

**LaTonya Puckett**  
Sr Claim Manager



**CIGNA Group Insurance**  
Life · Accident · Disability

May 2, 2006

Routing 212  
12225 Greenville Ave  
Suite 1000  
Dallas, TX 75243-9337  
Telephone 1.800.352.0611 ext.  
5629  
Facsimile 860.731.3494

Name:  
Plan/Policy Number:  
Plan/Policy Holder:  
Underwriting Company: Connecticut General Life Insurance Company (CG)

Dear :

This letter is regarding your Long Term Disability (LTD) claim. We have completed our review and have determined that you are no longer eligible for benefits beyond May 1, 2006. The following is an explanation of our claim determination.

Under the terms of the contract, Total Disability or Totally Disabled is defined as:

"An Employee will be considered Totally Disabled, if because of an Injury or Sickness, the Employee is unable to perform the essential duties of his or her occupation.

After Disability Income Payments have been payable for 24 months, an Employee will be considered Totally Disabled only if because of Injury or Sickness, the Employee is unable to perform the essential duties of any occupation for which the Employee is or may reasonably become qualified based on the Employee's education, training or experience."

Our review of the information on file specifically included:

- Physical Medicine and Rehabilitation Independent Medical Evaluation (IME) report dated February 10, 2006 by Dr.
- IME addendum dated March 16, 2006;
- Response from Dr. dated April 06, 2006;
- Response from Dr. dated April 13, 2006 but received on April 25, 2006;  
and
- Transferable Skills Analysis dated April 28, 2006.

Under the LTD contract, you became eligible for benefits as of October 18, 1995. In order to continue to reasonably evaluate your claim for benefits, we periodically request medical updates. We utilize this information to determine your functional ability and whether you continue to qualify for benefits as defined under the contract.

Based on our review of your entire claim file, we determined that it was necessary for you to attend an evaluation at our expense. We advised you that we needed you to attend a Functional Capacity Evaluation (FCE); however, you agreed to attend an Independent Medical Evaluation (IME) at our expense. You attended the IME appointment on February 7, 2006. We requested that the evaluator, Dr. [redacted] board certified Physical Medicine and Rehabilitation physician, address several questions regarding your functionality, specifically your ability to perform full time work. In addition, we provided Dr. [redacted] with a complete copy of your medical records for his review. According to the Dr. [redacted] assessment, you have the ability to perform full time sedentary work.

On April 12, 2006, we provided a complete copy of the IME report, including the addendum, to Dr. [redacted] and Dr. [redacted]. We requested that each physician review the results of the IME and offer his opinion. On April 6, 2006, we received a response from Dr. [redacted] who indicated that he last saw you in 2000. He further noted that he was unable to render an opinion regarding your current ability to work. Then on April 25, 2006, we received Dr. [redacted]'s response. Dr. [redacted] indicated that he agrees that you have the ability to perform full time sedentary work. He did, however, comment that transportation would need to be provided for you to and from work. The contract does not require that we provide transportation to and/or from home and the workplace. Consequently, transportation to and from the workplace is not a part of our analysis when determining your ability to function and/or work.

We then referred your claim to our vocational department for review for a Transferable Skills Analysis. They considered your work capacity, restrictions and limitations, along with your education and employment history, to determine occupations that you would be able to perform based on your current work experience.

This review confirmed that you would be able to perform the following occupations:

- Customer Complaint Clerk, DOT# 241.367-014
- Customer Order Clerk, DOT# 249.362-026
- Telemarketer, DOT# 299.357-014

The above identified occupations are compatible with your work capacity.

In review of your entire claim file, including all correspondence received from you, Connecticut General Life Insurance Company considered your claim as a whole for purposes of determining your entitlement to benefits. The Plan provides that CG would pay benefits only if you were prevented by disability from performing the essential duties of your occupation or any occupation. However, the weight of the evidence in your claim file does not support your inability to perform any occupation.

At this time, you no longer meet the definition of Disability stated above and your claim has been closed. Payments have been made through May 1, 2006 and no further benefits are due.

If you disagree with our determination and intend to appeal this claim decision, you must submit a written appeal. This appeal must be received by us within 180 days of receipt of this letter and should be sent to the Connecticut General Life Insurance Company representative signing this letter to the address noted on the letterhead.

You have the right to submit written comments as well as any new documentation you wish us to consider. If you have additional information, it must also be sent for further review to the address noted on this letterhead, within 180 days of receipt of this letter.

Additional information includes, but is not limited to: physician's office notes, hospital records, consultations, test result reports, therapy notes, physical and/or mental limitations, etc. These medical records should cover the period of December 1, 2005 through the present.

You may also wish to have your physician(s) provide some or all of the following:

- Copies of any other diagnostic test results which document the severity of your condition to the extent that you are unable to perform the duties of your occupation or any occupation. Please include copies of any recent test results performed (in the last 6 months). In the absence of such report we shall assume that these revealed normal findings and unimpaired function.
- Specific limitations/restrictions that preclude you from performing the duties of your regular occupation or any occupation. What specific essential job functions, activities of daily living, and social/recreational activities are you incapable of performing?
- A discussion by your treating physician(s) of the medical evidence which prevents you from performing the duties of your occupation or any occupation. What are the current data sources used to make these determinations?
- A discussion by your treating physician(s) describing your current and future treatment plan(s). What are the problems of treatment? What are the treatment goals (objective and measurable)? What are the treatment strategies for each goal? How does the treatment plan address your returning to work?

Under normal circumstances, you will be notified of a decision on your appeal within 45 days of the date your request for review is received. If there are special circumstances requiring delay, you will be notified of the reason for delay within 30 days of receipt of your request, and every 30 days thereafter. A final decision will be made no later than 90 days.

You have the right to bring a legal action for benefits under the Employee Retirement Income Security Act of 1974 (ERISA) section 502(a) following an adverse benefit determination on appeal.

Nothing contained in this letter should be construed as a waiver of any rights or defenses under the policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein. Should you have any information which would prove contrary to our findings, please submit it to us. We will be pleased to review any information you may wish to submit.

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Please review your insurance booklet, certificate or coverage information available from your employer to determine if you are eligible for additional benefits.

Please contact our office at 1.800.352.0611 should you have any further questions.

Sincerely,

LaTonya Puckett