

**A Plan Designed to Provide  
Security for Employees of**



**Ameren Group Life Insurance Plan**

for

**Employees Represented by a Collective Bargaining Agreement with:**

**AmerenUE and IBEW Local Union 2**

**Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51**

**AmerenUE and IUOE Local Union 148**

**Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 309**

**Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649**

**AmerenUE and IBEW Local Union 702 (Physical & Clerical)**

**Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702E – Illini**

**Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702S – Shawnee**

**Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702W – Great Rivers**

**AmerenUE and IBEW Local Union 1439**

**AmerenUE and IBEW Local Union 1439 South**

**AmerenUE and IBEW Local Union 1455**

**AmerenUE and IBEW Local Union 1455 Region West**

**UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11**

**AER Divestiture Employees**

**Administered by: The Prudential Life Insurance Company of America**

**ERISA Summary Plan Description.** This document constitutes the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 (“ERISA”) § 102. While this description summarizes the Ameren Group Life Insurance Plan, the official Plan Document contains all details about the benefits provided by the Plan and governs actual Plan operations. Every attempt has been made to assure accuracy. However, if there is any conflict between this summary plan description and the legal Plan document (which includes contracts with the insurance carrier, policies and certificates), the provisions of the legal Plan document will govern.

## Introduction

Ameren Corporation (the “Plan Sponsor” or “Ameren”) maintains the **Ameren Group Life Insurance Plan** (the “Plan”), a component of the Ameren Miscellaneous Healthcare and Fringe Benefits Plan, to provide life insurance benefits to eligible Employees and their eligible Dependents.

This booklet (along with the certificate of coverage) constitutes the Summary Plan Description (SPD) for and outlines the provisions and benefits afforded under the Plan as of January 1, 2017. It replaces and supersedes all prior summary plan descriptions for the Plan. The Company reserves the right to unilaterally amend or terminate the Plan and/or any benefits provided under the Plan at any time.

The **Ameren Group Life Insurance Plan** has been established on an insured basis, Ameren and the Employee pay the cost of the premiums under the Plan, depending on the level of coverage elected. As a covered Employee of the Plan, your rights and benefits are determined by the provisions of the Plan. This SPD briefly describes those rights and benefits and outlines what you must do to be covered. This SPD also explains how to file claims.

The Plan shall be construed and administered to comply in all respects with applicable federal law.

Ameren hopes and expects to continue the **Ameren Group Life Insurance Plan** in the years ahead but cannot guarantee to do so.

PLEASE READ THIS SPD CAREFULLY.

The Plan is administered by The Prudential Life Insurance Company of America (“Prudential”). The contact information for Prudential is:

The Prudential Life Insurance Company of America  
751 Broad Street  
Newark, New Jersey 07102  
866.439.9026  
[www.prudential.com](http://www.prudential.com)

# TABLE OF CONTENTS

<b>SECTION</b>	<b>PAGE</b>
Introduction .....	2
Ameren Benefits Center .....	4
www.myAmeren.com .....	4
Purpose .....	5
Eligibility .....	5
Enrollment .....	6
Active at Work Requirement .....	6
Amount of Insurance – Active Employees .....	7
Changing, Adding or Canceling Coverage .....	14
Cost of Coverage – Active Employees .....	14
Amount of Insurance - Retired Employees .....	15
Coverage During Leaves of Absence .....	15
Family and Medical Leave Act (FMLA) .....	15
Military Service .....	15
Disability .....	15
Termination of Employee Coverage .....	17
Termination of Dependent Coverage .....	18
Naming a Beneficiary .....	18
Settlement Options .....	19
Assignment of your Coverage .....	19
Continuing Your Coverage If You Leave Ameren or Are No Longer Eligible .....	19
Accelerated Benefits .....	21
Claims Procedure and Appeals .....	21
Miscellaneous .....	24
ERISA Information .....	25
Important Information For Residents Of Certain States .....	26
General Plan Information .....	27
Appendix .....	29

## Ameren Benefits Center

The **Ameren Benefits Center** is Ameren's employee benefits customer call center. When you have a question about your benefits, call the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637). The **Ameren Benefits Center** is available Monday through Friday from 8:00 a.m. to 6:00 p.m., Central Standard Time (CST).

