

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
TREATY OF EXCESS LOSS REINSURANCE
ENDORSEMENT TO EXTEND THE EXPENSE PAYMENT PERIOD**

TREATY NUMBER: {INSERT}
ENDORSEMENT NUMBER: {INSERT}
EMPLOYER: {INSERT}
EFFECTIVE DATE OF ENDORSEMENT: {INSERT}

YOU and WE agree that this Treaty is amended as follows:

The following is added to the end of 2. DEFINITIONS, I. EXPENSE PAYMENT PERIOD:

We will extend the Expense Payment Period for any otherwise Covered Benefit that is denied during the Expense Payment Period but then is paid within twelve (12) months after the end of the Expense Payment Period due to an independent medical review required by and performed in accordance with PPACA (the Patient Protection and Affordable Care Act of 2010).

Additional Provisions

You must notify Us within 30 days of the initiation of a PPACA-required independent medical review.

We may require a copy of the independent medical review before determining if any reimbursements are payable under this Endorsement.

Reimbursements paid under this Endorsement will be included in the Reinsurer's Limits of Liability.

Reimbursements paid under this Endorsement shall be subject to all terms and conditions of the Employer's Employee Benefit Plan Document.

This Endorsement does not apply to a Treaty that terminates prior to the Contract Period Expiration Date.

This Endorsement does not apply to expenses incurred due to any error(s) committed by the Employer or any agent thereof or the Claims Administrator or any agent thereof.

THERE ARE NO TREATY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.

Standard Life And Accident Insurance Company



SECRETARY



PRESIDENT