You satisfy Your Elimination Period if You are working?

You can satisfy *Your Elimination Period* if You are working, provided You meet the definition of *Disability*.

CDI-15AA

What Disability Benefit are You eligible to receive?

If You are *Disabled*, You are eligible to receive one of the following at any given time:

- 1) an *LTD Monthly Benefit*; or
- 2) a *Work Incentive Benefit*.

While You are *Disabled*, You might be eligible to receive one or the other of the above, but You cannot receive more than one of these benefits at the same time.

CDI-16AA

What is Your LTD Monthly Benefit and how is it calculated?

Your *LTD Monthly Benefit* will be based on *Your Monthly Earnings* as reported to *Us* by *Your Participating Employer* and for which premium has been paid.

An *LTD Monthly Benefit* will be provided after the end of the *Elimination Period* if *You* are *Disabled* according to the *Occupation Qualifier* provision.

We will calculate *Your Gross LTD Monthly Benefit* amount as follows:

- 1) Multiply *Your Monthly Earnings* by 60%.
- 2) The maximum *Gross LTD Monthly Benefit* is \$5,000.
- 3) Compare the answers from Item 1 and Item 2. The lesser of these two amounts is *Your Gross LTD Monthly Benefit*.
- 4) Subtract the *Deductible Sources of Income* from *Your Gross LTD Monthly Benefit*. The resulting figure is *Your Net LTD Monthly Benefit*.

If a benefit is payable for less than one month, it will be paid on the basis of 1/30th of the *Net LTD Monthly Benefit* for each day of *Disability*.

CDI-17AB

How do We define Earnings?

Monthly Earnings equals the monthly wage or salary that *You* were receiving from *Your Participating Employer* on the *Date of Disability*. It includes:

- 1) employee contributions made through a salary reduction agreement with *Your Participating Employer* to an IRC Section 401(k), 403(b), 501(c)(3), 457 deferred compensation plan, or any other qualified or non-qualified employee *Retirement Plan* or deferred compensation arrangement; and
- 2) commissions averaged over the preceding 12-month period or length of employment if less; and
- 3) bonuses averaged over the preceding 12-month period or length of employment if less; and
- 4) amounts contributed to *Your* fringe benefits according to a salary reduction arrangement under an IRC Section 125 plan.

It does not include:

- 1) overtime pay;
- 2) *Your Participating Employer's* contribution on *Your* behalf to a *Retirement Plan* or deferred compensation arrangement; or
- 3) any other extra compensation.

CDI-19AA

What are the Deductible Sources of Income?

- 1) *Disability* benefits paid, payable, or for which there is a right under:
 - a) The Social Security Act, including any amounts for which *Your* dependents may qualify because of *Your Disability*;
 - b) Any Workers Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational *Injury* or *Sickness*;
 - c) Occupational accident coverage provided by or through the Participating Employer;
 - d) Any Statutory Disability Benefit Law;
 - e) The Railroad Retirement Act;
 - f) The Canada Pension Plan, Quebec Pension Plan, or any other similar disability or pension plan or act;
 - g) The Canada Old Age Security Act;
 - h) Any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan, or any plan provided as an alternative to any of the above acts or plans.
- 2) *Disability* benefits paid under:
 - a) Any group insurance plan provided by or through the Participating Employer, and
 - b) Any sick leave or salary continuance plan provided by or through the Participating Employer.
- 3) Retirement benefits paid under the Social Security Act including any amounts for which *Your* dependents may qualify because of *Your* retirement;
- 4) Retirement and *Disability* benefits paid under a Retirement Plan provided by the Participating Employer except for amounts attributable to *Your* contributions;
- 5) *Disability* benefits paid under any No Fault Auto Motor Vehicle coverage.

Proration of Lump Sum Awards

If any benefit described above is paid in a single sum through compromise settlement or as an advance on future liability, *We* will determine the amount of reduction to *Your Gross LTD Monthly Benefit* as follows:

- 1) *We* will divide the amount paid by the number of months for which the settlement or advance was provided; or
- 2) If the number of months for which the settlement or advance is made is not known, *We* will divide the amount of the settlement or advance by the expected remaining number of months for which *We* will provide benefits for *Your Disability* based on the *Proof of Disability* which *We* have, subject to a maximum of 60 months.

CDI-20AB

What other sources of income are not deductible?

