
**GROUP
BENEFIT
PLAN**

BOWDOIN COLLEGE

Short Term Disability

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Group Short Term Disability Benefits

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A note on capitalization in this benefits booklet:

Capitalization of the first letter of a word or phrase not normally capitalized according to the rules of standard punctuation (Weekly Earnings, for example) indicates a word or phrase that is defined in the DEFINITIONS section, or that refers back to an item found in the Schedule of Benefits.

PS-M-73

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford, Connecticut
(Herein called Hartford Life)

CERTIFICATE OF INSURANCE

Under

**The Group Insurance Policy
as of the Effective Date**

Issued by

HARTFORD LIFE

to

The Policyholder

This is to certify that Hartford Life has issued and delivered the Group Insurance Policy to The Policyholder.

The Group Insurance Policy insures the employees of the Policyholder who:

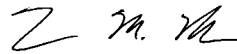
- are eligible for the insurance;
 - become insured; and
 - continue to be insured;
- according to the terms of the Policy.

The terms of the Group Insurance Policy which affect an employee's insurance are contained in the following pages. This Certificate of Insurance and the following pages will become your Booklet-certificate. The Booklet-certificate is a part of the Group Insurance Policy.

This Booklet-certificate replaces any other which Hartford Life may have issued to the Policyholder to give to you under the Group Insurance Policy specified herein.



Christine Hayer Repasy, *Secretary*



Thomas M. Marra, *President*

Z-STD(C003)

SCHEDULE OF INSURANCE

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with Hartford Life at its home office.

Policyholder: BOWDOIN COLLEGE

Group Insurance Policy: GRH-673584

Plan Effective Date: January 1, 2000

THE BENEFITS DESCRIBED HEREIN ARE THOSE IN EFFECT AS OF JANUARY 1, 2002.

This plan of Short Term Disability Insurance provides you with short term income protection if you become Disabled from a covered accident, sickness or pregnancy.

Must you contribute toward the cost of coverage?

You must contribute toward the cost of coverage under Option A.

You do not contribute toward the cost of coverage under Option B.

Who is eligible for coverage?

Eligible Class(es): All Active Full-time and Part-time non-exempt Employees working a minimum of 30 hours per week, including academic year Employees as classified by the Employer

The **Weekly Benefit** will be the lesser of:

- 70% of your Weekly Earnings; or
- \$600,

reduced by Other Income Benefits.

The **Maximum Duration of Benefits** for a Disability if you are enrolled in Option A is:

- 24 week(s) if caused by Accident;
- 24 week(s) if caused by Sickness.

The **Maximum Duration of Benefits** for a Disability if you are enrolled in Option B is:

- 18 week(s) if caused by Accident;
- 18 week(s) if caused by Sickness.

Benefits Commence for Disability caused by:

- Accident: on the 15th day of Disability if you are enrolled for Option A
- Accident: on the 60th day of Disability if you are enrolled for Option B
- Sickness: on the 15th day of Disability if you are enrolled for Option A
- Sickness: on the 60th day of Disability if you are enrolled for Option B

Please refer to your group enrollment form to see the option you have elected.

Annual Enrollment Period:

The Annual Enrollment Period is the period designated by the Employer in which You may change Your election for the following year. Any election change will be effective on the next following January 1.

When will You become eligible? (Eligibility Waiting Period)

If You are working for the Employer prior to the Plan Effective Date and were covered under the Prior Plan, You are eligible for coverage on the later of the Plan Effective Date or the date You enter an eligible class.

If You start working for the Employer after the Plan Effective Date in an eligible class, then You are eligible for coverage on the date on which You complete a waiting period of 31 days of continuous service.

If You do not make an election within 31 days of the Plan Effective Date or the date You enter into an eligible class or during the 31 day waiting period for new employees, then Your coverage will default to Plan B and You may not change Your election until the next Annual Enrollment Period.

