



AIG Group Insurance Plans

Employee-paid products designed
for employers with 2-plus insureds

AIG Group Life and AD&D

AIG Group Short-term Disability

AIG Group Long-term Disability

AIG Group Dental

AIG Group Vision

WE KNOW BENEFITS.SM

AIG® **AMERICAN
GENERAL**

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Your Single Source of Benefits for Employers and Employees

Now fully backed by strong AIG underwriting companies, our new products make us easier than ever to do business with.

Drawing on our considerable experience, we've developed a line of products and services designed for small to broad middle-market employers. As always, we deliver our products with a focus on value, affordability, convenience and service — from the moment of sale throughout the life of the plan.

We offer you:

- Products with more benefits — to help attract and retain good employees
- Greater plan flexibility — to better fit your specific needs
- Simplified processes to reduce your administrative burden
- Responsive, professional service from your own team of specialists

Employers have been confidently turning to us for more than a half-century to provide group products that meet their employee benefits needs. Today, AIG and AIG American General serve more than 111,000 firms with our portfolio of products and services. All have chosen us for one overriding reason: We Know Benefits.SM

For more information on AIG Group Employee Benefits insurance products, contact your AIG Sales Representative, Agent or Broker. Or visit www.AIGemployeebenefits.com.

AIG Group Life Insurance, and Accidental Death and Dismemberment (AD&D)

We Know Life and AD&DSM

We've enhanced our group term life and accidental death and dismemberment (AD&D) insurance to make it significantly better for you and your employees. It now offers many flexible and cost effective plan options that allow you to meet a broader range of your company's — and your employees' — needs, at no cost to you.

Plan enhancements include:

- Flexible plan options to help meet your business' specific needs
- Dependent coverage for spouse and children available — children covered from live birth
- Domestic partner coverage available
- Life coverage is portable and/or convertible — may be continued even if employee is terminated
- Waiver of premium option — no payment due if employee is disabled
- Enhanced accelerated death benefits include terminal illness, cognitive impairment and the inability to perform one or more Activities of Daily Living (ADL)
- Premiums paid through convenient payroll deduction

No-cost services increase value to employees

- My Life ValuesSM from Work & Family Benefits, Inc., features online work-life resources, valuable research and information capabilities and online buying discounts at national vendors
- Interest-bearing Instant Access Accounts available for beneficiaries
- AIG Travel Assist — travel assistance services

Exceptional AD&D benefits embedded into plan

- One of the most comprehensive AD&D plans around
- Definition of loss increased to 365 days
- Covers injuries on or off the job, 24 hours a day, 7 days a week, every day of the year
- Enhanced seatbelt and airbag benefits
- Disappearance and exposure provisions

Voluntary Group Term Life

Benefits Overview

Employee Maximum Benefit	Up to \$300,000 or 5 times salary
Employee Guarantee Issue	Amount based on group size and participation
Spouse/Domestic Partner Maximum Benefit	Up to \$300,000
Spouse/Domestic Partner Guarantee Issue	Up to \$20,000
Dependent Child Maximum Benefit	Up to \$10,000
Conversion	Yes
Portability	Yes
Waiver of Premium	To age 65
Accelerated Benefit	75% to \$250,000
Rate Guarantee	24 months

Participation requirements

If employees contribute to the cost of the group term life insurance plan, at least 75 percent of the eligible employees must enroll for coverage. If the employer pays the entire cost of the plan, all eligible employees must enroll for coverage. There are no minimum participation requirements for Supplemental plans.

Eligibility requirements

Employees must actively work at least 30 hours* per week on a full-time basis to be eligible for coverage. If the employee is not actively at work on the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

**Amount of time may vary by state law.*

Maximum issue amounts

2-plus Lives	Up to \$300,000 or 5 times salary
500-plus Lives	Higher maximum issue amounts available subject to prior Home Office approval

Dependent life maximum issue amounts

Spouse or Domestic Partner	Up to \$300,000
Dependent Children	Up to \$10,000

Coverage limitation may vary by state law. Spousal or domestic partner coverage terminates at age 70. Dependent children are covered from live birth up to 25 years of age. However, from age 21 to 25, children must be attending an accredited college or university on a full-time basis and be wholly dependent on the employee for support in order to remain eligible for this coverage.

No evidence of insurability

EMPLOYEE COVERAGE —

Groups which are transferring from another insurer are not required to provide proof of insurability as long as proof of transferred life amounts is provided. If coverage is a replacement with proof, employees may be eligible for amounts up to \$150,000 without evidence of insurability, depending on group size and level of participation.

Depending on group size, groups with no prior coverage are eligible for amounts up to \$75,000 without evidence of insurability.

DEPENDENT COVERAGE —

Up to \$20,000 for spouses without proof of insurability, depending on group size.

Age reductions

Life and AD&D insurance is reduced by 35 percent upon attainment of age 65 and 50 percent upon attainment of age 70. Other reduction formulas are available that comply with the Age Discrimination and Employment Act.

Effective date

An insured's coverage under the Policy will become effective on the latest of the following dates:

- The Policy effective date
- The first day of the month following the date the person becomes eligible for insurance

Superimposition

If any group has group life coverage provided by another insurance carrier or has simultaneously applied for group life coverage from another carrier, we shall consider such cases under the following circumstances:

- a. We will superimpose on any and all life coverage provided it is \$25,000 or less per policy when the other group life coverage is written with major medical or other accident and health coverage.
- b. In all other situations, we will superimpose over only one other group life insurance policy. If the maximum issue under our policy is less than \$100,000, then the group can be written with that maximum issue limit. If our maximum issue request is \$100,000 or more, then we would use both group life policies to determine our maximum issue limit. In other words, if our normal maximum issue on the case was \$200,000 and the other policy provided \$75,000, we would reduce our maximum issue limit to \$125,000.

Conversion and portability

If coverage under the Policy terminates, the employee may have the option to continue coverage in one of two ways:

CONVERSION —

Within 31 days the employee may convert the insurance to an individual, whole life policy without evidence of good health.

PORTABILITY —

The employee may, within 31 days, convert the insurance to a group term policy without evidence of good health. This coverage will be billed directly by the insurance carrier. At age 65, coverage may be converted to an individual, whole life policy.

These options are not available if coverage ends because of non-payment of premium, the employee retires or if the master group policy ends. Details will be provided in the certificate.

Waiver of Premium

If an employee becomes totally disabled before age 60 and remains disabled for at least nine months, insurance will continue without premium payment for up to one year. The employee must submit the required proof of disability to us within nine months from the date such disability began. If the requirements continue to be met, coverage will continue for additional one-year periods. This coverage will cease when the employee either is no longer totally disabled, refuses to be examined, does not submit the required proof of disability or attains age 65.

If an employee becomes totally disabled after age 60 but before age 65, insurance will continue subject to the terms and conditions above until the earlier of one year or the day the employee reaches age 65.

Accelerated Life Benefit option

The accelerated benefits provision allows an employee to receive a portion of his or her life insurance benefit before death if diagnosed with a terminal illness. The beneficiary receives the remaining benefit after death.

MAXIMUM BENEFIT —

Under this provision, the maximum benefit is up to the lesser of 75 percent of the insured's life insurance benefit or \$250,000.

However, if the insured's life insurance is scheduled to reduce within six months of the date of application for this benefit, the Accelerated Life Benefit will be limited to the amount that would be available for accelerated payment after such reduction takes place.

The minimum Accelerated Life Benefit is \$10,000. Such benefit will be paid in a lump sum to the insured, unless an alternate payment arrangement is requested by the insured in writing and is approved by the insurance carrier. However, the minimum payment under such installment payment arrangement will be \$500 per payment.

QUALIFYING CONDITIONS —

To qualify for this benefit, the insured or dependent must:

- a. be unable to continuously perform one or more Activities of Daily Living (ADL), without stand-by help;
- b. have a cognitive impairment;
- c. or have a terminal illness with a life expectancy of six months or less.

Before payment of benefits under this provision may be made, satisfactory proof must be provided to the insurance carrier that the insured's life expectancy is six months or less from the date of application for this benefit, or that qualifying conditions are met. A physician must certify proof. The insurance carrier reserves the right to obtain a second or third medical opinion at its own expense.

LIMITATIONS —

Benefits will not be provided under the following conditions:

- The insured is required by law to use the benefit to meet the claims of creditors, whether in bankruptcy or otherwise
- The insured is required by a government agency to use this benefit in lieu of applying for, obtaining, or otherwise keeping a government benefit or entitlement
- The insured's life insurance under the Policy is terminated
- Each irrevocable beneficiary, if any, disapproves payment of this benefit
- The insured's life insurance benefits under the Policy are assigned, or the insured has attained 65 years of age as of the date of application for this benefit

Instant Access Account

The Instant Access Account is a personal checking account established in a beneficiary's name by the underwriting company. It contains the life insurance policy proceeds claimed by the beneficiary and is designed to provide a convenient, easy way to access this money. Plus, Instant Access Accounts earn interest from the date the account is established.