We will not reduce *Your Gross LTD Monthly Benefit* by any of the following:

- 1) deferred compensation arrangements such as 401(k), 403(b) or 457 plans;
- 2) credit *Disability* insurance;
- 3) pension plans for partners;
- 4) military pension and *Disability* income plans;
- 5) franchise *Disability* income plans;
- 6) individual *Disability* income plans;
- 7) a *Retirement Plan* from another Employer;
- 8) profit sharing plans;
- 9) thrift or savings plans;
- 10) individual retirement account (IRA);
- 11) tax sheltered annuity (TSA);
- 12) stock ownership plan.

CDI-21AB

Can You work and still receive benefits?

While *Disabled*, You may qualify for the Work Incentive Benefit.

CDI-22AA

Work Incentive Benefit

A Work Incentive Benefit will be provided if You are *Disabled* and *Gainfully Employed* after the end of the *Elimination Period*, or after a period during which You received *LTD Monthly Benefits*.

The Work Incentive Benefit will be calculated during the first 12 months of *Gainful Employment* as follows:

- 1) The *Net LTD Monthly Benefit* amount and *Disability Earnings* amount will be added together and compared to *Monthly Earnings*.
- 2) If the total amount in Item 1 exceeds 100% of *Monthly Earnings*, the Work Incentive Benefit amount will be equal to the *Net LTD Monthly Benefit* reduced by the amount of the excess.
- 3) If the total amount in Item 1 does not exceed 100% of *Monthly Earnings*, the Work Incentive Benefit will be equal to the *Net LTD Monthly Benefit* amount.

After the first 12 months of *Gainful Employment*, the Work Incentive Benefit will be equal to the *Net LTD Monthly Benefit* amount less 50% of *Disability Earnings*.

The Work Incentive Benefit will cease on the earliest of the following:

- 1) the date You are no longer *Disabled*; or
- 2) the end of the *Maximum Period Payable*.

CDI-23AB

What is the minimum Net LTD Monthly Benefit payable under this program?

The *Net LTD Monthly Benefit* payable for *Disability* will not be less than \$100 or 10% of Your *Gross LTD Monthly Benefit*, whichever is greater. The minimum *Net LTD Monthly Benefit* does not apply if You are *Gainfully Employed*.

CDI-25AB

What happens if Your other benefits increase?

The *Net LTD Monthly Benefit* will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which there is a right under any *Deductible Source of Income* shown above.

CDI-26AB

How long will You receive benefits under this program?

We will send You a payment for each month of *Disability* up to the *Maximum Period Payable* as shown in the *Schedule of Benefits*. Payment of benefits is also subject to any benefit duration limitation pertaining to Your *Disability*.

CDI-27AB

What happens if Your Disability recurs?

If *Disability* for which benefits were payable ends but recurs due to the same or related causes less than 6 months after the end of a prior *Disability*, it will be considered a resumption of the prior *Disability*. Such recurrent *Disability* shall be subject to the provisions of the Policy that were in effect at the time the prior *Disability* began.

Disability which recurs more than 6 months after the end of a prior *Disability* are subject to:

- 1) a new *Elimination Period*;
- 2) a new *Maximum Period Payable*; and
- 3) the other provisions of the Policy that are in effect on the date the *Disability* recurs.

Disability must recur while Your coverage is in force under the Policy.

CDI-28AA

EXCLUSIONS AND LIMITATIONS

What are the exclusions and limitations under this program?

The Policy does not cover any loss caused by, contributed to, or resulting from:

CDIX-1AA

- declared or undeclared war or an act of either;

CDIX-2AA

- a *Pre-existing Condition*;

CDIX-4AA

- attempted suicide, while sane or insane, or intentional self-inflicted *Injury* or *Sickness*;

CDIX-5AA

- commission of or attempt to commit an act which is a felony in the jurisdiction in which the act occurred;

CDIX-6AA

- *Disability* beyond 24 months after the *Elimination Period* if it is due to a *Mental Disorder* of any type. Confinement in a *Hospital* or institution licensed to provide care and treatment for mental illness will not be counted as part of the 24-month limit.