ELIGIBILITY AND ENROLLMENT

Who are Eligible Persons?

All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

When will you become eligible?

You will become eligible for coverage on either:

1. the Plan Effective Date, if you have completed the Eligibility Waiting Period; or if not
2. the date on which you complete the Eligibility Waiting Period.

See the Schedule of Insurance for the Eligibility Waiting Period.

How do you enroll?

To enroll for any option, you must:

1. complete and sign a group insurance enrollment form which is satisfactory to us; and
2. deliver it to the Employer.

If you do not enroll within 31 days after becoming eligible, the following limitations will apply:

1. Your coverage will default to Plan B; and
2. You may not change Your election until the next Annual Enrollment Period (described in the Schedule of Insurance);
3. Your new election will be effective on the following January 1.

No Evidence of Insurability is required to change Your election.

WHEN COVERAGE STARTS

When does your coverage start?

If you must contribute towards the plan's cost, your coverage will start on the date determined below:

1. the date you become eligible, if you enroll or have enrolled by then and are actively at work on that date;
2. the date on which you enroll, if you do so within 31 days after the date you are eligible and are actively at work on that date; or
1. the first day of the year (January 1) following the Annual Enrollment Period if you enroll during an Annual Enrollment Period.

DEFERRED EFFECTIVE DATE

Will coverage become effective if a disabling condition causes you to be absent from work on the date it is to start?

If you are absent from work due to your:

1. accidental bodily injury;
2. sickness;
3. pregnancy;
4. Mental Illness; or
5. Substance Abuse,

on the date your insurance or increase in coverage would otherwise have become effective, the effective date of the coverage or increase in coverage will be deferred until you have been Actively at Work for one full work-day.

CHANGES IN COVERAGE

Can you change benefit options?

You may change to an option providing increased or decreased benefits only during an Annual Enrollment Period.

When will a requested change in benefit options take effect?

If you enroll for a change in benefit option during an Annual Enrollment Period, the change will take effect on the first day of the year (January 1) following the Annual Enrollment Period.

Any such increase in coverage is subject to the limitations stated in the Deferred Effective Date provision.

Do coverage amounts change if there is a change in your class or your rate of pay?

Your coverage may increase or decrease on the date there is a change in your class or Weekly Earnings. However, no increase in coverage will be effective unless on that date you:

1. are an Active Full-time or Part-time Employee; and
2. are not absent from work due to your being Disabled.

If you were so absent from work, the effective date of such increase will be deferred until you are Actively at Work for one full day.

No change in your Weekly Earnings will become effective until the date we receive notice of the change.

What happens if the Employer changes the Plan?

Any increase or decrease in coverage because of a change in the Schedule of Insurance will become effective on the date of the change, except that the limitations on increases stated in the Deferred Effective Date provision will apply.

BENEFITS

How do benefits become payable for Total Disability?

If, while covered under this Benefit, you become Totally Disabled, and furnish proof to us that you remain Totally Disabled, we will pay the Weekly Benefit shown in the Schedule of Insurance.

The amount of any Weekly Benefit payable shall be reduced by the total amount of all Other Income Benefits, including any amount for which you could collect but did not apply.

See the Schedule of Insurance for the Weekly Benefit, the Maximum Duration of Benefits, and when Benefits Commence.

No benefits will be payable unless you are under the care of a Physician other than yourself.

RESIDUAL DISABILITY BENEFITS

How are benefits paid for Residual Disability?

If while covered under this benefit, you become Disabled and work on a Part-time or limited duty basis because you are Residually Disabled, the following calculation is used to determine your Weekly Benefit:

$$\text{Weekly Benefit} = ((\mathbf{A} - \mathbf{B}) / \mathbf{A}) \times \mathbf{C}$$

Where

A = Your pre-disability Weekly Earnings.

B = Your Current Weekly Earnings.

C = The Weekly Benefit payable if you were Totally Disabled.