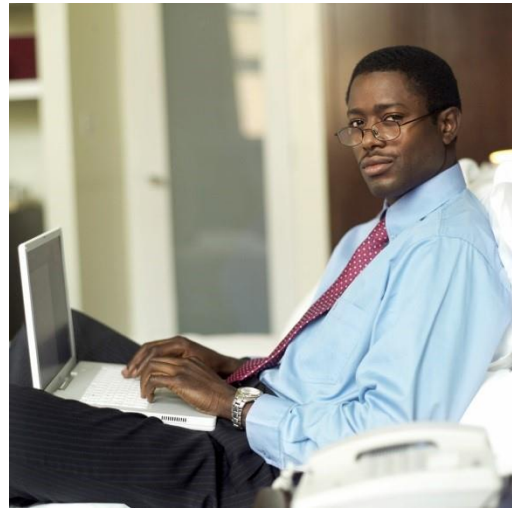
## [www.myAmeren.com](http://www.myAmeren.com)

Ameren maintains [www.myAmeren.com](http://www.myAmeren.com) where Plan participants can enroll, view, or make changes to elected benefit coverage through "Healthcare and Life Benefits". The website is generally available 24 hours a day, seven days a week.

(NOTE: There may be short maintenance periods during which benefits information will not be available.)

In order to maintain confidentiality, a password is required for a Plan participant to view individual benefit information. If you have forgotten your password, you can request a new password on the logon screen. Questions about your benefits should be directed to the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637).

If you do not have access to a computer or an HR Web Station, you can manage your benefits by calling the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637).



# Ameren Group Life Insurance Plan

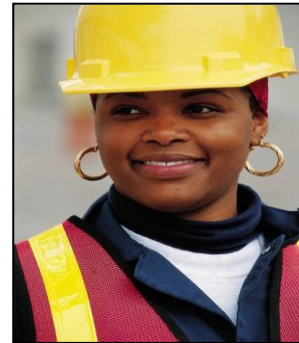
## Purpose

The purpose of the **Ameren Group Life Insurance Plan** is to provide a benefit for your beneficiary or beneficiaries upon your death and, if applicable, to give you an opportunity to purchase life insurance coverage for your eligible dependents.

## Eligibility

The following employees will be eligible to participate in the Plan:

- An active, full-time employee who is represented by a collective bargaining agreement with:
  - AmerenUE and IBEW Local Unions 2, 702 (Physical & Clerical), 1439, 1439 South, 1455 and 1455 Region West, IUOE Local Union 148;
  - Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 649 and 309, AmerenCILCO and IBEW Local Union 51, UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11;
  - Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 702E – Illini, 7025 – Shawnee and 702W – Great Rivers;
- An active regular full-time employee (1) who is receiving benefits under the Ameren Long Term Disability Plan; and (2) whose employment was covered by a collectively bargained agreement on the date the applicable business was divested or acquired\*:
  - AmerenEnergy Resources Generating Company and IBEW Local Union 51 (Duck Creek, and Edwards), unless the employee terminated employment with Ameren as a result of the divestment or acquisition;
  - AmerenEnergy Company and IBEW Local Union 702 – Newton;
  - AmerenEnergy Generating Company and IBEW Local Union 702 – Newton Clerical;
  - AmerenEnergy Generating Company and IUOE Local Union 148 (Coffeen, Meredosia, Huntsville, and Grand Tower); or
  - AmerenEnergy Generating Company and IUOE Local Union 148 – Coffeen Clerical.



NOTE: Employees who fall under this second category will be referred to as “AER Divestiture Employees” for purposes of this SPD.

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\*AmerenEnergy Resources (AER) was divested to Dynegy effective December 2, 2013. The Grand Towers Power Plant was acquired by NAES Corporation effective February 1, 2014.

For purposes of the Plan, you are considered “full time” if you are scheduled to work more than 20 hours per week.

Part-time employees scheduled to work 20 hours or less per week are not eligible for life insurance coverage. Notwithstanding the foregoing, active, part-time regular employees represented by a collective bargaining agreement with AmerenUE and IBEW Local Unions 1455 and 1455 Region West are eligible for life insurance coverage.

Temporary employees are not eligible for life insurance coverage.

For purposes of the Plan, “employee” generally means any person who is classified by the Company as an employee of Ameren. However, “employee” does not include any individual classified by the Company as an independent contractor, leased employee, an employee whose terms and conditions of employment are governed by a collective bargaining agreement unless the collective bargaining agreement provides for coverage under the Plan, any non-resident alien who receives no earned income from Ameren that constitutes income from sources within the United States, or an individual otherwise classified as an employee but who is a party to a written employment agreement with Ameren whereby the employee agrees to and waives participation in the employee benefit plans sponsored by Ameren.

Ameren has the final and exclusive authority and discretion to determine whether an individual is eligible for coverage under the Plan, notwithstanding any contrary determination of employee status by any court or governmental agency, including, but not limited to, the Internal Revenue Service.

