



TheStandard<sup>®</sup>  
Aetna, 1994

## **Request for Group Insurance Amendment**

Standard Insurance Company  
900 SW Fifth Avenue  
Portland, OR 97204-1282

Employee Benefits Consultant: Nebraska Bankers Association VEBA  
Employee Benefits Service Representative: Phil Thelen  
Employee Benefits Sales and Service Office: Karen Ray

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Employer Name: Nebraska Bankers Association VEBA  
Group Number: 645708

As an authorized representative of the Employer, I request that Standard Insurance Company ("The Standard") amend the above Employer's coverage under the Group Policy to make the following change(s):  
The amendment request can simply say the Child definition is amended to read:

### **Amend Dependent Child as follows:**

Child means:

1. Your child from live birth to age 26; or
2. Your child who meets either of the following requirements:
  - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
  - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

**Amend STD:**

Your Employer may elect one of the following STD Benefits for all eligible Members:

Plan A: 60% of the first \$833 of your Predisability Earnings, reduced by Deductible Income.

Plan B: 60% of the first \$1,666 of your Predisability Earnings, reduced by Deductible Income.

Maximum: Plan A: \$500 before reduction by Deductible Income.

Plan B: \$1,000 before reduction by Deductible Income.

Minimum: \$15

Benefit Waiting Period: 14 days

Maximum Benefit Period:: Your Employer may elect one of the following Maximum Benefit Periods for all eligible Members:

Plan 1: 26 weeks

Plan 2: 13 weeks

However, STD Benefits will end on the date long term disability benefits become payable to you under a group plan provided by your Employer, even if that occurs before the end of the Maximum Benefit Period.

I request that the amendment become effective on **01/01/2011**. I understand that the amendment will not become effective unless approved and issued by The Standard.

I request that the amendment be approved by The Standard subject to The Standard's usual underwriting requirements, including, if applicable, Evidence of Insurability or a Pre-existing Condition provision.

I understand that the amendment, if approved by The Standard, will be issued in the policy language customarily used by The Standard.

I understand that any increase in Insurance for a Member who is not Actively At Work all day on the Member's last regular work day before the scheduled effective date of the amendment will be deferred until the first day after the Member completes one full day of Active Work.

I request that the amendment, if approved and issued by The Standard, become effective by its terms without any further acceptance by the Employer, and that a copy of this Request for Group Insurance Amendment form be attached to and made a part of the amendment.

Sign Name: Steve M. Kelvey Title: Exec. V.P.  
Authorized Representative

Print Name: Steve M. Kelvey Date: 10-29-10