Exclusions and limitations

No life insurance benefit will be payable under the Policy for an insured's death caused by:

- Suicide or self-destruction, or any attempt at suicide or self-destruction within 24 months after the insured's effective date of coverage under the Policy
- A pre-existing condition if death occurs within 24 months after the insured's effective date of coverage under the Policy
- Participation in a riot or insurrection, or death resulting from the commission of or attempt to commit a felony
- Active participation in declared or undeclared war, or active participation in any act of declared or undeclared war
- A terrorist act

Industries Requiring Special Consideration or those that are Ineligible for Life and AD&D

Industry	SIC* Codes*	Ineligible for all Plans	Subject to Home Office Approval	Management Carve Out Subject to Home Office Approval
Amusement Parks (Seasonal Only)	79XX	•		
Artists/Art Galleries/Antique Dealers	8999	•		
Asbestos	3292	•		
Authors/Composers	8999	•		
Barber/Beauty Shops	7241	•		
Chemical Manufacturers/Distribution	13XX		•	
Consultants	87XX		•	
Day-care Centers (Unlicensed)	8351	•		
Domestic/Household/Personal Employees	8811	•		
Employment Leasing	7363		•	
Entertainment/Entertainment Production/Night Clubs	79XX	•		
Explosives	2892	•		
Disinfecting/Exterminators/Crop Dusters	7342	•		
Florists	5992	•		
Foreign Embassies/Missions	9721	•		
Interior Decorators/Designers	7389	•		
Landscapers/Tree Service (Seasonal Only)	0781	•		
Mining/Quarrying	10XX, 12XX, 13XX, 14XX	•		•
Municipalities	91XX		•	
Non-profit Organizations/Social Service	83XX		•	
Off/On Shore Oil Drillers/Riggers/ Well Servicing	13XX, 1781	•		
Parking Lots	7521	•		
Pawnshops	5932	•		
Police/Firefighters/Detectives/ Security Guards	92XX	•		
Race Tracks	7948	•		•
Social Clubs	8641	•		
Stockyards/Tanneries	3111	•		
Taxi Industries	4121	•		
Theatrical/Agencies/Theaters	7922	•		
Toxic Chemical Waste	4953	•		
Trucking Firms	42XX	•		•
Vending Machines Operations/ Video Games Arcades	3581, 5962, 7993	•		
U.S. Postal Services	4311	•		

*SIC codes are provided as a general guideline — Underwriter discretion applies.

Accidental Death and Dismemberment

(Packaged with voluntary life or standalone)

For companies that want to offer comprehensive coverage and to make a highly attractive employee benefit available, we offer AD&D insurance as part of our voluntary term life insurance plans, or as a standalone plan. Our voluntary standalone coverage is available in three plans, allowing flexibility for your employees to match the needs of their lifestyle

Benefits Overview (packaged with voluntary life)

Employee Amount	Same as life amount
Spouse/Domestic Partners Amount	Same as life amount
Definition of Loss	365 days
Seatbelt and Airbag Benefit	\$10,000 each
Loss Due to Exposure and Disappearance	Included
Age Reduction/Termination	50% at age 65, terminates at age 70

Benefits Overview (voluntary standalone)

Plan Feature	Plan A	Plan B	Plan C
Employee Amount	\$25,000 increments to \$250,000	\$25,000 increments to \$350,000	\$25,000 increments to \$350,000
Spouse Amount	50% of employee principal amount	60% of the employee principal amount	60% of the employee principal amount
Child(ren) Amount	10% of the employee principal amount	15% of the employee principal amount	15% of the employee principal amount
Reduction Schedule	Age on date /% of amount paid 70-74 65% 75-79 45% 80-84 30% 85-older 15%	Age on date /% amount paid 70-74 65% 75-79 45% 80-84 30% 85-older 15%	Age on date /% amount paid 70-74 65% 75-79 45% 80-84 30% 85-older 15%
Seatbelt	Lessor of \$10,000 or 10% principal amount	Lessor of \$10,000 or 10% principal amount	Lessor of \$10,000 or 10% principal amount
Seatbelt and Airbag	N/A	Lessor of \$25,000 or 10% principal amount	Lessor of \$25,000 or 10% principal amount
Rehabilitation	N/A	Actual cost to \$5,000	Lessor of \$5,000
Common Disaster	N/A	Included	Included
Daycare Benefit	N/A	N/A	Lessor of actual cost 5% or \$5,000
Coma Benefit	N/A	N/A	1% of principal amount
Child(ren) Additional Indemnity for Dismemberment	N/A	N/A	Pay double the child amount up to \$100,000
Paralysis Benefit	Included	Included	Included
Tuition Benefit	N/A	N/A	Lessor of actual tuition, 5% or \$5,000
Definition of Loss	365 days	365 days	365 days
AIG TRAVEL ASSIST	Included	Included	Included

Participation and eligibility requirements

Participation and eligibility requirements are the same for AD&D as they are for term life. See page 5 for details. Retirees are not eligible for AD&D benefits.

Definition of loss

If an injury to an insured person results in death or a covered loss within 365 days from the date of the accident that caused the injury, we will pay a percentage of the maximum benefit based on the type of loss. See the group policy for a list of the percentages associated with covered losses.

Maximum benefit**PACKAGED WITH VOLUNTARY LIFE —**

For both the employee and spouse/domestic partner the maximum benefit is equal to the term life amount in force, subject to a maximum of \$300,000. This coverage will reduce by 50 percent at age 65 and terminate at age 70.

STANDALONE —

For employees, the maximums are:

Plan A	\$25,000 to \$250,000
Plans B and C	\$25,000 to \$350,000

For spouse and domestic partners, the maximums are:

Plan A	50 percent of the employee amount
Plans B and C	60 percent of the employee amount

For dependent children, the maximums are:

Plan A	10 percent of the employee amount
Plans B and C	15 percent of the employee amount

Standard provisions**SEATBELT AND AIRBAG BENEFIT —**

If an injured insured suffers accidental death while operating, or riding as a passenger in, an automobile and wearing a properly fastened, original, factory-installed seatbelt we will pay an additional benefit. The amount payable for this additional benefit is up to \$10,000.

If a seatbelt benefit is payable and the injured insured is positioned in a seat protected by a properly functioning, original, factory-installed airbag system that inflates on impact, we will pay an additional benefit up to \$10,000.

Verification of the actual use of the seatbelt and/or airbag at the time of the accident must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

EXPOSURE AND DISAPPEARANCE BENEFIT —

If by reason of an accident occurring while an insured's coverage is in force, the insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the group policy, the loss will be covered.

If the body of an insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the insured was an occupant while covered under the group policy, then it will be deemed that the person has suffered accidental death and we will pay a death benefit according to the policy.

Additional provisions (for Standalone plans B and C only)

The Tier One buy-up package includes all the Standard provisions plus:

REHABILITATION BENEFIT —

If an insured person suffers a covered accidental dismemberment we will reimburse the insured person for covered rehabilitative expenses that are due to the injury causing the dismemberment. The covered rehabilitative expenses must be incurred within two years after the date of the accident causing the injury. The benefit maximum is the lesser of actual cost or \$5,000.

SPOUSE AND CHILD TUITION BENEFIT —

If an insured suffers accidental death such that a death benefit is payable under the group policy, and the insured is covered under the policy on the date of the accident causing death, we will pay actual tuition costs for the surviving spouse and/or dependent children up to the lesser of 5 percent the AD&D benefit amount or \$5,000.

The benefit will be paid for each year the spouse or child is continuously enrolled in an accredited institution of higher learning to a maximum of four years. The spouse or child must enroll in such an institution within 30 months after the date of the insured's death.

CHILD DAYCARE BENEFIT —

If an insured suffers accidental death such that a death benefit is payable under the group policy, and the insured is covered under the policy on the date of the accident causing death, we will pay actual childcare costs for surviving dependent children under the age of 13 up to the lesser of 5 percent the AD&D benefit amount or \$2,500.

Dependent children must be under the age of 13 and enrolled in a day care center or enroll within a specified time after the death of the insured. The benefit is payable for a maximum of four years.

PERMANENT AND TOTAL DISABILITY BENEFIT —

If an injury renders an insured permanently and totally disabled within a specified time period of the accident that caused the injury, we will pay a monthly benefit of 1 percent of the full AD&D benefit amount. The permanent and total disability must continue for a period of 12 consecutive months. Benefit payments will begin on the 13th month and continue until the insured is no longer disabled, dies or the benefits paid equal 100 percent of the full AD&D benefit amount.

PARALYSIS BENEFIT —

If injury to an insured person results, within specified period of the date of the accident that caused the injury, in any one of the types of paralysis specified below, we will pay the percentage of the maximum benefit shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Percentage of Principal Sum</u>
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

COMA BENEFIT —

If injury renders an insured person comatose within specified number of days from the date of the accident that caused the injury, and if the coma continues for a period of 30 consecutive days, we will pay a monthly benefit of 1 percent of the insured's AD&D amount. No benefit is provided for the first 30 days of coma.

COMMON DISASTER BENEFIT —

If both the employee and spouse suffer accidental death in the same accident, or separate accidents within a 24-hour period, the benefit will be increased according to the group policy.

