

# Long Term Disability - Standard Insurance Company

October 1, 2003 - September 30, 2004

The following page(s) summarize the main features of your Group Long Term Disability Insurance Plan. Should you become insured, the Certificate of Insurance you receive will contain more detailed information. The controlling provisions of the plan are in the master Group Insurance Policy, and neither this material nor any Certificate, may modify those provisions or the insurance in any way.

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|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------|------------------------|---------------------------------------------------------|---------------|---------------------------------------------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|------------------------|------------------|
| <b>Plan Number</b>                       | <b>353414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Class Description</b>                 | <b>Active, full-time employees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Percentage Paid</b>                   | <b>60% of covered monthly earnings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Monthly Benefit Maximum</b>           | <b>\$10,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Elimination Period</b>                | <b>45 days</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Benefit Duration</b>                  | <p><b>The maximum benefit period is determined by your age at disability as follows:</b></p> <table> <tr> <td><i>Age Disabled</i></td><td><i>Benefits Payable - Elimination Period less than 180 days</i></td></tr> <tr> <td><b>Prior to Age 63</b></td><td><b>To Normal Retirement Age or 48 months if greater</b></td></tr> <tr> <td><b>Age 63</b></td><td><b>To Normal Retirement Age or 42 months if greater</b></td></tr> <tr> <td><b>Age 64</b></td><td><b>36 months</b></td></tr> <tr> <td><b>Age 65</b></td><td><b>30 months</b></td></tr> <tr> <td><b>Age 66</b></td><td><b>27 months</b></td></tr> <tr> <td><b>Age 67</b></td><td><b>24 months</b></td></tr> <tr> <td><b>Age 68</b></td><td><b>21 months</b></td></tr> <tr> <td><b>Age 69 and over</b></td><td><b>18 months</b></td></tr> </table> | <i>Age Disabled</i> | <i>Benefits Payable - Elimination Period less than 180 days</i> | <b>Prior to Age 63</b> | <b>To Normal Retirement Age or 48 months if greater</b> | <b>Age 63</b> | <b>To Normal Retirement Age or 42 months if greater</b> | <b>Age 64</b> | <b>36 months</b> | <b>Age 65</b> | <b>30 months</b> | <b>Age 66</b> | <b>27 months</b> | <b>Age 67</b> | <b>24 months</b> | <b>Age 68</b> | <b>21 months</b> | <b>Age 69 and over</b> | <b>18 months</b> |
| <i>Age Disabled</i>                      | <i>Benefits Payable - Elimination Period less than 180 days</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Prior to Age 63</b>                   | <b>To Normal Retirement Age or 48 months if greater</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 63</b>                            | <b>To Normal Retirement Age or 42 months if greater</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 64</b>                            | <b>36 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 65</b>                            | <b>30 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 66</b>                            | <b>27 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 67</b>                            | <b>24 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 68</b>                            | <b>21 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Age 69 and over</b>                   | <b>18 months</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Own Occupation Period</b>             | <b>2 years</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Pre-Existing Conditions</b>           | <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Total Disability Required?</b>        | <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Waiver of Premium</b>                 | <b>Yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Survivor Benefit</b>                  | <b>3 x monthly LTD benefit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Assisted Living Benefit</b>           | <b>Yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |
| <b>Mental &amp; Nervous Disabilities</b> | <b>24-month limitation, unless confined</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                 |                        |                                                         |               |                                                         |               |                  |               |                  |               |                  |               |                  |               |                  |                        |                  |