CDIX-3AA

- Substance Abuse (drug or alcohol) related *Disability* unless *You* are participating in a substance abuse treatment program approved by the State. The cost of the treatment program must be borne by *You*, or another group plan of *Your* Participating Employer (such as a group health plan or Employee Assistance Program) if one is available and covers this type of treatment. In no event will *LTD Monthly Benefits* for Substance Abuse be paid beyond the earliest of the date:

- 1) 24 *LTD Monthly Benefit* payments have been made; or
- 2) the *Maximum Period Payable* is reached; or
- 3) *You* refuse to participate in an appropriate, available treatment program, or *You* leave the treatment program prior to completion; or
- 4) *You* are no longer following the requirements of *Your* treatment plan under the program; or
- 5) *You* complete the initial treatment plan, exclusive of any aftercare or follow-up services.

CDIX-29AB

Benefits are not payable for any period during which *You* are confined to a penal or correctional institution if the period of confinement exceeds 30 days.

CDIX-12AA

Benefits will not be payable if it is determined that *You* are eligible to participate in vocational rehabilitation services designed to assist in returning *You* to employment and *You* refuse to participate.

CDIX-13AA

Benefits will not be payable if *Your* Participating Employer is willing to make reasonable accommodations to allow *You* to return to *Your Regular Occupation* with a loss of income no greater than 20% of *Monthly Earnings*, and *You* refuse to return to work.

CDIX-14AA

TERMINATION OF COVERAGE

When will Your insurance terminate?

Your coverage will terminate on the earliest of the following dates:

- 1) the date on which the Participating Employer's coverage under the Policy is terminated;
- 2) the date at the end of the period for which premium has been paid if the Participating Employer fails to pay the required premium for *You* within 31 days after the premium due date, except for an inadvertent error; or
- 3) the date *You*:
 - a) are no longer a member of a class eligible for this insurance,
 - b) withdraw from the program,
 - c) are retired or pensioned, or
 - d) cease work because of a leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, unless *We* and the Participating Employer have agreed in writing in advance of the leave to continue insurance during such period. Orders to active military service for 2 months or less will be covered subject to continued payment of premium.

Termination will not affect a covered loss which began before the date of termination.

CDI-30AB

SUPPLEMENTAL BENEFITS AND SERVICES

SURVIVOR INCOME BENEFIT

What happens if You die while receiving benefits?

If *You* die after having received a benefit provided by the Policy for at least 12 successive months and during a period for which benefits are payable, *We* will pay a Survivor Income Benefit. This benefit is equal to the amount *You* were last entitled to receive for the month preceding death.

The Survivor Income Benefit shall be payable on a monthly basis immediately after *We* receive written proof of *Your* death. It is payable for 6 months. The benefit shall accrue from *Your* date of death.

This benefit is payable to the beneficiary, if any, named by *You* under the Policy. If no such beneficiary exists, the benefit will be payable in accordance with the *Time and Payment of Claim* provision.

CDI-33AB

CATASTROPHIC DISABILITY BENEFIT

When will You be eligible to receive a Catastrophic Disability Benefit?

We will pay a monthly *Catastrophic Disability* Benefit to *You* if *You* are receiving *LTD Monthly Benefits* (or *Presumptive Disability Benefits*) and *We* receive proof that *You* are *Catastrophically Disabled*. *Catastrophic Disability* Benefits will begin at the end of the *Catastrophic Disability* Elimination Period shown in the *Schedule of Benefits*.

You are *Catastrophically Disabled* when *We* determine that, due to *Sickness* or *Injury*:

- 1) *You* are unable to perform, without human assistance or regular supervision from another person, at least 2 of the 6 *Activities of Daily Living*; or
- 2) a deterioration in *Your* intellectual capacity which requires substantial supervision of *You* by another person because *You* engage in behavior which poses a health or safety hazard to *You* or to others; and
- 3) *You* are not *Gainfully Employed*.

When will Your coverage become effective?

You will become insured for *Catastrophic Disability* Benefit coverage on *Your* effective date under the *LTD* plan.

However, the *Catastrophic Disability* Benefit coverage will be delayed if, on *Your* effective date, *You* cannot safely and completely perform one or more of the *Activities of Daily Living* without another person's assistance, or verbal cueing, or *You* have a deterioration or loss in intellectual capacity and need another person's assistance or verbal cueing for *Your* protection, or for the protection of others. Coverage will begin on the date *You* can safely and completely perform all of the *Activities of Daily Living* without another person's assistance or verbal cueing, or no longer have a deterioration or loss in intellectual capacity, and do not need another person's assistance or verbal cueing for *Your* protection, or for the protection of others.

How much will We pay if You are Disabled?