Exclusions and limitations

No benefit will be payable under the policy for an insured's loss caused in whole or in part, or resulting in whole or in part from, the following:

- Suicide or any attempt at intentionally self-inflicted injury
- Sickness, disease or infections of any kind, except bacterial infections
- Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation on a regular schedule between established airports, if the insured is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
 - c. riding as a passenger in an aircraft owned, leased or operated by the policyholder or by the policyholder's employer.
- Declared or undeclared war, or any act of declared or undeclared war
- Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the insured is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
- The insured person being under the influence of drugs or alcohol or voluntary intake of poison, drugs, gas, or fumes, unless taken under the advice of a physician
- The insured person's commission of or attempt to commit a crime

NOTE: Exclusions may change based on the plan provisions included in your plan. See the group policy for full and complete details.

AIG Group Short-term Disability

We Know DisabilitySM

Our completely redesigned voluntary short-term disability (STD) insurance provides valuable benefits to employees not able to work for a short period of time due to sickness or injury. It's an attractive insurance program you can offer your employees to enhance their benefits packages — at no cost to your company. And our list of features, benefits and value-added services makes this product an exceptional value for your employees.

New flexibility delivers more choice

AIG Group Short-term Disability insurance provides you the flexibility to choose the coverage that best fits your business or industry. Features and benefits include:

- Choice of new, lower benefit percentages
- Option to cover maternity as any other illness
- New benefit duration options
- Standard 25-month rate guarantee for groups over 200 lives
- Weekly maximums up to \$1,000 (for select groups)
- \$25 minimum benefit
- Plans available in CA, HI, NJ, NY and RI to supplement state plans
- Domestic partner coverage included

Plus, these value-added services are included:

- Easier administration takes the burden off of you — and makes us easier to do business with
- My Life ValuesSM from Work & Family Benefits, Inc., features online work-life resources, valuable research and information capabilities and online buying discounts at national vendors

Benefits Overview

Benefit Percentage	60% standard; options of 40% or 50%
Benefit Duration	13 or 26 weeks (standard)
Maximum Weekly Benefit	\$500 up to \$1,000 (for selected industries)
Pre-existing Condition Limitation	3/12 (standard) and 12/12 (standard for maternity)
Injury Elimination Period	7 days; options of 14 and 29 days
Illness Elimination Period	7 days; options of 14 and 29 days
Maternity	Only with pre-existing condition
Rehabilitation Employment Programs	Included as a standard feature

Participation requirements

If employees contribute to the cost of the STD insurance plan, at least 75 percent of the eligible employees must enroll for coverage. If the employer pays the entire cost of the plan, all eligible employees must enroll for coverage.

Eligibility requirements

Employees must actively work at least 30 hours* per week on a full-time basis to be eligible for coverage. Temporary, seasonal and 1099 employees are not eligible. If the employee is not actively at work on the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

**Amount of time may vary by state law.*

Duration of benefits

The standard benefit duration is 26 weeks, with 13 weeks as a cost-saving option. Weekly benefits will be paid up to the maximum benefit duration quoted. Payments for a claim will stop, and the claim will end at the earliest of:

- The end of the maximum benefit duration period
- The date employee is no longer disabled
- The date the three-week average of disability earnings exceeds 80 percent of weekly earnings
- The date the employee fails to give proof of continuing disability
- The date the employee declines to participate in or cooperate in a rehabilitation evaluation/assessment or program that the insurance carrier considers appropriate for the disability and that has been approved by a doctor
- The date the employee ceases to be under the regular care of a doctor, or refuses to be examined or interviewed, if the insurance carrier requires such an examination or interview
- The date the employee refuses to receive recommended treatment that is generally accepted in the practice of medicine by doctors to cure, correct or limit the disability
- The date the employee dies
- The date the employee is able to return to work on a part-time basis but chooses not to

Elimination periods

The standard elimination period — the number of days of continuous total disability from illness or injury before benefits begin — is 7 days. Elimination periods of 14 and 29 days (at a lower cost) may be chosen.

Payment of benefits

Claimants will begin to receive weekly payments when the insurance carrier approves the claim, providing the elimination period has been satisfied. While receiving such payments, the employee must be under the regular care of a doctor.

DISABLED AND NOT WORKING —

If claimant is disabled and not working the weekly payment will be calculated as by taking the gross monthly payment (GMP) from the Schedule of Benefits in the group policy and subtract all deductible sources of income.

DISABLED AND WORKING —

Benefits may be paid if a claimant is disabled and working, and the disabled earnings are less than 20 percent the basic monthly pay (pre-disability earnings). See below for a description of the partial disability benefits.

Partial disability (if quoted)

The elimination period must be satisfied with total disability. In addition, the employee must continue to be totally disabled for four consecutive weeks for which benefits are payable. After that time, the employee can be totally or partially disabled. The benefit is the lesser of:

- 50 percent of the total disability benefit
- The employee's weekly pay minus wages earned while partially disabled minus other disability income benefits

Waiver of Premium (for 10-plus lives only)

No premium is due while an insured is receiving weekly short-term disability benefits. When the insured stops receiving benefits, premiums must again be paid when due.

Rehabilitation employment program (if quoted)

We offer a rehabilitation employment program. As a claim is reviewed, a rehabilitation program specialist will analyze medical and vocational information to determine if rehabilitation services might help return the employee to work. Once the initial review is completed, our specialist will work along with doctors and other appropriate specialists to develop a rehabilitation program.

Maternity coverage

Unless state mandated, maternity is only covered with pre-existing conditions.

Pre-existing conditions (if quoted)

Pre-existing condition means an injury or sickness for which an employee, within the designated number of months before the effective date of coverage under the group policy, did or had any of the following:

- Incurred charges
- Received medical treatment, consultation, care, or services, including diagnostic measures, took prescribed drugs or medicines
- Had symptoms for which an ordinarily prudent person would have consulted a doctor

If an employee's disability is due to, caused by, or contributed to by, a pre-existing condition and it begins within the designated number of months after the effective date of coverage under the group policy, no benefits will be paid, unless the employee has not received or taken:

- Medical treatment, consultation, care, or services including diagnostic measures
- Prescribed drugs or medicines

If a pre-existing condition exclusion is included in the group policy, benefits may be payable for a disability due to a pre-existing condition if:

- a. the employee was actively at work on the date of transfer
- b. the employee was insured under the group policy on its effective date

The benefits payable will be the lesser of:

- a. the full benefit payable under the group policy
- b. the benefit under the prior plan

Any time applied toward satisfying the elimination or waiting periods of the same or similar provisions under the prior plan will be credited towards the group policy.

Deductible sources of income

The following sources of income will be subtracted from gross disability payments:

- Workers' compensation law
- Occupational disease law
- State compulsory benefit act or law
- Other group insurance plans
- Governmental retirement system
- Automobile liability insurance policy
- United States Social Security Act
- Railroad Retirement Act
- Canada Pension Plan
- Quebec Pension Plan
- Receiving or electing to receive disability retirement benefits from current employer or at the latest of 62 or normal retirement age
- The Jones Act
- Third Party settlements
- Unemployment
- Mandatory portion of no-fault motor vehicle plan
- Salary continuation or sick leave
- Franchise disability income plans
- Any similar plan or act

Non-deductible sources of income

The following sources of income will not be subtracted from gross disability payments:

- 401(k) plans, profit sharing plans
- Thrift plans
- Tax sheltered annuities
- Stock ownership plans
- Credit disability insurance
- Non-qualified plans of deferred compensation
- Pension plans for partners
- Military pension and disability income plans
- A retirement plan from another employer
- Individual retirement accounts (IRA)

Exclusions

The group policy does not cover any disability caused by, contributed to by, or resulting from:

- Loss of professional license, occupational license or certification
- Intentionally self-inflicted injuries while sane or insane
- Active participation in a riot
- Attempting to commit a crime, or commission of a crime for which you have been convicted under federal or state law
- Occupational sickness or injury*
- Insurrection, declared or undeclared war, or any act of war or terrorist act

In addition, a benefit will not be paid for any period of disability during which the insured is incarcerated as a result of a conviction.

** Disability due to occupational sickness or injury for partners, professional corporation (P.C.) partners, owners-employees, or sole-proprietors and/or S-Corporation shareholders that cannot be covered by Workers' Compensation law, occupational disease law or similar law will be covered.*

Industry eligibility

All plans are rated based on the SIC code. Refer to the industry restriction list below for those entities requiring special consideration or those that are ineligible. The insurance carrier reserves the right to decline any group that does not meet its underwriting guidelines.