A Residual Disability Benefit will be paid if you are earning more than 20% but less than 80% of your pre-disability Weekly Earnings. If you are participating in a program of Rehabilitative Employment approved by us, your Weekly Benefit will be determined by the Rehabilitative Employment Benefit.

How is a benefit calculated for a period of less than a week?

If a Weekly Benefit is payable for less than a week, we will pay 1/7 of the Weekly Benefit for each day you were Disabled.

When will benefit payments cease?

Benefit payments will stop on the first to occur of:

1. the date you are no longer Disabled;
2. the date you fail to furnish proof that you continue to be Disabled;
3. the date you refuse to be examined, if we require an examination;
4. the last day benefits are payable according to the Maximum Duration of Benefits shown in the Schedule of Insurance; or
5. the date you die.

RECURRENT DISABILITY

What happens to your benefits if you return to work as an Active Full-time Employee and then become Disabled again?

If you return to work as an Active Full-time Employee for 30 consecutive days or more, any recurrence of a disability will be treated as a new Disability with respect to when Benefits Commence and the Maximum Duration of Benefits, as shown in the Schedule of Insurance.

If recurrent periods of Disability are:

1. due to the same or a related cause; and
2. separated by less than 30 consecutive days of work as an Active Full-time Employee,

they will be considered to be the same period of Disability.

MULTIPLE CAUSES

How long will benefits be paid if a period of Disability is extended by another cause?

If a period of Disability is extended by a new cause while weekly benefits are payable, weekly benefits will continue while you remain Disabled, subject to the following:

1. weekly benefits will not continue beyond the end of the original Maximum Duration of Benefits; and
2. the Exclusions will apply to the new cause of Disability.

VOCATIONAL REHABILITATION

What is Vocational Rehabilitation?

Vocational Rehabilitation means employment or services that prepare you, if Disabled, to resume gainful work.

Our Vocational Rehabilitative Services include, when appropriate, any necessary and feasible:

1. vocational testing;
2. vocational training;
3. work-place modification;
4. prosthesis; or
5. job placement.

REHABILITATIVE EMPLOYMENT

Rehabilitative Employment means employment that is part of a program of Vocational Rehabilitation. Any program of Rehabilitative Employment must be approved, in writing, by us.

Do earnings from Rehabilitative Employment affect the Weekly Benefit?

If you are Disabled and are engaged in an approved program of Rehabilitative Employment, your Weekly Benefit will be:

1. the amount calculated for Total Disability; but
2. reduced by 50% of the income received from each week of such Rehabilitative Employment.

The sum of your Weekly Benefit and total income received under this provision may not exceed 100% of your pre-disability Weekly Earnings. If this sum exceeds your pre-disability Weekly Earnings, the Weekly Benefit paid by us will be reduced proportionately.

EXCLUSIONS

What Disabilities are not covered?

The plan does not cover, and no benefit shall be paid for, any:

1. injury, sickness, Mental Illness, Substance Abuse, or pregnancy not being treated by a Physician or surgeon;
2. Disability caused or contributed to by war or act of war (declared or not);
3. Disability caused by your commission of or attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation;

4. Disability caused or contributed to by an intentionally self-inflicted injury;
5. sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed; or
6. injury sustained as a result of doing any work for pay or profit for another employer.

If you are receiving, or are eligible to receive, benefits for a Disability under a prior plan of disability benefits that:

1. was sponsored by the Employer; and
2. was terminated on the day before the Effective Date of this plan,

then no benefits will be payable for the Disability under this plan.

TERMINATION

When does your insurance terminate?

Your insurance will terminate on the earliest of:

1. the date the Group Insurance Policy terminates;
2. the date the Group Insurance Policy no longer insures your class;
3. the date premium payment is due but not paid by the Employer;
4. the last day of the period for which you make any required premium contribution, if you fail to make any further required contribution;
5. the date on which you cease to be an Active Full-time or Part-time Employee in an eligible class, including:
 - a) temporary layoff;
 - b) leave of absence, including but not limited to leave for military service;
 - c) work stoppage (including a strike or lockout); or
 - d) The date your Employer ceases to be a Participant Employer, if applicable.