The *Catastrophic Disability* Benefit is 10% of *Monthly Earnings* to a maximum *Catastrophic Disability* Benefit of the lesser of the *LTD* plan maximum *Monthly Benefit* or \$5,000.

This benefit is not subject to Policy provisions which would otherwise increase or reduce the benefit amount such as Deductible Sources of Income.

When will Your Catastrophic Disability Benefits end?

Catastrophic Disability Benefit payments will end on the earliest of the following dates:

- 1) the date *You* are no longer *Catastrophically Disabled*;
- 2) the date *You* become ineligible for *LTD Monthly Benefit* payments; or
- 3) the end of the *Catastrophic Disability Maximum Period Payable* shown in the *Schedule of Benefits*.

What claim information is needed for Catastrophic Disability Benefits?

The Claim Filing Requirements section under the Policy applies to *Catastrophic Disability* Benefit coverage. *We* may also require an interview with *You*.

CDIO-5AB

CAREGIVER RESPITE BENEFIT

We will pay *You* a Caregiver Respite Benefit for each day of a Respite Interval, subject to the conditions below:

- 1) *You* must be receiving a *Catastrophic Disability* Benefit;
- 2) The benefit is payable if Informal Home Care has been provided for at least 6 continuous months for *You* beginning with *Your Date of Disability*;
- 3) The benefit is payable for Companion Care received by *You* in *Your* home or a private residence during a Respite Interval;
- 4) The benefit is equal to the daily Companion Care cost incurred, not to exceed \$100 per day; and
- 5) The benefit is payable to *You* following submission of proof of *Your* incurred costs for Companion Care during the Respite Interval.

Companion Care means medically necessary custodial care furnished during a Respite Interval for a minimum of 8 hours per day by a Home Health Care Provider accredited by either the Joint Commission on Accreditation of Health Care Organizations or Community Health Accreditation Program.

Informal Caregiver means the person who has primary responsibility of providing Informal Home Care for *You*. A person who is paid for caring for *You* cannot be an Informal Caregiver.

Informal Home Care means medically necessary custodial care provided at *Your* home or a private residence by an Informal Caregiver. Such care is provided in lieu of confinement in a nursing home, or care received at *Your* home from a paid provider.

Respite Interval means a period of one or more consecutive days during which the Informal Caregiver is temporarily relieved of the Informal Home Care duties. Two Respite Intervals are permitted per calendar year, subject to a cumulative total of 14 days per calendar year. Unused days expire on December 31 and cannot be carried over into any future calendar year.

CDIO-6AA

CAREGIVER TRAINING BENEFIT

We will pay *You* a Caregiver Training Benefit if an Informal Caregiver incurs an expense to be trained to provide Informal Home Care for *You*, subject to the conditions below:

- 1) *You* must be receiving a Catastrophic Disability Benefit;
- 2) Caregiver Training must be provided by a Home Health Care Provider accredited by either the Joint Commission on Accreditation of Health Care Organizations or Community Health Accreditation Program, by a Nursing Home or by a *Hospital* while *You* are receiving the Catastrophic Disability Benefit. If *You* are in a Nursing Home or in a *Hospital*, the Caregiver Training Benefit will only be payable if the training will make it possible for *You* to return to *Your* residence where *You* can be cared for by the Informal Caregiver;
- 3) The amount of the benefit is the cost incurred for the Caregiver Training, subject to \$500 maximum per period of *Disability*;
- 4) The benefit is payable to *You* following submission to *Us* of proof of *Your* costs incurred for Caregiver Training.

Caregiver Training means training received by the Informal Caregiver to care for *You* in *Your* residence.

Informal Caregiver means the person who has primary responsibility of providing Informal Home Care for *You*. A person who is paid for caring for *You* cannot be an Informal Caregiver.

Informal Home Care means medically necessary custodial care provided at *Your* home or a private residence by an Informal Caregiver. Such care is provided in lieu of confinement in a nursing home, or care received at *Your* home from a paid provider.