## Enrollment

Whether you become eligible because you are a new hire, or because you have had a change in employment status (i.e. you transfer from temporary to regular, from part-time to full-time, etc.), you are automatically enrolled in the basic life insurance coverage upon meeting the eligibility requirements outlined above. If you elect supplemental life insurance coverage, you must enroll within 31 days from the date on your Enrollment Worksheet (the “initial eligibility period”). If you enroll in supplemental life insurance coverage after 31 days, Prudential will not guarantee acceptance of your evidence of insurability. Your supplemental life insurance coverage will be effective on your enrollment date if you apply within your initial eligibility period. Beyond the initial eligibility period, your supplemental life insurance coverage will be effective on the date Prudential approves your evidence of insurability.

NOTE: If you are covered under a waiver of premium for life insurance due to a disability, and your last day worked was prior to January 1, 2012, your life insurance benefits are administered by the insurance carrier in effect on your last day worked. The provisions of your benefits under the Plan are subject to the rules set forth by that insurance carrier. Contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) for more information.

## Active at Work Requirement

If you are not actively at work on the day before your coverage is supposed to begin or increase due to illness, injury or because you are receiving sick pay or long term disability benefits, your coverage will not begin or increase until the day after you complete one full day of active work. Additionally, you must be actively at work to add coverage for your eligible dependents.

NOTE: AER Divestiture Employees are not considered to be actively at work and are not eligible for an increase in either basic or supplemental life insurance coverage, or to add supplemental life insurance coverage for eligible dependents.

## Amount of Insurance – Active Employees

The **Ameren Group Life Insurance Plan** consists of two levels of coverage – basic and supplemental life insurance coverage. In addition, you may be eligible to purchase supplemental life insurance coverage for your eligible dependents. In order to calculate your basic and supplemental life insurance coverage amount under the Plan, you should understand how your Annual Base Pay is determined. Please refer to the following chart for guidance.

### Annual Base Pay

Employees represented by a collective bargaining agreement with	Annual Base Pay Definition
AmerenUE and IBEW Local 2 AmerenUE and IUOE Local 148 Ameren Illinois (formerly AmerenCIPS) and IBEW Local 309 Ameren Illinois (formerly AmerenCIPS) and IBEW Local 649 AmerenUE and IBEW Local 702 (Physical and Clerical) AmerenUE and IBEW Local 1439 and 1439 South AmerenUE and IBEW Local 1455 and 1455 Region West	Annual Base Pay including any applicable shift component. Annual Base Pay does not include overtime payments and other special types of compensation.
Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702E – Illini, 702S – Shawnee and 702W – Great Rivers Ameren Illinois (formerly AmerenCILCO) and IBEW Local 51 UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11 AER Divestiture Employees IBEW Local 702 – Newton and 702 – Newton Clerical AER Divestiture Employees IBEW Local 51 AER Divestiture Employees IUOE Local 148 AER Divestiture Employees IUOE Local 148 – Coffeen Clerical	Annual Base Pay does <u>not</u> include overtime pay, bonuses, shift component, commissions or other special types of compensation.

### Basic Life Insurance Coverage

The Company pays the full cost for your basic life insurance coverage. The amount of basic life insurance coverage you are eligible for is outlined in the following chart.

To determine your coverage amount, reference **ANNUAL BASE PAY** in the above chart, go to [www.myAmeren.com](http://www.myAmeren.com) or call the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637).

Employees represented by a collective bargaining agreement with	Basic Life Insurance Coverage
AER Divestiture Employees IBEW Local Union 51	\$50,000
Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51	\$25,000
AmerenUE and IBEW Local Union 2 Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 309 Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649 AmerenUE and IBEW Local Union 1439 AmerenUE and IBEW Local Union 1439 South	Annual Base Pay (rounded up to the nearest \$1,000) times 2, up to a maximum of \$50,000
AmerenUE and IUOE Local Union 148	\$10,000
AmerenUE and IBEW Local Union 702 Physical AmerenUE and IBEW Local Union 702 Clerical UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11	Annual Base Pay (rounded up to the nearest \$1,000) times 2
AmerenUE and IBEW Local Union 1455 AmerenUE and IBEW Local Union 1455 Region West	1x Annual Base Pay (rounded up to the nearest \$1,000), with a minimum of \$50,000



