

# AMENDMENT

## to the WEA Trust Long Term Disability Plan

This amendment updates your Long Term Disability plan in the following ways:

- It adds the Group Long Term Disability Insurance Agreement to the list of documents that make up the entire insurance contract, effective April 1, 2013.
- It deletes all policy language stating we will not pay any costs you incur in substantiating entitlement to benefits, effective June 1, 2013.
- It revises certain policy language that describes the appeal process for denial of a claim or an application for coverage, effective June 1, 2013.

In Article I, “Employer’s Policy Provisions: Rights and Obligations of the Company and the Policyholder,” the “Entire Contract and Changes” provision is deleted and replaced with the following, effective April 1, 2013:

### **Entire Contract and Changes**

The entire contract of insurance consists of:

1. This policy and any amendments;
2. The Benefit Summary;
3. The Rate Summary;
4. The Application for Group Insurance;
5. Group Long Term Disability Insurance Agreement;
6. The Employees’ enrollment applications;
7. The evidence of insurability forms submitted by Employees; **and**
8. Reimbursement Agreements signed by Covered Employees who receive Benefits.

No change in this policy will be valid unless written and signed by an officer of the Company. No agent may change the policy or waive any of its provisions.

The policy states that we will not pay any costs you incur in substantiating entitlement to benefits. Effective June 1, 2013, all such references are deleted as follows:

- In Article V, “Claims Procedures,” the third paragraph under “Proof of Loss,” is deleted.
- In Article VIII, “Responsibilities of a Disabled Covered Employee,” the last sentence under “Duty to Furnish Information,” is deleted.

In Article X, “Appeal Procedure,” under “Rights of the Covered Employee,” # 6 is deleted, and #5 is deleted and replaced with the following, effective June 1, 2013:

5. The right to appeal the denial of a claim for Benefits or an application for coverage in accordance with our appeal procedure, if we receive your appeal within 60 days of the date on our final notice of denial of the claim. We will send you our written decision on the appeal.