INELIGIBLE INDUSTRIES	SIC CODES
CONSTRUCTION	
Residential construction	152X
MANUFACTURING	
Poultry and meat products	2011,2013,2015
Logging and sawmills	241X, 242X
Explosives	2892
TRANSPORTATION	
Taxi	4121
Trucking	42XX (except 4222-4226)
U.S. Postal Service	43XX
Water transportation	44XX
Air transportation	45XX
SERVICES	
Amusement and recreation	79XX
Anesthesiologists	8033
Art galleries (museums eligible)	8412
Labor organizations	863X
Facilities support services	8744
Private households	88XX
Miscellaneous services	89XX
PUBLIC ADMINISTRATION	
Nonclassifiable establishments	9999

INDUSTRY RESTRICTIONS	SIC CODES
AGRICULTURE, FORESTRY AND FISHING	
Agriculture, forestry and fishing	01XX-09XX
(except veterinary services)	(0741 and 0742)
RETAIL TRADE	
Retail automotive dealers and service stations	55XX (except 5531, 5551, service stations 5561, 5571, 5599)
SERVICES	
Disinfecting and exterminating, cleaning and maintenance and detective and armored car service	734X, 7381

AIG Group Long-term Disability

We Know DisabilitySM

Our budget-friendly voluntary long-term disability (LTD) insurance protection has been thoroughly redesigned and improved for you and your employees. This new coverage not only gives your employees needed financial assistance through an extended disability, our new rehabilitation employment program options and financial incentives encourage them to return to work as soon as possible. That's good for you and your employees alike.

New features for more flexibility

AIG Group LTD insurance allows you the flexibility to put together the best possible plan for your company and industry. Features and options include:

- Rehabilitation employment program
- Increased benefit schedule
- More pre-existing condition limitation options
- FMLA family care
- More elimination period, benefit duration and rate guarantee options
- Minimum weekly/monthly benefit on all products
- Workplace modification provision
- Catastrophic disability benefit and duration options
- Regular Occupation commences upon expiration of the elimination period, not from the date of disability
- Partial disability benefit options

Plus, these value-added services are included:

- Easier administration takes the burden off of you — and makes us easier to do business with
- My Life ValuesSM from Work & Family Benefits, Inc., at no additional cost, features online work-life resources, valuable research and information capabilities and online buying discounts at national vendors

Benefits Overview

Maximum Monthly Benefits	\$500 increments up to \$6,000
Benefit Percentage	60% standard; options of 40% or 50%
Minimum Monthly Benefit	The greater of \$100 or 10% of the gross monthly benefit (standard), or \$50 or \$100
Benefit Duration	To age 65 (ADEA*)
Elimination Period	180 days standard; options of 30, 60 or 90 days
Mental Illness, Alcohol and Substance Abuse coverage	24 months/lifetime; options of no limit, 12 months, per occurrence
Rehabilitation Employment Program	Included as a standard feature
Integration	Primary and family

*As mandated by Age Discrimination in Employment Act (ADEA).

Participation requirements

If employees contribute to the cost of the LTD insurance plan, at least 75 percent of the eligible employees must enroll for coverage. If the employer pays the entire cost of the plan, all eligible employees must enroll for coverage.

Eligibility requirements

Employees must actively work at least 30 hours** per week on a full-time basis to be eligible for coverage. Temporary, seasonal and 1099 employees are not eligible. If the employee is not actively at work on the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

**Amount of time may vary by state law.

Duration of benefits

The standard benefit duration is two years, with an option for five years, to age 65 or SSNRA. Monthly benefits will be paid up to the maximum benefit duration quoted. Payments for a claim will stop, and the claim will end at the earliest of:

- The end of the maximum benefit duration period
- The date the employee is no longer disabled
- The date the three-month average of disability earnings exceeds the maximum amount allowable
- The date the employee fails to give proof of continuing disability
- The date the employee declines to participate in or cooperate in a rehabilitation evaluation/assessment or program that the insurance carrier considers appropriate for the disability and that has been approved by a doctor
- The date the employee ceases to be under the regular care of a doctor, or refuses to be examined or interviewed, if the insurance carrier requires such an examination or interview
- The date the employee refuses to receive recommended treatment that is generally accepted in the practice of medicine by doctors to cure, correct or limit the disability

- The date the employee dies
- The date the employee is able to return to work on a part-time basis but chooses not to
- After the specified period, the employee continuously performs six or more Activities of Daily Living (ADL) that began after the effective date of coverage without stand-by help

Elimination periods

The standard elimination period — the number of days of continuous total disability from illness or injury before benefits begin — is 180 days. Depending on the employer's budget, elimination periods of 30, 60 and 90 days may be chosen.

Payment of Benefits

Our standard definition of basic monthly pay (BMP) is the monthly rate of pay from an employer in effect the day before the total disability begins. It excludes bonuses, overtime pay or other extra compensation. Commissions, if included, are averaged for the lesser of the 24-month period of employment before the date total disability begins or the period of employment. If you include commissions in the definition of basic monthly pay, the payroll figures shown on the census should include commission earnings.

Claimants will begin to receive monthly payments when the insurance carrier approves the claim, providing the elimination period has been satisfied. While receiving such payments, the employee must be under the regular care of a doctor.

DISABLED AND NOT WORKING —

If claimant is disabled and not working, the monthly payment will be calculated by taking the gross monthly payment (GMP) from the Schedule of Benefits in the group policy and subtracting all deductible sources of income.

DISABLED AND WORKING —

Benefits may be paid if a claimant is disabled and working, and the disabled earnings are less than 20 percent the basic monthly pay (pre-disability earnings). See below for a description of the partial disability benefits options.

Partial disability benefits (if quoted)

Our plan offers a partial disability option:

- Proportionate loss — gross disability payment less the calculated percentage of lost income, all deductible sources of income and disability earnings

Partial Disability Benefits are payable until the claimant's earnings while disabled equal or exceed 85 percent of his or her pre-disability earnings.

Definition of disability

- Total
- Partial

Survivor benefit

If an employee dies while receiving disability benefits, a survivor benefit will be paid to the beneficiary. Payments may come as a lump sum, or monthly for a specified period of time.

BENEFIT DURATION —

Three months

Waiver of Premium (for 10-plus lives only)

No premium is due while an insured is receiving monthly long-term disability benefits. When the insured stops receiving benefits, premiums must again be paid when due.

Mental illness, alcoholism and drug abuse limitations

Disabilities due, in whole or part, to mental illness, alcoholism and drug abuse have a limited pay period from the date of disability as specified in the group policy.

LIMITED BENEFIT DURATIONS —

24 months all (standard) or 12-months, per occurrence

BENEFIT FREQUENCY —

Lifetime (standard)

Self-reported and special conditions limitations

Disabilities due to self-reported symptoms or special conditions have a limited pay period from the date of disability as specified in the group policy.

LIMITED BENEFIT DURATIONS —

24 months

Conversion

If coverage under the group policy terminates, the employee may have the option to buy disability benefits under a group policy from an AIG company without having to show evidence of insurability during the conversion period.

This option is not available if coverage ends because of non-payment of premium, the employee retires or if the master group policy ends. Details will be provided in the certificate.

Rehabilitation employment program (if quoted)

We offer a rehabilitation employment program option. As a claim is reviewed, a rehabilitation program specialist will analyze medical and vocational information to determine if rehabilitation services might help return the employee to work. Once the initial review is completed, our specialist will work along with doctors and other appropriate specialists to develop a rehabilitation program.

The rehabilitation program may include, but is not limited to, the following services:

- Coordination with the employer to assist the employee's return to work
- Evaluation of adaptive equipment to allow the employee to work
- Vocational evaluation to determine how the disability may impact the employee's employment options
- Job placement services
- Resume preparation
- Job seeking skills training
- Retraining for a new occupation

The rehabilitation program may also include payment of some medical and moving expenses.

BENEFIT DURATIONS —
Six months, 12 months (standard)

BENEFIT AMOUNTS —
Five percent or ten percent of the gross monthly payment (GMB)

Education payments (if quoted)

Monthly education payments may be made while an employee:

- a. is disabled and receiving a monthly payment from the Company
- b. has written proof of enrollment in an institution of higher learning which includes, but is not limited to, a university, college, or trade school

MONTHLY BENEFIT MAXIMUM —
\$100 to \$500 in increments of \$100

Workplace modification benefit (if quoted)

If an employee is disabled and receiving a monthly benefit payment, an additional workplace modification benefit may be payable to the employer. The benefit will reimburse the employer for up to 100 percent of reasonable costs incurred for modifications to the workplace to accommodate an employee's return to work, or to assist remaining at work. This benefit is available on a one-time basis.