May coverage be continued during a family or medical leave?

If you are granted a leave of absence according to the Family and Medical Leave Act of 1993, your Employer may continue your insurance for up to 12 weeks, or longer if required by state law, following the date your coverage would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for you must be paid;
3. your benefit level, or the amount of earnings upon which your benefit may be based, will be that in effect on the day before said leave commenced; and
4. such continuation will cease immediately if one of the following events should occur:
 - a) the leave terminates prior to the agreed upon date;
 - b) the termination of the Group Insurance Policy;
 - c) non-payment of premium when due by the Policyholder or you;
 - d) the Group Insurance Policy no longer insures your class; or
 - e) the date your Employer ceases to be a Participant Employer, if applicable.

May coverage be continued during a layoff?

If you are temporarily laid off, your Employer may continue your insurance for 1 month(s) following the month coverage would have terminated, subject to the following:

1. the required premium for you must be paid;
2. your benefit level, or the amount of earnings upon which your benefits may be based, will be that in effect on the day before said layoff commenced; and
3. such continuation will cease immediately if one of the following events should occur:
 - a) the lay-off becomes permanent;
 - b) the termination of the Group Insurance Policy;
 - c) non-payment of premium when due by the Policyholder or you;
 - d) the Group Insurance Policy no longer insures your class; or
 - e) the date your Employer ceases to be a Participant Employer, if applicable.

May coverage be continued during a leave of absence or vacation?

If you are granted a leave of absence including sabbatical leave, your Employer may continue your insurance for up to 12 month(s) following the month coverage would have terminated, and if you are granted vacation, your Employer may continue your insurance for up to 8 week(s). Such coverage is subject to the following:

1. with respect to a leave, the leave authorization must be in writing, or must be documented as a leave for military purposes;
2. the required premium for you must be paid;
3. your benefit level, or the amount of earnings upon which your benefits may be based, will be that in effect on the day before said leave or vacation commenced; and
4. such continuation will cease immediately if one of the following events should occur:
 - a) the leave terminates prior to the agreed upon date;
 - b) the termination of the Group Insurance Policy;
 - c) non-payment of premium when due by the Policyholder or you;
 - d) the Group Insurance Policy no longer insures your class; or
 - e) the date your Employer ceases to be a Participant Employer, if applicable.

Does your insurance continue if your Employment terminates because you are Disabled and no longer an Active Full-time or Part-time Employee?

If you are no longer an Active Full-time or Part-time Employee because you are Disabled, your Short Term Disability Insurance will be continued:

1. during the period prior to the benefit commencement date from the last day worked if you remain disabled until the benefit commencement date;
2. without payment of premium after the date we receive written notice of claim; and
3. until the end of the period for which you are entitled to receive Short Term Disability Benefits.

After Short-Term Disability benefit payments have ceased, your insurance will be reinstated, provided:

1. you return to work for one full day as an Active Full-time or Part-time Employee in an eligible class;
2. the Group Insurance Policy remains in force; and
3. the required premium is paid.

Do benefits continue if the Group Insurance Policy terminates?

If you are entitled to benefits while Disabled and the Group Insurance Policy terminates, benefits:

1. will continue as long as you remain Disabled by the same disabling condition; but
2. will not be provided beyond the date we would have ceased to pay benefits had the insurance remained in force.

Termination for any reason of the Group Insurance Policy will have no effect on our liability under this provision.

GENERAL PROVISIONS

What happens if facts are misstated?

If material facts about you were not stated accurately:

1. your premium may be adjusted; and
2. the true facts will be used to determine if, and for what amount, coverage should have been in force.