Employees represented by a collective bargaining agreement with	Basic Life Insurance Coverage
<p>AER Divestiture Employees IUOE Local Union 148</p> <p>AER Divestiture Employees IUOE Local Union 148 – Coffeen Clerical</p>	<p>Annual Base Pay (rounded up to the nearest \$1,000) times 2</p> <p><u>Age Reductions*</u>:</p> <ul style="list-style-type: none"> <li>- When you reach age 65, original coverage is reduced by 35%.</li> <li>- At age 70, original coverage is reduced by 58%.</li> <li>- At age 75, original coverage is reduced by 72%.</li> <li>- At age 80, original coverage is reduced by 81%</li> <li>- At age 85 and over, original coverage is reduced by 87%.</li> </ul> <p>(continued on next page)</p> <p>*Reductions are effective the first day of month following the applicable birthday and apply to both basic and supplemental life insurance coverage. Reduced amounts are rounded up to the nearest \$100. These reductions do not apply to dependent life insurance coverage. At no time will your benefit be reduced below \$5,000.</p>
<p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702E – Illini</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702S – Shawnee</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702W – Great Rivers</p> <p>AER Divestiture Employees IBEW Local Union 702 – Newton</p> <p>AER Divestiture Employees IBEW Local Union 702 – Newton Clerical</p>	<p>Annual Base Pay (rounded up to the nearest \$1,000) times 2, to a maximum of \$50,000</p> <p><u>Age Reductions*</u>:</p> <ul style="list-style-type: none"> <li>- When you reach age 65, your original coverage is reduced by 35%.</li> <li>- At age 70, original coverage is reduced by 58%.</li> <li>- At age 75, original coverage is reduced by 72%.</li> <li>- At age 80, original coverage is reduced by 81%</li> <li>- At age 85 and over, original coverage is reduced by 87%.</li> </ul> <p>*Reductions are effective 1<sup>st</sup> of month following the applicable birthday and apply to both basic and supplemental life insurance coverage. Reduced amounts are rounded up to nearest \$100. These reductions do not apply to dependent life insurance coverage. At no time will your benefit be reduced below \$5,000.</p>

## Supplemental Life Insurance Coverage

In addition to basic life insurance coverage, you may elect supplemental life insurance coverage for yourself. If you elect supplemental life insurance coverage, your premium is deducted from your paycheck. Ameren reserves the right to change your share of the premium.

The amount of supplemental life insurance coverage you are eligible for and the applicable premiums are outlined in the following chart.

NOTE: Please reference the **ANNUAL BASE PAY** chart to determine your actual coverage amount.)

Employees represented by a collective bargaining agreement with	Supplemental Life Insurance Coverage	Cost of Coverage	
AmerenUE and IBEW Local 2 Ameren Illinois (formerly AmerenCIPS) and IBEW Local 309 AmerenUE and IBEW Local 702 (Physical & Clerical) AmerenUE and IBEW Local 1439 AmerenUE and IBEW Local 1439 South AmerenUE and IBEW Local 1455 AmerenUE and IBEW Local 1455 Region West Ameren Illinois (formerly AmerenCIPS) and IBEW Local 649 Ameren Illinois (formerly AmerenCILCO) and IBEW Local 51 UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11 AER Divestiture Employees IBEW Local 51	You may elect 1x, 2x or 3x your Annual Base Pay (Annual Base Pay is rounded up to the nearest \$1,000 before multiplying by your elected coverage level)	Your Age as of December 31	Monthly Premium per \$1,000 of coverage*
		Less than 30	\$ .062
		30 – 34	\$ .082
		35 – 39	\$ .091
		40 – 44	\$ .112
		45 – 49	\$ .153
		50 – 54	\$ .232
		55 – 59	\$ .437
		60 – 64	\$ .668
		65 – 69	\$1.278
70 and older	\$2.072		