BENEFIT MAXIMUM —
\$10,000 to the liability of the LTD claim

Catastrophic disability benefit (if quoted)

If an employee is disabled and meets one or more of the following requirements, certified by a doctor, he or she will receive a catastrophic disability benefit in addition to any other benefits payable under the group policy:

- The employee is continuously unable to perform two or more activities of daily living (ADL) without stand-by help
- The employee has a cognitive impairment
- The employee has a terminal illness

BENEFIT DURATION —
Same as LTD, six months or 12 months

BENEFIT AMOUNT —
10 to 40 percent of the insured's monthly earnings to a maximum of \$500 to \$5,000

Cost-of-living adjustment (COLA) (if quoted)

PERCENTS AVAILABLE —
None, 1 percent, 2 percent, 3 percent, 4 percent or the lesser of one half of the consumer price index (CPI) or 6 percent

NUMBER OF ADJUSTMENTS —
None, 5 or 10 adjustments to age 65

Pre-existing conditions

Pre-existing condition means an injury or sickness for which an employee, within the designated number of months before the effective date of coverage under the group policy, did or had any of the following:

- Incurred charges
- Received medical treatment, consultation, care, or services, including diagnostic measures, took prescribed drugs or medicines
- Had symptoms for which an ordinarily prudent person would have consulted a doctor

If an employee's disability is due to, caused by, or contributed to by a pre-existing condition and it begins within the designated number of months after the effective date of coverage under the group policy, no benefits will be paid, unless the employee has not received or taken:

- Medical treatment, consultation, care or services including diagnostic measures
- Prescribed drugs or medicines

If a pre-existing condition exclusion is included in the group policy, benefits may be payable for a disability due to a pre-existing condition if:

- a. the employee was actively at work on the date of transfer
- b. the employee was insured under the group policy on its effective date

The benefits payable will be the lesser of:

- a) the full benefit payable under the group policy
- b) the benefit under the prior plan

Any time applied toward satisfying the elimination or waiting periods of the same or similar provisions under the prior plan will be credited towards the group policy.

The Family and Medical Leave Act (if quoted)

If an employee is eligible and takes an approved leave of absence under the Federal Family and Medical Leave Act of 1993 (FMLA), insurance will continue for a period of up to 12 weeks following the date the leave begins provided the employer pays the required premiums in accordance with the provisions of the group policy. The insurance carrier may require written confirmation of the FMLA approval.

Employees are eligible for leave under this act in order to provide care for the following conditions:

- The birth of a child
- The legal adoption of a child
- The placement of a foster child in your home
- A serious illness of a spouse, child or parent
- A serious health condition with the employee

Deductible sources of income

The following sources of income will be subtracted from gross disability payments:

- Workers' compensation law
- Occupational disease law
- State compulsory benefit act or law
- Other group insurance plans
- Governmental retirement system
- Automobile liability insurance policy
- United States Social Security Act
- Railroad Retirement Act
- Canada Pension Plan
- Quebec Pension Plan
- Receiving or electing to receive disability retirement benefits from current employer or at the latest of 62 or normal retirement age
- The Jones Act
- Third Party settlements
- Unemployment
- Mandatory portion of no-fault motor vehicle plan
- Salary continuation or sick leave
- Franchise disability income plans
- Any similar plan or act

Non-deductible sources of income

The following sources of income will not be subtracted from gross disability payments:

- 401(k) plans, profit sharing plans
- Profit sharing plans
- Thrift plans
- Tax sheltered annuities
- Stock ownership plans
- Credit disability insurance
- Non-qualified plans of deferred compensation
- Pension plans for partners
- Military pension and disability income plans
- A retirement plan from another employer
- Individual retirement accounts (IRA)

Exclusions

The group policy does not cover any disability caused by, contributed to by, or resulting from:

- Loss of professional license, occupational license or certification
- Intentionally self-inflicted injuries while sane or insane
- Active participation in a riot
- Attempting to commit a crime, or commission of a crime for which the insured has been convicted under federal or state law
- Occupational sickness or injury*
- Insurrection, declared or undeclared war, or any act of war or terrorist act

In addition, a benefit will not be paid for any period of disability during which the insured is incarcerated as a result of a conviction.

** Disability due to occupational sickness or injury for partners, professional corporation (P.C.) partners, owners-employees, or sole-proprietors and/or S-Corporation shareholders that cannot be covered by Workers' Compensation law, occupational disease law or similar law will be covered.*

Industry eligibility

All plans are rated based upon the SIC code. Refer to the industry restriction list below for those entities requiring special consideration or those that are ineligible. The insurance carrier reserves the right to decline any group that does not meet its underwriting guidelines.

INELIGIBLE INDUSTRIES	SIC CODES
CONSTRUCTION	
Mining	10XX, 14XX
MANUFACTURING	
Logging & Sawmills	241X, 242X
Asbestos Products	3292
TRANSPORTATION	
U.S. Postal Service	43XX
Air transportation	45XX
SERVICES	
Private households	88XX
PUBLIC ADMINISTRATION	
Nonclassifiable establishments	92XX – 97XX

INDUSTRY RESTRICTIONS	SIC CODES
MANUFACTURING	
Poultry and meat products	2011,2013,2015
Industrial Inorganic Chemicals	281X
TRANSPORTATION	
Railroad Transportation	40XX
Trucking and Warehousing	42XX
Water transportation	44XX
RETAIL TRADE	
Retail automotive dealers and service stations	55XX
SERVICES	
Security/Commodity Brokers	62XX, 67XX
Real Estate Operators/Lessors	651X
Hotels & other Lodging Places	70XX
Advertising	731X

AIG Group PPO Dental

We Know DentalSM

Dental insurance is one of the most popular of all employee benefits. The AIG Group PPO Dental plan, stocked with features that your employees will love, lets you provide an attractive benefit at no cost to your company.

Choice — Employees have their choice of dental professionals, no restrictions

Extensive Network — Plan features the AIG National Dental Network^{SM*}, with dentists at more than 59,000 locations nationwide

Savings — Options available to employers to help reduce costs

Increased accident benefit for extra protection

We've introduced a \$300 supplemental accident benefit that pays in addition to all other benefits for charges incurred due to an accident. It pays at 100 percent and does not invoke waiting periods.

Add value to your plan with our new Enhanced Benefit Package Option

Our Enhanced Benefit Package Option includes 80 percent Reasonable and Customary (R&C); sealants covered under Preventive; and carryover deductible (from last 3 months of the prior year).

Our national network keeps costs low

AIG National Dental Network's thousands of dental professionals have contracted to provide dental services at negotiated fees. These negotiated fees help contain plan costs, which means you pay lower premiums and your employees pay less out-of-pockets costs. You can purchase the dental insurance as a stand-alone product or as part of a complete benefits package.

Plus, enhanced deductible benefits

- Deductible waived for charges due to accidents
- \$100 lifetime deductible option with no family limit
- Option of 2 or 3 times Family Deductible
- Endo and Perio services covered under Basic as a buy-up option

**The dental network described above is administered by Dental Benefit Providers, Inc. (DBP)*

Benefits Overview

	Plan 1			Plan 2		
	In Network	Out of Network		In Network	Out of Network	
	MAC**	MAC**	R&C	MAC**	MAC**	R&C
Preventive Care <ul style="list-style-type: none"> • Routine periodic oral exams • X-rays — bitewings • Cleanings and fluoride treatments • Space maintainers 	100%	100%	80%	100%	100%	90%
Basic Services <ul style="list-style-type: none"> • X-rays (other intraoral/extraoral) • Endodontics, including root canal • Periodontics, including surgery • Amalgam and synthetic restoration • Oral surgery (including extractions) • Anesthesia in connection with surgical procedures 	80%	80%	70%	50%	50%	50%
Major Services <ul style="list-style-type: none"> • Denture repairs, relines, adjustments • Repairs to crowns and bridges • Inlays, crowns and post restoration • Fixed bridges • Full and partial dentures 	50%	50%	50%	50%	50%	50%
Deductible (Limit per family is three times the deductible; deductible is waived for in-network Preventive Care.)	\$50, \$100 or \$100 lifetime					
Annual Maximum Benefit	\$1,000 or \$1,500					

**Both in-network and out-of-network coinsurance are applied to the Maximum Allowable Charge (MAC).

Savings with network dentists

Employees covered under this AIG Group PPO Dental insurance may visit any dentist of their choice without restriction. However, network dentists have agreed to accept discounted fees, which can significantly lower employees' out-of-pocket expense. When employees choose a network dentist, they are charged only prearranged discounted fees that are guaranteed to be at or under the Maximum Allowable Charge (MAC).

Out-of-network options

MAC PLANS —

For MAC Plans, they are charged the dentist's usual charge and their coinsurance is applied to the MAC. The employee is then responsible for the difference. This can result in increased out-of-pocket expense (see comparison chart on the next page).

R&C PLANS —

For Reasonable and Customary plans, they are charged the dentist's usual charge and their coinsurance is applied to the R&C charge. The employee is then responsible for any difference (see comparison chart below).

HERE'S AN EXAMPLE —

Procedure: One root canal (ADA Code 3310) covered under Basic Services, Plan 3 (ADA Code 3310).

MAC:	\$400*	Dentist's Usual Charge:	\$500*	Dentist's Usual Charge:	\$500*
Plan will pay:		Plan will pay:		Plan will pay:	
80% of MAC (\$400) =	\$320**	80% of MAC (\$400) =	\$320**	70% of R&C (\$500) =	\$350**
Insured pays only:	\$ 80	Insured pays:	\$180	Insured pays:	\$150

Clearly, the out-of-pocket savings can be substantial with network dentists.

**For illustration purposes only. Fees will vary by geographic location.*

***Assumes plan deductible has been met. After deductible is met, plan pays 80% in network, 80% MAC out of network and 70% R&C out of network.*

AIG Group Indemnity Dental

We Know DentalSM

The AIG Group Indemnity Dental plan, stocked with features that your employees will love, enables you to give your employees a high-demand benefit — at no cost to your company.

