



## AMENDATORY RIDER

This Rider forms a part of all certificates given in connection with Policy Number 024152, issued to VALDOSTA STATE UNIVERSITY.

This Rider becomes effective January 1, 2008.

All certificates are hereby amended in the following manner:

With respect to Faculty Members and Professional and Administrative Personnel, Your certificate is amended to include the following provision:

**Group Long Term Disability Coverage** will be continued during an approved leave of absence, subject to the other termination provisions as shown in Your certificate, until the expiration of 12 consecutive months from the date the leave of absence commenced. Coverage during an approved leave of absence that extends beyond 12 consecutive months from the date such leave of absence commenced will be subject to The Hartford's approval.

1. Your **Maximum Monthly Benefit** will be determined on the basis of:
  - (a) Your prior year contract salary, if you are a Faculty Member; or
  - (b) Your annualized salary paid by the Policyholder immediately prior to the approved Leave of Absence, if You are a member of the Professional and Administrative Personnel.

In no event shall Your Monthly Benefit:

- (a) exceed the Maximum Monthly Benefit; or
- (b) be less than the minimum monthly payment as stated in the Plan of Insurance. If you are receiving payments based on less than 12 per year, the monthly payments will be deemed to be 1/12<sup>th</sup> of the total of such payments.

2. The Definitions section is amended to include:

**Leave of Absence** means an interruption of Active Full-time service which is approved by the Policyholder.

**Professional and Administrative Personnel** means Active Full-time employees who:

- (a) are exempt from the Fair Labor Standards Act due to salary level and administrative and professional responsibilities; and
- (b) who are not considered faculty or graduate assistants.

**Disability during a Leave of Absence** means during the Elimination Period; and

- (a) during the next 12 months you are:
  - (i) unable to participate in the program for which Your Leave of Absence was granted; and
  - (ii) prevented from doing all the material and substantial duties of Your Own Occupation as they were performed prior to the date such Leave of Absence commenced; and
- (b) during the second 12 months of any one period of Total Disability, You are prevented by Disability from doing all the material and substantial duties of Your Own Occupation as it had been performed prior to the date Your Leave of Absence commenced.

In all other respects, the certificates remain the same.

Signed for Hartford Life and Accident Insurance Company.

**Richard G. Costello, Secretary**

**Thomas M. Marra, President**

