

## GROUP POLICY AMENDMENT NO. 1

Attached to and made a part of Group Policy 136373-A issued to  
The Board of Trustees for the Connecticut State University as Policyholder

Effective January 1, 2006, the Group Policy is amended by the following change(s) to the **group insurance certificate**:

1. PART 1: LONG TERM DISABILITY AT A GLANCE, Benefit Types and Amounts, (B) The Monthly Annuity Premium Benefit is amended to read as follows:

**(B) The Monthly Annuity Premium Benefit**

...equals 13% of your Monthly Wage Base and will be credited to ING Retirement Annuities under the State of Connecticut Alternate Retirement Plan.

The Monthly Annuity Premium Benefit may be adjusted by the Annual Benefit Adjustment.

If your Monthly Earnings While Disabled are more than 20% of your Increasing Monthly Wage Base, the Monthly Annuity Premium Benefit will be adjusted. See PART 3: DISABILITY BENEFITS.

The United States Internal Revenue Code limits contributions for you under your Employer's retirement plan. Standard can pay the Monthly Annuity Premium Benefit only to the extent of those limits.

2. PART 3: DISABILITY BENEFITS, TYPES OF BENEFITS, (B) The Monthly Annuity Premium Benefit is amended to read as follows:

**(B) The Monthly Annuity Premium Benefit**

The amount of the Monthly Annuity Premium Benefit is determined as shown in PART 1: LONG TERM DISABILITY INSURANCE AT A GLANCE.

This benefit will be payable for you if, on the date of your Disability you were participating in your Employer's retirement plan.

The Monthly Annuity Premium Benefit will cease to be paid if you elect to receive, at any time during your Disability, all of the benefit payable under any option available from your Employer's retirement plan administered by ING.

The Monthly Annuity Premium Benefit does not apply to Employer-sponsored Supplemental Retirement Annuities (SRAs) or to premiums paid to them.

If your Monthly Earnings While Disabled are 20% or less of your Increasing Monthly Wage Base, no change will be made to the amount of the Monthly Annuity Premium Benefit.

If your Monthly Earnings While Disabled are more than 20% of your Increasing Monthly Wage Base, a percentage of the Monthly Annuity Premium Benefit is payable. The percentage is obtained by dividing Lost Income by the Increasing Monthly Wage Base. That percentage is then applied as the multiplier to the amount of the Monthly Annuity Premium Benefit. As any changes occur in your Monthly Earnings While Disabled, Increasing Monthly Wage Base, or Monthly Annuity Premium Benefit, the amount of benefits payable by Standard on or after the date of the change will be adjusted to reflect the change.

3. PART 3: DISABILITY BENEFITS, TYPES OF BENEFITS, Payment of the Monthly Annuity Premium Benefit is amended to read as follows:

**Payment of the Monthly Annuity Premium Benefit**

You must be Disabled and eligible to receive a Monthly Income Benefit in order for the Monthly Annuity Premium Benefit to be payable.

The Monthly Annuity Premium Benefit is not payable directly to you. The Monthly Annuity Premium Benefit will be paid as a premium remitted on your behalf under the terms of your Employer's retirement plan.

The first benefit will be paid as of the first day after the end of the Elimination Period shown in PART 1: LONG TERM DISABILITY INSURANCE AT A GLANCE, and as of the first day of each month thereafter to ING, third party administrator of the Alternate Retirement Plan for the State of Connecticut, for contributions made on your behalf to such retirement plan. Such payment will discharge Standard's obligation for that payment.

Any payment made will be divided according to any option available at the time the payment is made.

Payment is subject to Standard's right to receive proof of continued Disability.

The Monthly Annuity Premium Benefit may be applied to reduce any overpayment of your claim.

**AMENDMENT NOT IN FORCE UNLESS SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE POLICYHOLDER AND RETURNED TO STANDARD INSURANCE COMPANY WITHIN 30 DAYS OF ISSUE.**

Dated \_\_\_\_\_ 20\_\_\_\_\_ at \_\_\_\_\_

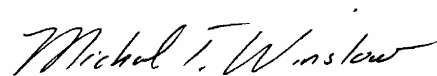
By \_\_\_\_\_

STANDARD INSURANCE COMPANY

By



President



Secretary