

AMENDMENT

TO THE

SECOND: Under Article 7, Section 7.5 (DISABILITY CLAIMS) of the Plan is deleted in its entirety and replaced with the following:

Section 7.5 Disability Claims.

A disability claim is a claim that requires the Plan to determine if the claimant is disabled for purposes of eligibility for disability benefits under a Component Benefit Plan. Except as provided in this Section 7.5, the general claims procedures in Section 7.3 apply, including but not limited to the provisions relating to any Plan fiduciary's rights and responsibilities as provided in Section 7.3(c) and the claims limitation period identified in Section 7.3(d). Effective with respect to claims for disability benefits filed on or after April 1, 2018, an adverse benefit determination made with respect to disability benefits includes a rescission of disability coverage, as provided under Section 503-1(m)(4) of ERISA, that has a retroactive effect, except to the extent it is attributable to a failure to timely pay required premiums or contributions towards the cost of coverage.

- (a) Time for a Decision on a Disability Claim. The Plan will notify the claimant of its determination within 45 days after its receipt of the claim. This period can be extended for two additional 30-day periods (up to a total of 105 days) if a decision cannot be made because of circumstances beyond the control of the Plan Administrator. If an extension of time is required, the claimant will be notified before the end of the initial 45-day period of the circumstances requiring the extension and the date by which the Claim Fiduciary expects to render a decision. If, prior to the end of the first 30-day extension period, the Claim Fiduciary determines that an additional extension is necessary due to matters beyond its control, the Claim Fiduciary may take up to an additional 30 days to review the claim. If an additional extension of time is required, the claimant will be notified before the end of the initial 30-day extension period of the circumstances requiring the extension and the date by which the Claim Fiduciary expects to render a decision. If the Claim Fiduciary extends its period for reviewing a claim due to special circumstances, the notice of extension the claimant receives will include an explanation of the standards on which entitlement to benefits is based, the unresolved issues that prevent a decision on the claim and any additional information needed to resolve these issues. The claimant has at least 45 days to provide the specified information.
- (b) Notification of Denial. If a claim for disability benefits filed prior to April 1, 2018 is denied, the Plan will notify the claimant of

- (iii) A description of any additional material or information necessary to perfect the claim and an explanation of why such material or information is necessary;
- (iv) A description of the Plan's review procedures and the time limits that apply to such procedures, including a statement of the claimant's right to bring a civil action under ERISA Section 502(a) if the claim is denied on review;
- (v) Where the determination is adverse, a discussion of the decision, including an explanation of the basis for disagreeing with or not following:
 - a. The views presented by the claimant to the Plan of health care professionals treating the claimant and vocational-professionals who evaluated the claimant;
 - b. The views of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and
 - c. A disability determination regarding the claimant presented by the claimant to the Plan made by the Social Security Administration;
- (vi) If the adverse c.

was relied upon in making the benefit determination; and

- c. A disability determination regarding the claimant presented by the claimant to the Plan made by the Social Security Administration;
 - (vi) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
 - (vii) Either the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist.
- (e) Additional Requirements for Disability Claims Filed on n3q,4.e

IN WITNESS WHEREOF, the Employer has caused this amendment to be executed this ____ day of _____, 2018 in its name and under its corporate seal by and through its duly authorized officer.

AGNES SCOTT COLLEGE

By: _____

Title: _____