

## GROUP POLICY AMENDMENT NO. 4

Attached to and made a part of Group Policy 399101-F issued to  
University of Colorado as Policyholder.

Effective July 1, 2014, the STD Benefit in the Schedule Of Insurance portion of the **Coverage Features** is amended to read:

STD Benefit: You may only apply during Initial Enrollment, Annual Enrollment or within 31 days of a Family Status Change Period:

60% of the first \$2,500 of your Predisability Earnings, reduced by Deductible Income.

Maximum: \$1,500 before reduction by Deductible Income.

Minimum: \$15

Benefit Waiting Period:

For Members who apply for insurance during the Initial Enrollment Period, Annual Enrollment Period, or Family Status Change Period and for Members who were required to submit Evidence Of Insurability to become insured and it was approved: 29 days

For Members who do not apply during the Initial Enrollment Period, Annual Enrollment Period or during a Family Status Change Period:

During the 12-month period beginning on the date your insurance becomes effective:

- 29 days for Disability caused by accidental Injury
- 60 days for Disability caused by Physical Disease, Pregnancy or Mental. Thereafter, 29 days for Disability caused by Physical Disease, Pregnancy or Mental

Initial Enrollment Period for Contributory insurance:

The 31-day period beginning on the date you become eligible.

Annual Enrollment Period:

A three-week period each year prior to July 1. Your Employer will provide you the dates of the Annual Enrollment Period each year. Coverage elected during this time will become effective on July 1.

Family Status Change Period:

The 31-day period beginning on the date you qualify for a Family Status Change. Family Status change means a change of status as defined under your Employer's IRC Section 125 Cafeteria Plan. The change must be allowed by your Employer's IRC Section 125 Cafeteria Plan.

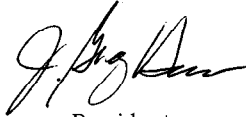
Maximum Benefit Period:

22 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.

If you are Disabled for less than one full week, we will pay one-seventh of the STD Benefit for each day of Disability.

STANDARD INSURANCE COMPANY

By



President



Corporate Secretary