Your Group Plan

University of Connecticut

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Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

Policyholder: University of Connecticut

Group Policy No.: GP-473072

Rider: 2

Issue Date: August 31, 2007

Effective Date: September 1, 2007

Massachusetts: Temporary Disability Coverage and Long Term Disability

The group policy specified above has been amended. The following summarizes the changes in the group policy, and the Certificate of Insurance describing the policy terms is amended accordingly. This amendment is effective on the date shown above.

The provisions set forth describe legislative requirements which apply to covered persons residing in **Massachusetts**. These provisions supercede any provisions in your Booklet-Certificate unless the provisions in your Booklet-Certificate in greater benefits. These provisions do not duplicate the provisions described in your group policy

Note: The codes appearing on the left side of certain blocks of text are required by the Department of Insurance.

Thirty-One Day Continuation of Coverage

Coverage (except Life Insurance) under this Plan which terminates in accordance with the prior terms of this section will be continued for 31 more days, subject to the following:

- Termination is not due to discontinuance of the group contract; or failure to make any required contributions.
- This Plan's benefits will be reduced by any other benefits of like kind for which the person becomes eligible.

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Ronald A. Williams

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Chairman, Chief Executive Officer and President

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