No network restrictions — Employees enjoy the freedom to see the dentist of their choice, no restrictions.

Savings — Options available to employers to help reduce costs

Increased accident benefit for extra protection

We've introduced a \$300 supplemental accident benefit that pays in addition to all other benefits for charges incurred due to an accident. It pays at 100 percent and does not invoke waiting periods.

Add value to your plan with our new Enhanced Benefit Package Option

Our Enhanced Benefit Package Option includes 80 percent Reasonable and Customary (R&C); sealants covered under Preventive; and carryover deductible (from last 3 months of the prior year).

Our Passive PPO option keeps costs even lower

Included at no extra cost for your employees, our Passive PPO option utilizes our AIG National Dental Network^{SM1}, with dentists at more than 59,000 locations nationwide. Employees who choose to use a network provider will benefit from prearranged discounts and will save on out-of-pocket expenses.

Plus, enhanced deductible benefits

- Deductible waived for charges due to accidents
- \$100 lifetime deductible option with no family limit
- Option of 2 or 3 times Family Deductible
- Endo and Perio services covered under Basic as a buy-up option

¹The dental network described above is administered by Dental Benefit Providers, Inc. (DBP)

Benefits Overview

	Plan 1 Coinsurance	Plan 2 Coinsurance
Preventive Care <ul style="list-style-type: none"> • Routine periodic oral exams • X-rays — bitewings • Cleanings and fluoride treatments • Space maintainers 	100%	100%
Basic Services <ul style="list-style-type: none"> • X-rays (other intraoral/extraoral) • Endodontics, including root canal • Periodontics, including surgery • Amalgam and synthetic restoration • Oral surgery (including extractions) • Anesthesia in connection with surgical procedures 	80%	50%
Major Services <ul style="list-style-type: none"> • Denture repairs, relines, adjustments • Repairs to crowns and bridges • Inlays, crowns and post restoration • Fixed bridges • Full and partial dentures 	50%	50%
Deductible (Limit per family is three times the deductible; deductible is waived for in-network Preventive Care.)	\$50, \$100 or \$100 lifetime	
Annual Maximum Benefit	\$1,000 or \$1,500	

Reasonable and Customary (R&C) coverage

The preceding chart shows the coinsurance options available with our AIG Group Indemnity plan. All coinsurance is based on reasonable and customary (R&C) charges. After the employee pays the deductible, the plan will pay the chosen percentage of the R&C charge. The employee then pays the balance (if any) of the dentist's fees.

A reasonable and customary charge means a charge that is not more than the dentist's usual charge for the services and not more than the usual charges made by most other local dentists with similar training and experience.

Passive PPO option

A Passive PPO option, using a network of fully credentialed dentists, is included in this indemnity product at no extra charge. Plan benefits are not affected when the insured uses a dentist who is not participating in the provider network. However, if an insured uses a network dentist, the fee will be based upon a prearranged discount and the insured will save on his or her out-of-pocket expenses.

Dental Plan Features

(Applies to both PPO and Indemnity plans)

Endo and Perio covered as Basic buy-up option (if quoted)

Available as a buy-up option, endodontic and periodontic services can be covered as Basic services.

Participation requirements

Minimum group size is 25. A minimum of 10 employees must participate. If 75 percent or more participate, resulting in fewer than 10 employees, ask your insurance sales representative about the standard dental plan designed especially for small groups.

For takeover groups with 25 or more eligible employees, a contributory plan is available with a minimum 40 percent participation requirement. An additional charge will apply. Certain plan design options are unavailable. For takeover groups with 100-plus insured lives, additional underwriting requirements will apply. See your group sales representative for more information.

Eligibility requirements

Employees must actively work at least 30 hours* per week on a full-time basis to be eligible for coverage. If the employee is not actively at work on the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

Eligible dependents include spouse and children under the age of 19. Children older than 19 years of age are eligible if they are dependent, full-time students under the age of 25. Coverage for insured dependent children begins at age three.

**Amount of time may vary by state law.*

Ineligible industries

Most industries are eligible for coverage under AIG Group Dental plans. Industries not eligible are:

- Dental offices
- Sports teams
- Religious organizations
- Family businesses (where 50 percent or more of the employees are related)

Note: Unions whose benefits are subject to labor-management negotiations are subject to Home Office Underwriting approval.

Waiting periods

Preventive Care	No waiting period
Basic Services	None
Basic with Endo/Perio Buy-up	6 months
Major Services	12 months
Orthodontic Services	24 months (if applicable)

For an additional charge, benefit waiting periods for new plans on groups of five to nine employees may be waived for existing employees only. Employees hired after this plan's effective date will be subject to the waiting periods above.

On takeover plans, for an additional charge, benefit waiting periods may be waived for new and existing employees without regard to the duration of time insured. Waiting periods will apply to future employees only.

Late entrants

A late entrant is any person who becomes insured more than 31 days after he or she first becomes eligible or becomes insured again after his or her insurance ended due to nonpayment of premiums. Once a late entrant is insured, the plan will pay for covered Preventive Services immediately, covered Basic Services after six months, and covered Major Services after 12 months.

Note: Employees or their dependents, who waived coverage because they had coverage elsewhere, will be able to enroll at any time if prior coverage has terminated. Proof of prior coverage is required with the enrollment form.

Takeover benefits

- The waiting period limitations will be waived if an insured was continuously covered under the group's prior insured dental plan for the same services for the same period of time as above.
- Employees enrolled under the prior dental carrier's plan will receive credit toward the new plan's waiting period. For example, an employee who was continuously covered under the group's previous dental plan for three months will only need to satisfy a three-month wait for root canal and a nine-month wait for Major services.
- Employees enrolled under the prior dental carrier's plan will receive deductible credit toward the new plan's deductible during the first calendar year. Benefits paid by the prior carrier during the calendar year this plan is in force will be deducted from the maximum during this first year.
- All waiting periods will be waived without an additional charge for groups with 100-plus insured employees provided all underwriting requirements are satisfied.

Pretreatment review

If a dental examination reveals that treatment is expected to exceed \$300, a report must be submitted to the underwriting carrier within 20 days of the exam. The report must describe the proposed treatment and itemize expected charges. We will review and evaluate the report and send the dentist an estimate of benefits to be paid. Emergency treatment, oral examinations, cleanings and X-rays may be performed before the review is prepared.

Covered charges

All covered dental services must be provided by or under the direct supervision of a dentist. Charges must be incurred by an insured person while he or she is insured in order to be considered as covered charges.

For a crown, bridge or cast restoration, the charge is incurred on the date the tooth is prepared. For any other prosthetic device, the charge is incurred on the date the master impression is made. For a root canal, the charge is incurred on the date the pulp chamber is opened. And, for all other services, the charge is incurred on the date the services are provided.

Teeth Replacement: Charges will not be paid for a prosthetic device to replace teeth lost before an employee became insured under this plan. However, we will pay for a device to replace those teeth if it replaces natural teeth lost or extracted after the employee became insured under this plan.

Charges to treat an injury due to an accident occurring while insured under this plan will be covered immediately, provided treatment begins within 90 days of the date of the accident.

Covered preventive dental services

PROPHYLAXIS AND FLUORIDE TREATMENTS —

- Prophylaxis (allowance includes scaling and polishing, limited to one treatment in any six-consecutive-month period)
- Topical application of fluoride (limited to insured persons under age 16 and limited to one treatment in any six-consecutive-month period)

SPACE MAINTAINERS — Allowance includes all adjustments in the first six months after installation (limited to insured persons under age 16 and limited to initial appliance only)

- Fixed, unilateral, band or stainless steel crown type
- Fixed, unilateral, cast type
- Removable, bilateral type

FIXED AND REMOVABLE APPLIANCES TO INHIBIT THUMBSUCKING AND OTHER HARMFUL HABITS — Allowance includes all adjustments in the first six months after installation (limited to insured persons under age 16 and limited to initial appliance only)

DIAGNOSTIC SERVICES — Allowance includes examination and diagnosis

- X-rays
 - Full mouth series of at least 14 films, including bitewings, if needed (limited to once in any 48-consecutive-month period)
 - Bitewing films (limited to a maximum of four films in any six-consecutive-month period)
 - Panoramic film, maxilla and mandible (limited to once in any 48-consecutive-month period)
- Examinations
 - Periodic routine examinations (limited to one examination in any six-consecutive-month period)

Covered basic dental services

DIAGNOSTIC SERVICES — Allowance includes examination and diagnosis.

- Office visits (other than periodic routine exams)
- Diagnostic consultation with a dentist other than the one providing treatment. For example, a specialist consultation is covered only if no other service is rendered during the visit (limited to one consultation for each dental specialty in any 12-consecutive-month period).

