

Summary of Coverage

Employer: Total Team Solutions
Group Policy: GP-100156
SOC: 2A
Issue Date: September 1, 2000
Effective Date: July 1, 2000

The benefits shown in this Summary of Coverage are available for you.

Eligibility

Employees

You are in an Eligible Class if you are a regular full-time employee of an employer participating in this Plan.

In addition, to be in an Eligible Class you must be:

- scheduled to work on a regular basis at least 30 hours per week during your Employer's work week; and
- working within the United States or Canada.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

Enrollment Procedure

You will get a form to fill out. Sign and return it to your Employer.

Effective Date of Coverage

Employees

Your coverage will take effect on your Eligibility Date.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage.

Long Term Disability

Disability Coverage

Long Term Disability Benefits

Employees

Waiting Period: The first 180 days of a period of total disability.

If, solely due to disease or injury, you are unable to earn more than 80% of your adjusted predisability earnings, you will not be deemed to have performed the material duties of your own occupation on that day.

Scheduled Monthly LTD Benefit 50% of your monthly predisability earnings.

(Any benefit actually payable may be reduced by "other income benefits". The Booklet-Certificate has definitions of "other income benefits", "adjusted predisability earnings", and "predisability earnings".)

Maximum Monthly Benefit
Under this Plan (together with
all other income benefits) \$ 2,000

Minimum Monthly Benefit \$ 100

Benefit Adjustment During Return to Work

If, while monthly benefits are payable, you have income from:

any employer; or
any occupation for compensation or profit;

which is more than 20% of your adjusted predisability earnings; the monthly benefit as figured above will be adjusted as follows:

During the first 12 months that you have such income, the monthly benefit will be reduced only to the extent the amount of that income and the monthly benefit payable, as figured above, exceeds 100% of your adjusted predisability earnings.

Thereafter, the monthly benefit will be the product of the following:

(A divided by B) x C where:

- A = Your adjusted predisability earnings minus such income.
- B = Your adjusted predisability earnings.
- C = The monthly benefit figured without regard to this paragraph.

In figuring the monthly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit.

Maximum Benefit Duration*

- If your period of total disability starts prior to the date you reach age 60, it will end with the calendar month in which you reach age 65.
- If your period of total disability starts on or after the date you reach age 60, it will end after 5 years.

* Unless your period of total disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

Pregnancy Coverage

Benefits are payable on the same basis as for a disease if a female employee, while covered under this Plan, is absent from active work because of a totally disabling pregnancy-related condition. A physician's certification that the employee is totally disabled because of the condition will be necessary. Further, Aetna may request any additional evidence it believes is necessary before deciding that benefits are payable.

If, during the 3 months before coverage took effect, services are rendered or supplies are received in connection with a pregnancy or a pregnancy is confirmed, the pregnancy is a preexisting condition whether or not the pregnancy commenced during that 3 month period.

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE**

Additional Information Provided by Total Team Solutions

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). It is not a part of your booklet-certificate. Your Plan Administrator has determined that this information together with the information contained in your booklet-certificate is the Summary Plan Description required by ERISA.

In furnishing this information, Aetna is acting on behalf of your Plan Administrator who remains responsible for complying with the ERISA reporting rules and regulations on a timely and accurate basis.

Employer Identification Number:

13-3752725

Plan Number:

501

Type of Plan:

Welfare

Type of Administration:

Group Insurance Policy with:
Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

Plan Administrator:

Total Team Solutions
115 Technology Drive Suite 301A
Trumbull, CT 06611

Agent For Service of Legal Process:

Total Team Solutions
115 Technology Drive Suite 301A
Trumbull, CT 06611

End of Plan Year:

July 1

Source of Contributions:

Employer

Procedure for Amending the Plan:

The Employer may amend the Plan from time to time by a written instrument signed by an authorized agent of the company.

Claim Procedures

Your booklet-certificate contains information on reporting claims. Claim forms may be obtained at your place of employment. These forms tell you how and when to file a claim.

If your claim is denied in whole or in part, you will receive a written notice of the denial from Aetna Life Insurance Company. The notice will explain the reason for the denial and the review procedures.

You may request a review of the denied claim. The request must be submitted, in writing, within 60 days after you receive the notice. Include your reasons for requesting the review. Submit your request to the office of the Aetna Life Insurance Company to which you submitted your initial request for benefit payment.

Aetna will review your claim and ordinarily notify you of its final decision within 60 days of receipt of your request. If special circumstances require an extension of time, you will be notified of such extension during the 60 days following receipt of your request.

ERISA Rights

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations such as worksites and union halls, all plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports.
2. Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The administrator may make a reasonable charge for the copies.
3. Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes obligations upon the persons who are responsible for the operation of the employee benefit plan.

The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your plan, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, you should contact:

- the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory; or
- the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.