No statement made by you relating to your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during your lifetime. In order to be used, the statement must be in writing and signed by you.

When should we be notified of a claim?

You must give us written notice of a claim within 30 days after Disability starts. If notice cannot be given within that time, it must be given as soon as reasonably possible. Such notice must include your name, your address and the Group Insurance Policy number.

Are special forms required to file a claim?

When we receive a notice of claim, you will be sent forms for providing us with proof of loss. We will send these forms within 15 days after receiving a notice of claim. If we do not send the forms within 15 days, you may submit any other written proof which fully describes the nature and extent of your claim.

When must proof of loss be given?

Written proof of your Disability must be sent to us within 90 days after the start of the period for which we owe payment. After that, we may require further written proof that you are still Disabled. If proof is not given by the time it is due, it will not affect the claim if:

1. it was not possible to give proof within the required time; and
2. proof is given as soon as reasonably possible; but
3. not later than 1 year after it is due, unless you are not legally competent.

We have the right to require, as part of the proof of loss:

1. your signed statement identifying all Other Income Benefits; and
2. proof satisfactory to us that you and your dependents have duly applied for all Other Income Benefits which are available.

May additional proof be required?

We may have you examined to determine if you are Disabled. Any such examination will be:

1. at our expense; and
2. as reasonably required by us.

We reserve the right to determine if your proof of loss is satisfactory.

Who gets the benefit payments?

All payments are payable to you. Any payments owed at your death may be paid to your estate. If any payment is owed to your estate, we may pay up to \$1,000 to any of your relatives who is entitled to it in our opinion. Any such payment shall fulfill our responsibility for the amount paid.

When are payment checks issued?

If written proof of loss is furnished, accrued benefits will be paid at the end of each week that you are Disabled. If payment is due at the end of a claim, it will be paid as soon as the written proof of loss is received.

What notification will you receive if your claim is denied?

If a claim for benefits is wholly or partly denied, you will be furnished with written notification of the decision. This written decision will:

1. give the specific reason(s) for the denial;
2. make specific reference to the policy provisions on which the denial is based;
3. provide a description of any additional information necessary to prepare a claim and an explanation of why it is necessary; and
4. provide an explanation of the review procedure.

What recourse do you have if your claim is denied?

On any claim, you or your representative may appeal to us for a full and fair review. You may:

1. request a review upon written application within 180 days of the claim denial;
2. request copies of all documents, records, and other information relevant to your claim; and
3. submit written comments, documents, records and other information relating to your claim.

We will make a decision no more than 45 days after we receive your appeal unless we determine special circumstances exist that require an extension of time to process the appeal. If your appeal requires extension, we will make our decision no more than 90 days after we receive your appeal. The written decision will include specific references to the Policy provisions on which the decision is based.

When can legal action be started?

Legal action may be taken after your claim is denied on review or if your claim for Disability benefits is ignored either initially or on review. Legal action cannot be taken against us:

1. sooner than 60 days after due proof of loss has been furnished; or
2. later than the expiration of:
 - a) 3 years; or if longer
 - b) the period of time stated in the applicable Statute of Limitations,

after the time written proof of loss is required to be furnished according to the terms of the Group Insurance Policy.

What are our subrogation rights?

If you:

1. suffer a Disability because of the act or omission of a third party;
2. become entitled to and are paid benefits under the Group Insurance Policy in compensation for lost wages; and
3. do not initiate legal action for the recovery of such benefits from the third party in a reasonable period of time,

then we will be subrogated to any rights you may have against the third party and may, at our option, bring legal action to recover any payments made by us in connection with the Disability.

Must you apply for Social Security Disability Benefits?

We may require that you apply for Social Security Disability Benefits if it appears that your Disability may meet the minimum duration required to qualify for such benefits. If the Social Security Administration denies your eligibility for any such benefits, you will be required to follow the process established by the Social Security Administration to reconsider the denial and, if denied again, to request a hearing before an Administrative Law Judge of the Office of Hearing and Appeals.