- X-rays
 - Other intraoral periapical or occlusal films — single films
 - Extraoral superior or inferior maxillary film
- Biopsy and examination of oral tissue
- Emergency palliative treatment and other nonroutine, unscheduled visits

RESTORATIVE SERVICES — Multiple restorations on one surface will be considered one restoration. Subsequent Restorative services performed on the same tooth, same surface will be limited to the latter procedure. Also see Major Restorative services.

- Amalgam restorations
- Synthetic restorations
 - Silicate cement
 - Acrylic or plastic
 - Composite resin
- Pins
 - Pin retention, exclusive of restorative material
- Recementation
 - Inlay or onlay
 - Crown
 - Bridge

PROSTHODONTIC SERVICES — Specialized techniques and characterization are not covered. Also see Major Prosthodontic services.

- Denture repairs, acrylic
 - Repairing dentures, no teeth damaged
 - Repairing dentures and replacing one or more broken teeth
 - Replacing one or more broken teeth, no other damage
- Denture repairs, metal (allowance based on the extent and nature of damage and on the type of materials involved)
- Denture duplication, jump case (limited to once per denture in any 36-consecutive-month period)
- Denture reline (limited to once per denture in any 12-consecutive-month period)
 - Office reline, cold cure
 - Laboratory reline

- Denture adjustments (limited to adjustments by a dentist other than the one providing the denture, and adjustments more than six months after initial installation)
- Tissue conditioning (limited to a maximum of two treatments per arch in any 12-consecutive-month period)
- Adding teeth to partial dentures to replace extracted natural teeth
- Repairs to crowns and bridges (allowance based on the extent and nature of damage and the type of materials involved)

ORAL SURGERY — Allowance includes X-rays, the treatment plan, local anesthetics and postsurgical care.

- Extractions
 - Uncomplicated extraction, one or more teeth
 - Surgical removal of erupted teeth, involving tissue flap and bone removal
 - Surgical removal of impacted teeth (allowance is limited to molars)
- Other Surgical Procedures
 - Alveolectomy, per quadrant
 - Stomatoplasty with ridge extension, per arch
 - Excision of pericoronal gingiva, per tooth
 - Removal of palatal torus
 - Removal of mandibular tori, per quadrant
 - Excision of hyperplastic tissue, per arch
 - Removal of cyst or tumor
 - Incision and drainage of abscess
 - Closure of oral fistula of maxillary sinus
 - Reimplantation of tooth
 - Frenectomy
 - Suture of soft tissue injury
 - Sialolithotomy for removal of salivary calculus
 - Closure of salivary fistula
 - Dilatation of salivary duct
 - Sequestrectomy for osteomyelitis or bone abscess, superficial
 - Maxillary sinustomy for removal of tooth fragment or foreign body

OTHER SERVICES —

- General anesthesia in conjunction with surgical procedures only
- Injectable antibiotics needed solely for treatment of a dental condition
- Occlusal adjustment (limited to a maximum of four quadrants in any 12-consecutive-month period)

Covered major dental services

RESTORATIVE SERVICES — Cast restorations and crowns are covered only when needed because of decay or injury, and only when the tooth cannot be restored with a routine filling material. Also see Basic Restorative services.

- Inlays
- Onlays, in addition to inlay allowance
- Crowns and posts (deciduous teeth limited to stainless steel only)
 - Acrylic with metal
 - Porcelain
 - Porcelain with metal
 - Ceramic
 - Full cast metal (other than stainless steel)
 - 3/4 cast metal (other than stainless steel)
 - Cast post and core, in addition to crown (not a thimble coping), limited to endodontically treated teeth
 - Steel post and composite or amalgam core, in addition to crown, limited to endodontically treated teeth
 - Cast dowel pin (one-piece cast with crown, allowance based on type of crown)

ENDODONTIC SERVICES — Allowance includes X-rays and cultures, but excludes final restoration.

- Pulp capping, direct
- Remineralization (calcium hydroxide), as a separate procedure
- Vital pulpotomy
- Apexification
- Root canal therapy
- Apicoectomy, as a separate procedure or in conjunction with other endodontic procedures
- Hemisection procedures limited to molars

PERIODONTIC SERVICES — Allowance includes the treatment plan, local anesthetics and post-surgical care. Benefits will be based on the most comprehensive procedure performed when multiple procedures are performed in the same area during the same surgical procedure.

- Periodontal maintenance, performed by a licensed periodontist (routine prophylaxis and periodontal maintenance limited to one treatment in any six-consecutive-month period)
- Actisite therapy
- Sub-gingival curettage, root planing and scaling, per quadrant (limited to a maximum of four quadrants in any 24-consecutive-month period)

- Periodontal surgery including, but not limited to:

(limited to once in any 36-consecutive-month period and applied to any other periodontal surgical procedure performed in the same area)

- Gingivectomy or gingivoplasty, per quadrant
- Gingivectomy, per tooth (fewer than six teeth)
- Pedicle or free soft tissue grafts, including donor sites
- Osseous surgery, including flap entry and closure, per quadrant
- Osseous grafts, including flap entry, closure and donor sites
- Muco-gingival surgery
- Guided-tissue regeneration

PROSTHODONTIC SERVICES — Specialized techniques and characterizations are not covered.

- Fixed bridges (each abutment and each pontic makes up a unit in a denture)
 - Denture abutments (see inlays and crowns under Major Restorative services)
 - Denture pontics:
 - Cast metal, sanitary
 - Plastic or porcelain with metal
 - Slotted facing
 - Slotted pontic
 - Simple stress breakers, per unit
 - Posts and cores allowed only on endodontically treated teeth
 - Removable dentures (allowance includes all adjustments done by the dentist furnishing the denture in the first six months after installation)
 - Full dentures, upper or lower
 - Partial dentures (allowance includes base, all clasps, rests and teeth)
 - Upper, with two chrome clasps with rests, acrylic base
 - Upper, with chrome palatal bar and clasps, acrylic base
 - Lower, with two chrome clasps with rests, acrylic base
 - Lower, with chrome lingual bar and clasps, acrylic base
 - Stayplate base, upper or lower (anterior teeth only)
 - Removable dentures, unilateral partial, one-piece chrome casting, clasp attachment

Charges not covered

- Oral hygiene, plaque control, diet instruction
- Topical sealants
- Precision attachments
- Treatment that:
 - Does not meet accepted standards of dental practice
 - Is experimental in nature
 - Is due to an on-the-job related injury; or a condition for which benefits are payable by workers' compensation or similar laws
- Orthodontic treatment, unless the schedule of covered dental services lists orthodontia benefits
- Appliances or prosthetic devices used to:
 - Change vertical dimension
 - Restore or maintain occlusion, except to the extent that this benefit section covers orthodontic benefits
 - Splint or stabilize teeth for periodontic reasons
 - Replace tooth structure lost as a result of abrasion or attrition, or
 - Treat disturbances of the temporomandibular joint
- Cosmetic services, including, but not limited to:
 - Characterizing and personalizing prosthetic devices
 - Making facings on prosthetic devices for any tooth posterior to the second bicuspid
- Replacement of an appliance or prosthetic device unless:
 - The appliance or device is at least 10 years old and cannot be made usable, or
 - The appliance or device is damaged while in the insured person's mouth in an injury that occurs while insured, and it cannot be repaired
- Replacement crowns within five years of initial placement
- Replacement of a lost, stolen or missing appliance or prosthetic device
- Making a spare appliance or device
- Services or devices for which no charge is made, including, but not limited to:
 - The covered person's employer, labor union or similar group, in its dental or medical department or clinic
 - A facility owned or run by any government body, or
 - Any public program, except Medicaid, paid for or sponsored by any government body

- For surgery, periodontic or endodontic treatment, we will not pay separately for:
 - X-rays
 - Local anesthetics, or
 - The treatment plan
- Routine follow-up care
- Diagnostic casts
- Implants
- Radical resection of mandible with bone graft

Customer service

LOCATING A NETWORK DENTIST — Simply go to the AIG American General website at www.AIGemployeebenefits.com. Under Employee Benefits, click Provider Search. Under Search for a Provider, click Dentists in the AIG National Dental Network. From this point one can look for a dentist by name or location. You can even create a customized directory of dentists.

If access to the internet is not available, call our toll-free number, 866-233-2146, weekdays from 8 a.m. to 8 p.m. Eastern Time for personal service in finding a network dentist.

DENTAL PLAN INFORMATION — Call AIG at 800-221-3480 general for information or questions about our dental benefits.

CLAIMS — Often the dental office will submit claims for an insured, particularly if using a network dentist. If the dental office submits the claim, we strongly suggest using an electronic claims submission (called EDI), which expedites claim adjudication. Our payor number is 13545.

If an insured is submitting the claim, or if the dental office is mailing the claim to us, please submit to the address indicated on the dental ID card.

AIG Group Vision

We Know VisionSM

Our robust vision plan and expanded provider network equals unsurpassed vision care for your employees — at no cost to you. Offering this plan gives you an excellent employee benefit at affordable rates to help you attract and retain good employees. It requires little administration and you can easily implement this plan as a voluntary program with convenient payroll deductions. This plan is available to groups with 10 or more lives, with at least five enrolled.