CDIO-7AA

EMERGENCY ALERT SYSTEM BENEFIT

We will pay *You* an Emergency Alert System Benefit for the actual cost to rent or lease an emergency alert system which will allow *You* to remain in *Your* residence alone, subject to the conditions below:

- 1) *You* must be receiving a *Catastrophic Disability* Benefit;
- 2) The benefit is payable for a medically necessary emergency alert system, which is a communication system located in *Your* residence, that is used to summon medical attention in case of a medical emergency;
- 3) *Your* condition must be such that *You* could not be left alone were it not for the presence of the emergency alert system;
- 4) The benefit is equal to the lesser of \$25 per month or the actual cost to rent or lease the emergency alert system;
- 5) The benefit is payable to *You*, in arrears, after every 6 months, following submission of proof of *Your* incurred costs for the emergency alert system; and
- 6) We will not pay for any charges incurred as a result of installing, servicing, or maintaining the Emergency Alert System. This includes, but is not limited to, charges for normal telephone service while the system is installed or for a home security system.

CDIO-8BA

CLAIM SERVICES

What other services are available to You while You are Disabled?

If *You* are *Disabled* and eligible to receive *Disability* benefits under the Policy, *We* will evaluate *You* for eligibility to receive any of the following. *We* will make the final determination for any of the following benefits or services.

Worksite Modification Benefit

We will assist *You* and *Your* Participating Employer in identifying modifications *We* agree are likely to help *You* remain at work or return to work. This agreement will be in writing and must be signed by *You*, *Your* Participating Employer and *Us*.

When this occurs, *We* will reimburse *Your* Participating Employer for the cost of the modification, up to the greater of:

- 1) \$1,500; or
- 2) 2 months of *Your Net LTD Monthly Benefit*.

Vocational Rehabilitation Service

Rehabilitation services are available when *We* determine that these services are reasonably required to assist in returning *You* to *Gainful Employment*. Vocational rehabilitation services might include one or more of the following:

- 1) job modification;
- 2) job retraining;
- 3) job placement;
- 4) other activities.

Eligibility for vocational rehabilitation services is based upon *Your* education, training, work experience and physical and/or mental capacity. To be considered for rehabilitation services:

- 1) *Your* Disability must prevent *You* from performing *Your Regular Occupation*;
- 2) *You* must have the physical and/or mental capacities necessary for successful completion of a rehabilitation program, and
- 3) There must be a reasonable expectation that rehabilitation services will help *You* return to *Gainful Employment*.

Social Security Assistance

When necessary, *We* will provide an advocate for *You*, in applying for and securing Social Security *Disability* awards. When *We* determine that Social Security Assistance is appropriate for *You*, it is provided at no additional cost to *You*.

CDI-35AB

FILING A CLAIM

What are the Claim Filing Requirements?

Initial Notice of Claim

We ask that *You* notify *Us* of *Your* claim as soon as possible, so that *We* may make a timely decision on *Your* claim. The Participating Employer can assist *You* with the appropriate telephone number and address of *Our* Claim Department. *You* must send *Us* written notice of *Your Disability* within 30 days of the *Date of Disability*, or as soon as reasonably possible. Notice may be sent to *Our* Claim Department, P.O. Box 946730, Maitland, FL 32794-6730 or given to *Our* Agent.

Written Proof of Loss

Within 15 days of *Our* being notified in writing of *Your* claim, *We* will supply *You* with the necessary claim forms. The claim form is to be completed and signed by *You*, the Participating Employer and *Your Doctor*. If *You* do not receive the appropriate claim forms within 15 days, then *You* will be considered to have met the requirements for written proof of loss if *We* receive written proof, which describes the occurrence, extent and nature of loss as stated in the Proof of *Disability* provision.

Time Limit for Filing Your Claim

You must furnish *Us* with written proof of loss within 90 days after the end of *Your Elimination Period*. The length of the *Elimination Period* is stated in the *Schedule of Benefits*. If it is not possible to give *Us* written proof within 90 days, the claim is not affected if the proof is given as soon as possible. However, unless *You* are legally incapacitated, written proof of loss must be given no later than 1 year after the time proof is otherwise due.

No benefits are payable for claims submitted more than 1 year after the time proof is due. However, *You* can request that benefits be paid for late claims if *You* can show that:

- 1) It was not reasonably possible to give written proof during the 1-year period; and
- 2) Proof of loss satisfactory to *Us* was given as soon as was reasonably possible.

Proof of Disability

The following items, supplied at *Your* expense, must be a part of *Your* proof of loss. Failure to do so may delay, suspend or terminate *Your* benefits.

