

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.