New, expanded provider network offers real choice for employees

Our new network provides you and your employees access to more than 25,000 high-quality vision care providers at over 12,600 locations across the country. This gives your employees the opportunity to get a lot more value from their vision plan. The network includes all LensCrafters[®] retail locations nationwide, ranked as the top retail chain for vision plan participants, according to Jobson 2003 Managed Care Report.

Your employees will also be reimbursed for non-network provider services, so they are able to use any vision care professional they choose.

Professional, quality eye care and products:

- 100% coverage on annual exams with network providers, with minimal copay
- Excellent choice of vision care products and frames, including designer brands
- Significant discounts for increasingly popular LASIK surgery and PRK

Convenient customer service:

- Vision care services at convenient locations, 7 days a week
- Toll-free customer service 7 days a week
- Online customer service 24/7

The network, offered through AIG Group Vision, is administered by EyeMed Vision Care under the Premier-Plus plan.

Benefits Overview

Plan Provision	Plan Details	
	IN NETWORK	OUT OF NETWORK
Exam (dilation as necessary)	\$10 copay	\$40 reimbursement
Exam Frequency	Annual	Same as in-network plan
Frames (any frame available at provider location)	\$0 copay, \$120 allowance; 20% off balance over \$120	\$45 reimbursement
Frame Frequency	<ul style="list-style-type: none"> • Annual • Every two years (option) 	Same as in-network plan
Standard Plastic Lenses	Single Vision, Bifocal, Trifocal and Lenticular – \$20 copay	<ul style="list-style-type: none"> • Single Vision – \$40 reimbursement • Bifocal – \$60 reimbursement • Trifocal – \$80 reimbursement • Lenticular – \$80 reimbursement
Other Lens Options	<ul style="list-style-type: none"> • UV Coating – \$12 copay • Tint (solid and gradient) – \$12 copay • Scratch Resistance – \$15 copay • Polycarbonate – \$35 copay • Progressive (add-on to bifocal) – \$45 copay • Anti-reflective – \$45 copay 	N/A
Contact Lenses (includes fit, follow-up and materials)	<ul style="list-style-type: none"> • Conventional – \$0 copay, \$105 allowance; 15% off balance over \$105 • Disposable – \$0 copay, \$105 allowance; insured covers balance over \$105 • Medically Necessary – \$0 copay, \$210 allowance; insured covers balance over \$210 	<ul style="list-style-type: none"> • Elective – \$80 reimbursement • Medically Necessary – \$210 reimbursement
Laser Vision Correction	15% off retail or 5% off promotional price from US Laser Network	N/A
Other Services, Materials or Add-on Features	20% discount, plus 45% savings through the Premier-Plus Secondary Purchase plan*	N/A

*Premier-Plus Secondary Purchase plan provides additional eyewear discounts, up to 45 percent, on subsequent purchases after the initial funded benefit.

Participation requirements

If employees contribute to the cost of the vision insurance plan, at least 75 percent of the eligible employees and dependents must enroll for coverage. If the employer pays the entire cost of the plan, all eligible employees and dependents must enroll for coverage.

Eligibility requirements

Employees must actively work at least 30 hours* per week on a full-time basis to be eligible for coverage. If the employee is not actively at work on the date his or her insurance would otherwise become effective, insurance will not be effective until the date such person returns to and remains actively at work.

Eligible dependents include spouse and children under the age of 19. Children older than 19 years of age are eligible if they are dependent, full-time students under the age of 25. Coverage for insured dependent children begins at age three.

**Amount of time may vary by state law.*

Eye exams

Eye exams are covered 100 percent with a \$10 copay when using an in-network provider. If using an out-of-network provider, the maximum reimbursement is \$40. The plan will cover one exam per year.

Comprehensive eye exams include:

- Case History
- Evaluation of the Visual System's Health Status
- Refractive Status
- And more

Periodic eye exams not only indicate whether or not a member has vision problems, but can also indicate many other potential health problems, including diabetes, high blood pressure and coronary artery disease. Dilation is completed as necessary at no additional cost.

Eyewear allowances

FRAMES —

Copay and reimbursement amounts apply to all frames available at a provider. Members are free to choose from any frame at a provider location. For in-network providers, frames are covered 100 percent up to \$120 without a copay. Any amount over \$120 will be discounted by 20 percent.

When using an out-of-network provider, the reimbursement is \$45.

The standard frame frequency is annual, with an option for every two years.

LENSES —

When using in-network providers, there is a \$20 copay for single vision, bifocal, trifocal and lenticular lenses. All lenses must meet ANSI Standards. Lens frequency is annual.

The out-of-network reimbursement schedule is as follows:

- Single vision lenses = \$40 reimbursement
- Bifocal lenses = \$60 reimbursement
- Trifocal lenses = \$80 reimbursement
- Lenticular lenses = \$80 reimbursement

Other in-network lens benefits include:

- UV Coating = \$12 copay
- Tint (solid and gradient) = \$12 copay
- Scratch Resistant = \$15 copay
- Polycarbonate = \$35 copay
- Progressive bifocal = \$45 copay
- Anti-reflective = \$45 copay
- Others add-ons and services = 20% discount off retail pricing

CONTACT LENSES —

In-network contact lens benefits are as follow:

- Conventional = \$0 copay with \$105 allowance; 15% off balance over \$105
- Disposable = \$0 copay with \$105 allowance; insured covers balance over \$105
- Medically necessary = \$0 copay with \$210 allowance; insured covers balance over \$210

Out-of-network contact lens reimbursements include:

- Elective = \$80 reimbursement
- Medically necessary = \$210 reimbursement

Laser vision correction discount

A discount for LASIK (Laser In-Situ Keratomileusis) and PRK (Photorefractive Keratectomy) treatments is available through the U.S. Laser Network. Members will receive 15% off the retail price or 5% off the promotional price for these services, and may obtain pre- and post-operative care from the Optometrist at the U.S. Laser Network provider location at no additional cost.*

** If a member prefers to visit his or her regular provider for pre- and post-operative services, the provider may charge additional fees and the 15% discount does not apply.*

Customer service

We provide the opportunity to speak with a live EyeMed Customer Service Representative seven days a week, including evenings. The Customer Care Center is available at 866-798-9189 Monday through Saturday, 8:00 a.m. to 11:00 p.m. EST and Sunday from 11:00 a.m. to 8:00 p.m. EST.

In addition, through www.AIGemployeebenefits.com, customers can search for a provider as well as access out-of-network claim forms.

Exclusions and limitations

Benefits are not provided for services or materials arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment and/or safety eyewear unless specifically covered under plan
- Services provided as a result of any Workers' Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Nobody knows employee benefits better

Employers have been confidently turning to us for more than a half-century to provide group products that meet their companies' and employees' benefits needs. Today, companies of AIG and AIG American General serve more than 111,000 firms with our portfolio of Employee Benefits products and services. All have chosen us for one overriding reason: We Know Benefits.SM

Our products and services are a perfect fit for small to broad middle market employers who appreciate the wide variety of plan options now available to them. We deliver our products with a focus on value, affordability, convenience and service — from the moment of the sale throughout the life of the plan.

Highly rated, highly respected

We're particularly proud of our underwriting companies' consistently high financial ratings from Standard & Poor's, A.M. Best and Fitch.* We've earned a reputation for standing behind our promises to our insureds. So it's no wonder that we are the preferred single source for employee benefits.

* These ratings represent the current independent opinions of the respective rating agencies as to the insurance company's ability to pay, or the likelihood of timely payment of policy holder and contract holder obligations. The ratings do not represent a guarantee or warranty of an insurer's financial strength, security or ability to meet its obligations.

Other benefit programs

We offer a wide variety of employee benefit programs for small to broad middle-market firms. Ask your AIG Group Representative for more information. Or visit www.AIGemployeebenefits.com.



Products underwritten by:

AIG Life Insurance Company*

Wilmington, DE

**American International Life Assurance
Company of New York**

New York, NY

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www.AIGemployeebenefits.com

The enclosed proposal contains insurance products which may be underwritten by one or more of the above-listed insurance companies. Consult the proposal(s) for the insurance company(s) providing specific coverage(s).

The underwriting risks, financial obligations and support functions associated with the products issued by the above-listed companies are solely the responsibility of each individual issuing company. Each of the above-listed companies is responsible for its own individual financial condition and contractual obligations.

This brochure is a summary only of products and services offered. All products are subject to the terms, conditions, limitations and exclusions of the policy. Actual offerings may vary by group size and by state. Please see policy and certificate for details.

Policy form series numbers: G-19000, G-VIS-33000, G-VIS-43000, G-LAD-30000, G-LAD-40000, G-DIS-31000, G-DIS-41000, G-DEN-32000, and G-DEN-42000.

* AIG Life Insurance Company does not solicit business in the state of New York.

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AIG GLOBAL BENEFITS NETWORKSM

The AIG Global Benefits NetworkSM part of the AIG Group Management Division (GMD), is the only network with market-leading positions in North America, Asia, Latin America, the Middle East and Europe. We provide outstanding employee benefits and pension solutions in over 100 countries, a global presence unmatched by any other international network.

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