- 1) The date *Your Disability* began;
- 2) The cause of *Your Disability*;
- 3) The prognosis of *Your Disability*;
- 4) Proof that *You* are receiving *Appropriate and Regular Care* for *Your* condition from a *Doctor*, who is someone other than *You* or a member of *Your* immediate family, whose specialty or expertise is the most appropriate for *Your* disabling condition(s) according to *Generally Accepted Medical Practice*.
- 5) Objective medical findings which support *Your Disability*. Objective medical findings include but are not limited to tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for *Your* disabling condition(s).
- 6) The extent of *Your Disability*, including restrictions and limitations which are preventing *You* from performing *Your Regular Occupation*.
- 7) Appropriate documentation of *Your Monthly Earnings*. If applicable, regular monthly documentation of *Your Disability Earnings*.
- 8) If *You* were contributing to the premium cost, *Your* Participating Employer must supply proof of *Your* appropriate payroll deductions.
- 9) The name and address of any *Hospital* or *Health Care Facility* where *You* have been treated for *Your Disability*.
- 10) If applicable, proof of incurred costs covered under other benefits included in the Policy.

Continuing Proof of *Disability*

You may be asked to submit proof that *You* continue to be *Disabled* and are continuing to receive *Appropriate and Regular Care* of a *Doctor*. Requests of this nature will only be as often as *We* feel reasonably necessary. If so, this will be at *Your* expense and must be received within 30 days of *Our* request. Failure to do so may delay, suspend or terminate *Your* benefits.

Examination

At *Our* expense, *We* have the right to have *You* examined as often as reasonably necessary while the claim continues. Failure to comply with this examination may deny, suspend or terminate benefits, unless *We* agree *You* have a valid and acceptable reason for not complying.

Authorization and Documentation *You* will be asked to supply

- 1) *You* will be required to provide signed authorization for *Us* to obtain and release all reasonably necessary medical, financial or other non-medical information which support *Your Disability* claim. Failure to submit this information may deny, suspend or terminate *Your* benefits.
- 2) *You* will be required to supply proof that *You* have applied for other Deductible Income Benefits such as Workers' Compensation or Social Security *Disability* benefits, when applicable.
- 3) *You* will be required to notify *Us* when *You* receive or are awarded other Deductible Income Benefits. *You* must tell *Us* the nature of the income benefit, the amount received, the period to which the benefit applies, and the duration of the benefit if it is being paid in installments.

CDI-36AB

Time of Payment of Claim

As soon as *We* have all necessary substantiating documentation for *Your Disability* claim, *Your* benefit will be paid on a monthly basis, so long as *You* continue to qualify for it.

We will pay benefits to *You* unless otherwise indicated. If *You* die while *Your* claim is open, any due and unpaid *Disability* benefit will be paid to *Your* named beneficiary, if any.

If there is no surviving beneficiary, payment may be made, at *Our* option, to the surviving person or persons in the first of the following classes of successive preference beneficiaries: *Your*: 1) spouse; 2) children including legally adopted children; 3) parents; 4) brothers or sisters; or 5) estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, *We* may pay up to \$1,000 to any relative or beneficiary of *Yours* whom *We* deem to be entitled to this amount. *We* will be discharged to the extent of such payment made by *Us* in good faith.

CDI-37AB

Can you assign Your benefits?

Your benefits are not assignable, which means that *You* may not transfer *Your* benefits to anyone else.

CDI-38AA

What will happen if a claim is overpaid?

A claim overpayment can occur when *You* receive a retroactive payment from a Deductible Source of Income; when *We* inadvertently make an error in the calculation of *Your* claim; or if fraud occurs.

In an overpayment situation, *We* will determine the method by which the repayment is made. *You* will be required to sign an agreement with *Us* which details the source of the overpayment, the total amount *We* will recover and the method of recovery. If *LTD Monthly Benefits* are suspended while recovery of the overpayment is being made, suspension will also apply to the minimum *LTD Monthly Benefits* payable under the Policy.

The overpayment amount equals the amount *We* paid in excess of the amount *We* should have paid under the Policy.

CDI-39AA

Fraud

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and may subject such person to criminal and civil penalties. Such penalties include, but are not limited to fines, denial or termination of insurance benefits, recovery of any amounts paid, civil damages, criminal prosecution and confinement in state prison.