Who interprets policy terms and conditions?

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Group Insurance Policy.

DEFINITIONS

The terms listed will have these meanings:

Active Full-time and Part-time Employee means an employee who works for the Employer on a regular basis in the usual course of the Employer's business. Such Employee must work the number of hours in the Employer's normal work week and will not include seasonal and temporary employees. This must be at least the number of hours for Full-time and Part-time Employment shown in the Schedule of Insurance.

Actively at Work

You will be considered to be actively at work with the Employer on a day which is one of the Employer's scheduled work days if you are performing, in the usual way, all of the regular duties of your job on a full time basis with respect to full-time employees, or on a part-time basis with respect to part-time employees, on that day. If you work from a site other than your Employer's normal place of business or a site where your Employer's business requires you to travel, then you will not be considered actively at work unless your Employer has provided prior approval to work from this alternative site, including but not limited to working from your normal residence. You will be deemed to be actively at work on a day that is not one of the Employer's scheduled workdays only if you were actively at work on the preceding scheduled workday.

Current Weekly Earnings means the Weekly Earnings you receive from any employer or for any work while Disabled and eligible for Residual Disability benefits under this plan.

Disability means Total or Residual Disability.

Disabled means Totally or Residually Disabled.

Employee means an employee of the Employer, excluding leased employees (within the meaning of Section 414 of the Internal Revenue Code), independent contractors, casual employees (who are not benefits eligible), students and exempt employees.

Employer means the President and Trustees of Bowdoin College.

Mental Illness means any psychological, behavioral or emotional disorder or ailment of the mind, including physical manifestations or psychological, behavioral or emotional disorders, but excluding demonstrable structural brain damage.

Other Income Benefits mean the amount of any benefit for loss of income, provided to you as a result of the period of Disability for which you are claiming benefits under this plan. This includes any such benefits for which you are eligible, or that are paid to you, your family, or to a third party on your behalf. This includes the amount of any benefit for loss of income from:

1. the United States Social Security Act or an alternative plan offered by a state or municipal government, the Civil Service Retirement System, the Railroad Retirement Act, the Jones Act, the Canada Pension Plan, the Canada Old Age Security Act, the Quebec Pension Plan, or any similar provincial pension or disability plan or act that you are eligible to receive because of your Disability;
2. any plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the Employer, or as a result of membership in or association with any group, association, union or other organization;
3. the Veteran's Administration or any other foreign or domestic governmental agency for the same Disability that begins after you become Disabled or if you were receiving the benefit before becoming Disabled, the amount of any increase in the benefit that is attributed to your Disability;
4. any governmental law or program that provides disability or unemployment benefits as a result of your job with the Employer;
5. any temporary or permanent disability benefits under a workers' compensation law, occupational disease law, or similar law or substitutes or exchanges for such benefits; or
6. individual insurance policy where the premium is wholly or partially paid by the Employer.

Other Income Benefits will also include the amount of any benefits for loss of income from:

1. the portion of a settlement or judgement, minus associated costs, of a lawsuit that represents or compensates for your loss of earnings; or
2. compulsory "no-fault" automobile insurance.

Any general increase in benefits required by law that you are entitled to receive under any Federal Law will not reduce the Short Term Disability Benefit payable for a period of Total Disability that began prior to the date of such increase.

You must apply for Other Income Benefits for which you may be eligible. If you do not apply for Other Income Benefits or if they have not yet been awarded or denied or they have been denied and are being appealed, we will estimate the amount of your Other Income Benefits. This estimate will reduce the amount of your Weekly Benefits. The estimate will not be used, however, if you apply for the Other Income Benefits and you complete a reimbursement agreement promising to reimburse us any overpayment caused by an award of Other Income Benefits.

