

AMENDMENT

to the WEA Trust Group Long Term Care Plan

This amendment modifies various provisions of your
WEA Trust Group Long Term Care Plan.

The address on the face page of the Certificate of Coverage (Certificate) is deleted and replaced with the following:

P.O. Box 259537
Madison, WI 53725-9537

The “Important Notice” on the first page of the policy is deleted and replaced with the following:

Important Notice

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE—If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

WEA Insurance Corporation
P.O. Box 259537
Madison, WI 53725-9537
Voice/TTY: (800) 279-4000 or (608) 276-4000

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin’s insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/>, or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

The Notice Procedures on page 21 of the Certificate of Coverage (Certificate) is deleted and replaced with the following:

Notice Procedures

You or your employer may provide any notice required by these continuation coverage provisions by calling or writing:

WEA Trust
P.O. Box 259537
Madison WI 53725-9537
(608) 276-4000 Voice/TDD
(800) 279-4000 Voice/TDD

If mailed, your signed notice must be postmarked no later than the last day of the required notice period.

If you give your notice by phone, you must call us no later than the last day of the required notice period. We will need this information when you call or write:

1. Your name and the subscriber number.
2. Your employer's name and group number, if known.
3. The specific qualifying event that is causing, or will cause, a loss of coverage.
4. The date of the qualifying event.
5. The names of all individuals who have lost or will lose coverage due to the qualifying event.
6. The telephone numbers and addresses of all individuals losing coverage.

Section 10, on page 48, of the Certificate of Coverage (Certificate) is deleted and replaced with the following:

Section 10

Your Right to Appeal a Denial of Entitlement to Benefits

This section describes your rights under this policy and by law in the event we deny your application for benefits or a claim for benefits.

If we deny either your application for coverage or a claim for benefits, you have the following rights:

- The right to submit, within the time required by this policy, all relevant evidence of your entitlement to benefits.
- The right to a full and fair review of your entitlement to benefits.
- The right to a written explanation of the reason(s) for our denial of your application or claim, including reference to the policy provisions upon which our denial is based.
- The right to examine any document in our possession that is relevant to your entitlement to benefits.
- The right to appeal the denial of your application or claim in accordance with our appeal procedure, if we receive your written appeal within 3 years of the date on our final notice of denial of the application or claim. We will send you our written decision within 30 days after we receive your appeal request.

To obtain a written explanation of the procedures and requirements of our appeal procedure, including any necessary forms, write to our General Counsel at WEA Insurance Corporation, P.O. Box 259537, Madison, WI 53725-9537.