CDI-42AA

UNIFORM PROVISIONS

Entire Contract; Changes

The Policy, the Participating Employer's application, the employee's certificate of coverage, and *Your* application, if any, and any other attached papers, form the entire contract between the parties. Coverage under the Policy can be amended by mutual consent between the Participating Employer and *Us*. No change in the Policy is valid unless approved in writing by one of *Our* officers. No agent has the right to change the Policy or to waive any of its provisions.

Statements on the Application

Any statement made by the Participating Employer or *You*, except for fraudulent misstatements, is considered a representation and not a warranty. A copy of the statement will be provided to the Participating Employer or *You*, whoever made the statement. No statement of the Participating Employer will be used to void the Participating Employers' coverage under the Policy after it has been in force for 2 years. No statement of *Yours* will be used in defense of a claim after *You* have been insured for 2 years, except for fraudulent misstatements.

Legal Actions

No legal action of any kind may be filed against *Us*:

- 1) within the 60 days after proof of *Disability* has been given; or
- 2) more than 3 years after proof of *Disability* must be filed, unless the law in the state where *You* live allows a longer period of time.

Conformity with State Statutes

If any provision of the Policy conflicts with the statutes of the state in which the Policy was issued or delivered, it is automatically changed to meet the minimum requirements of the statute.

CDI-40AB

General Provisions

We have the right to inspect all of the Participating Employer's records on the Policy at any reasonable time. This right will extend until:

- 1) 2 years after termination of the Participating Employer's coverage under the Policy; or
- 2) all claims under the Policy have been settled,

whichever is later.

The Policy is in the Holder's possession and may be inspected by *You* at any time during normal business hours at the Holder's office.

The Policy is not in lieu of and does not affect any requirements for coverage by Workers' Compensation Insurance.

CDI-43AB

DEFINITIONS

The following are key words and phrases used in this certificate. When these words and phrases, or forms of them, are used, they are capitalized and italicized in the text. As *You* read this certificate, refer back to these definitions.

Actively at Work or **Active Work** means that *You* must be:

- 1) working at the Participating Employer's usual place of business, or on assignment for the purpose of furthering the Participating Employer's business; and
- 2) performing the *Material and Substantial Duties* of *Your Regular Occupation* on a full-time basis.

CDID-1AB

Activities of Daily Living means:

- 1) Eating – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- 2) Toileting – Getting to and from the toilet, getting on and off the toilet and performing associated personal hygiene.
- 3) Transferring – Moving into or out of a bed, chair or wheelchair.
- 4) Bathing – Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 5) Dressing – Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- 6) Continence – Ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

CDID-2AA

Appropriate and Regular Care means that *You* are regularly visiting a *Doctor* as frequently as medically required to meet *Your* basic health needs. The effect of the care should be of demonstrable medical value for *Your* disabling condition(s) to effectively attain and/or maintain *Maximum Medical Improvement*.

CDID-4AA

Date of Disability is the date *We* determine *Your Injury* or *Sickness* impairs *Your* ability to perform *Your Regular Occupation*.

CDID-5AA

Disability or **Disabled** means that *You* satisfy either the Occupation Qualifier or the Earnings Qualifier.

CDID-6AA

Disability Earnings is the wage or salary *You* earn from *Gainful Employment* after a *Disability* begins. It includes partnership or proprietorship draw, commissions, bonuses, or similar pay, and any other income *You* receive or are entitled to receive. It does not include Social Security, sick pay, salary continuance payments or any other *Disability* payment *You* receive as a result of *Your Disability*. Any lump sum payment will be prorated, based on the time over which it accrued or the period for which it was paid.

CDID-7AB

Doctor means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither *You* nor a member of *Your* immediate family. A licensed medical practitioner is a *Doctor* if applicable state law requires that such practitioners be recognized for purposes of certification of *Disability*, and the treatment provided by the practitioner is within the scope of his or her license.

CDID-8AA

Elimination Period means the number of calendar days at the beginning of a continuous period of *Disability* for which no benefits are payable. The *Elimination Period* is shown in the *Schedule of Benefits*.

CDID-9AA

Gainful Employment or **Gainfully Employed** means the performance of any occupation for wages, remuneration or profit, for which *You* are qualified by education, training or experience on a full-time or part-time basis, for the Participating Employer or another employer, and which *We* approve and for which *We* reserve the right to modify approval in the future.

CDID-10AA

Generally Accepted Medical Practice or **Generally Accepted in the Practice of Medicine** means care and treatment which is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies.