Other Income Benefits will not include the portion, if any, of such retirement benefits that was funded by your after-tax contributions or retirement benefits under:

- a) the United States Social Security Act or alternative plan offered by a state or municipal government;
- b) the Railroad Retirement Act;
- c) the Canada Pension Plan, the Canada Old Age Security Act, the Quebec Pension Plan or any provincial pension or disability plan; or
- d) similar plan or act that you receive because of your retirement, unless you were receiving them prior to becoming Disabled.

If you are paid Other Income Benefits in a lump sum or settlement, you must provide proof satisfactory to us of:

1. the amount attributed to loss of income; and
2. the period of time covered by the lump sum or settlement.

We will pro-rate the lump sum:

1. over the period of time it would have been paid if not paid in a lump sum; or
2. if such period of time cannot be determined, over a period of 260 weeks.

The amount of any increase in Other Income Benefits will not be included as Other Income Benefits if such increase:

1. takes effect after the date benefits become payable under this plan; and
2. is a general increase that applies to all persons who are entitled to such benefits.

Physician means an individual who is:

1. a doctor of medicine, osteopathy, psychology, or other individual who is licensed to practice medicine and prescribe and administer drugs or to perform surgery, or is legally qualified as a medical practitioner and required to be recognized under the Group Insurance Policy for insurance purposes according to the insurance regulations of the governing jurisdiction;
2. licensed to practice in the state or jurisdiction where care is being given; and
3. practicing within the scope of that license.

Prior Plan means the short term disability plan carried by the Employer on the day before the Plan Effective Date.

Residual Disability or Residually Disabled means that you are prevented by:

1. accidental bodily injury;
2. sickness;
3. Mental Illness;
4. Substance Abuse; or
5. pregnancy,

from performing some, but not all, of the essential duties of your occupation, and as a result, your Current Weekly Earnings are more than 20% but no more than 80% of your pre-disability Weekly Earnings.

Sickness vs. Accident

A Disability shall be deemed to be caused by sickness, and not by accident, if:

1. it is caused or contributed to by:
 - a) any condition, disease or disorder of the body or mind;
 - b) any infection, except a pus-forming infection of an accidental cut or wound;
 - c) hernia of any type unless it is the immediate result of an accidental injury covered by this plan;
 - d) any disease of the heart;
 - e) Mental Illness;
 - f) Substance Abuse;
 - g) pregnancy;
 - h) any medical treatment for items (a) through (g) above; or
2. it is caused directly or indirectly by accident, but commences more than 30 days after the date of the accident.

Substance Abuse means the pattern of pathological use of alcohol or other psychoactive drugs and substances characterized by:

1. impairments in social and/or occupational functioning;
2. debilitating physical condition;
3. inability to abstain from or reduce consumption of the substance; or
4. the need for daily substance use to maintain adequate functioning.

Substance includes alcohol and drugs but excludes tobacco and caffeine.

Total Disability or Totally Disabled means that you are prevented by:

1. accidental bodily injury;
2. sickness;
3. Mental Illness;
4. Substance Abuse; or
5. pregnancy,

from performing the essential duties of your occupation, and as a result, you are earning less than 20% of your pre-disability Weekly Earnings.

We, us or our means the Hartford Life and Accident Insurance Company.

Weekly Earnings means your usual weekly rate of pay from the Employer, not counting:

1. commissions;
2. bonuses;
3. overtime pay; or
4. any other fringe benefit or extra compensation.

If you become Disabled, your Weekly Earnings will be the rate in effect on your last day as an Active Full-time or Part-time Employee before becoming Totally Disabled.

For employees of Bowdoin College who do not work 52 weeks per year, weekly earnings will be determined by taking the average earnings paid over a period of 52 weeks.

You or your means the insured person to whom this Booklet-certificate is issued.

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The Plan Described in this Booklet

is Insured by the

Hartford Life and Accident Insurance Company
Hartford, Connecticut

Member of The Hartford Insurance Group



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