CDID-11AA

Gross LTD Monthly Benefit means that benefit shown in the *Schedule of Benefits* which applies to *You*.

CDID-20AGross

Hospital or Health Care Facility is a legally operated, accredited facility licensed to provide full-time care and treatment for the condition(s) causing *Your Disability*. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities which primarily provide custodial, educational or rehabilitative care.

CDID-12AA

Injury means bodily injury caused by an accident which results, directly and independently of all other causes, in *Disability* which begins while *Your* coverage is in force.

CDID-13AA

Insured Employee means an employee whose insurance is in force under the terms of the Policy.

CDID-14AA

LTD means Long Term Disability.

CDID-35AA

Male pronoun, whenever used, includes the female.

CDID-16AA

Material and Substantial Duties means the necessary functions of *Your Regular Occupation* which cannot be reasonably omitted or altered.

CDID-17AA

Maximum Medical Improvement is the level at which, based on reasonable medical probability, further material recovery from, or lasting improvement to, an *Injury* or *Sickness* can no longer be reasonably anticipated.

CDID-18AA

Maximum Period Payable, as shown in the *Schedule of Benefits*, means the longest period of time that *We* will make payments to *You* for any one period of *Disability*.

CDID-32AA

Mental Disorder means a disorder found in the current diagnostic standards of the American Psychiatric Association.

CDID-19AA

Monthly Benefit means that benefit shown in the *Schedule of Benefits* which applies to *You*.

CDID-20AA

Net LTD Monthly Benefit means the *Gross LTD Monthly Benefit* less the Deductible Sources of Income.

CDID-20ANet

Pre-existing Condition means a condition for which medical treatment or advice was rendered, prescribed or recommended within 3 months prior to *Your* effective date of insurance. A condition shall no longer be considered pre-existing if it causes *Disability* which begins after *You* have been insured under the Policy for a period of 12 months.

CDID-21BA

Regular Occupation means the occupation that *You* are performing for income or wages on *Your Date of Disability*. It is not limited to the specific position *You* held with *Your* Participating Employer.

CDID-22BA

Retirement Plan means a plan which provides retirement benefits to employees and is not funded wholly by employee contributions.

CDID-24AA

Schedule of Benefits means the schedule which is a part of this certificate.

CDID-28AA

Sickness means sickness or disease causing *Disability* which begins while *Your* coverage is in force.

CDID-26AA

We, Our and **Us** mean the CNA Group Life Assurance Company, Chicago, Illinois.

CDID-29AA

You, Your and **Yours** means the employee to whom this certificate is issued and whose insurance is in force under the terms of the Policy.

CDID-30AA

IMPORTANT ERISA WELFARE PLAN INFORMATION

The following section contains information provided to You at the request of the Plan Administrator of Your Plan to meet certain requirements of the Employee Retirement Income Security Act of 1974, as amended, (ERISA). All inquiries related to the following material should be referred directly to Your Plan Administrator.

DISCRETIONARY AUTHORITY

The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto. The plan administrator and other plan fiduciaries have discretionary authority to determine Your eligibility for and entitlement to benefits under the Policy. The plan administrator has delegated sole discretionary authority to CNA Group Life Assurance Company to determine Your eligibility for benefits and to interpret the terms and provisions of the plan and any policy issued in connection with it.

Hartford Life Group Insurance Company

Home Office: 2 North LaSalle Street, Suite 2500
Chicago, Illinois 60602

A Stock Company

Executive Offices: 200 Hopmeadow Street
Simsbury, Connecticut 06089



ENDORSEMENT

CHANGE IN NAME OF UNDERWRITING COMPANY

Participating Employer: Gilbert Chamber of Commerce

Customer Number: 83173989

This endorsement is made a part of, and terminates and takes effect at the same time as, the policy or certificate to which it is attached.

It amends the policy or certificate as stated below:

The name CNA Group Life Assurance Company is replaced with the name Hartford Life Group Insurance Company wherever it appears.

In all other respects, the policy and certificate to which this amendment is attached will remain the same.

Signed for Hartford Life Group Insurance Company

Christine Hayer Repasy, *Secretary*

Thomas M. Marra, *President*

Plan Arranged By:

Brown & Brown
2800 N. Central Ave. Ste. 1600
Phoenix, AZ 85004



CNA Group Life Assurance Company
200 Hopmeadow Street
Simsbury, CT 06089

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to Hartford Life Group Insurance Company).