Employees represented by a collective bargaining agreement with	Supplemental Life Insurance Coverage	Cost of Coverage																						
AmerenUE and IUOE Local 148	You may elect 2x your Annual Base Pay (rounded up to the nearest \$1,000) times 2	Monthly premium of \$0.15 per \$1,000 of coverage																						
<p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702E – Illini</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702S – Shawnee</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702W – Great Rivers</p> <p>AER Divestiture Employees IUOE Local 148</p> <p>AER Divestiture Employees IUOE Local 148 – Coffeen Clerical</p> <p>AER Divestiture Employees IBEW Local 702 – Newton</p> <p>AER Divestiture Employees IBEW Local 702 – Newton Clerical</p>	<p>You may elect 1x, 2x or 3x your Annual Base Pay (Annual Base Pay is rounded up to the nearest \$1,000 before multiplying by your elected coverage level)</p> <p><u>Age Reductions*</u>:</p> <ul style="list-style-type: none"> <li>- At age 65, original coverage is reduced by 35%.</li> <li>- At age 70, original coverage is reduced by 58%.</li> <li>- At age 75, original coverage is reduced by 72%.</li> <li>- At age 80, original coverage is reduced by 81%</li> <li>- At age 85 and over, original coverage is reduced by 87%.</li> </ul> <p>*Reductions are effective the first day of the month following the applicable birthday and apply to both basic and supplemental life insurance coverage. Reduced amounts are rounded up to the nearest \$100. These reductions do not apply to dependent life insurance coverage. At no time will your benefit be reduced below \$5,000.</p>	<table border="1" data-bbox="943 569 1375 1031"> <thead> <tr> <th data-bbox="943 569 1159 695">Your Age as of December 31</th> <th data-bbox="1159 569 1375 695">Monthly Premium per \$1,000 of coverage*</th> </tr> </thead> <tbody> <tr> <td data-bbox="943 695 1159 730">Less than 30</td> <td data-bbox="1159 695 1375 730">\$ .062</td> </tr> <tr> <td data-bbox="943 730 1159 766">30 – 34</td> <td data-bbox="1159 730 1375 766">\$ .082</td> </tr> <tr> <td data-bbox="943 766 1159 802">35 – 39</td> <td data-bbox="1159 766 1375 802">\$ .091</td> </tr> <tr> <td data-bbox="943 802 1159 837">40 – 44</td> <td data-bbox="1159 802 1375 837">\$ .112</td> </tr> <tr> <td data-bbox="943 837 1159 873">45 – 49</td> <td data-bbox="1159 837 1375 873">\$ .153</td> </tr> <tr> <td data-bbox="943 873 1159 909">50 – 54</td> <td data-bbox="1159 873 1375 909">\$ .232</td> </tr> <tr> <td data-bbox="943 909 1159 945">55 – 59</td> <td data-bbox="1159 909 1375 945">\$ .437</td> </tr> <tr> <td data-bbox="943 945 1159 980">60 – 64</td> <td data-bbox="1159 945 1375 980">\$ .668</td> </tr> <tr> <td data-bbox="943 980 1159 1016">65 – 69</td> <td data-bbox="1159 980 1375 1016">\$1.278</td> </tr> <tr> <td data-bbox="943 1016 1159 1052">70 and older</td> <td data-bbox="1159 1016 1375 1052">\$2.072</td> </tr> </tbody> </table>	Your Age as of December 31	Monthly Premium per \$1,000 of coverage*	Less than 30	\$ .062	30 – 34	\$ .082	35 – 39	\$ .091	40 – 44	\$ .112	45 – 49	\$ .153	50 – 54	\$ .232	55 – 59	\$ .437	60 – 64	\$ .668	65 – 69	\$1.278	70 and older	\$2.072
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As long as you enroll in supplemental life insurance coverage when you are first eligible, Prudential will allow you to elect up to the lesser of \$500,000 or two times your Annual Base Pay without providing evidence of insurability (subject to the supplemental life insurance coverage limits set forth above. If you apply for supplemental life insurance coverage that is greater than this limit, you will be subject to evidence of insurability, and your supplemental life insurance coverage that exceeds the limit will be effective on the date the evidence of insurability is approved by Prudential. If you enroll any time after your initial eligibility period, you will be subject of evidence of insurability (EOI) for the entire amount of coverage, and your coverage will not take effect until the date the evidence of insurability is approved by Prudential.

### **Dependent Life Insurance Coverage**

**EMPLOYEES WHO ARE REPRESENTED BY A COLLECTIVE BARGAINING AGREEMENT WITH AMERENUE AND IUOE LOCAL 148 ARE NOT ELIGIBLE TO ELECT DEPENDENT LIFE INSURANCE COVERAGE.**

If you elect supplemental life insurance coverage for yourself, you may also elect dependent life insurance coverage for your Spouse and/or your children. Your Spouse will be insured for \$25,000 and each child's coverage amount will be \$7,500. The entire life insurance coverage amount will be paid if a covered person dies from any cause. You may request to enroll your eligible dependents in the supplemental dependent life insurance coverage at any time during the year; however, in order to guarantee that Prudential will accept coverage for your Spouse, you must enroll him or her within 31 days from the date on your Enrollment Worksheet. You will have to provide evidence of insurability if you enroll your Spouse at a later date. Evidence of insurability is not required to cover your dependent child(ren). You may cancel your dependent life insurance coverage at any time during the year.



Eligible dependents include:

1. Your lawful spouse. For purposes of the Plan, "Spouse" means a person to whom you are currently married by a marriage procedure which was solemnized by a person authorized by law to solemnize marriages. "Spouse" includes a same-sex spouse who is considered your married spouse for federal tax purposes pursuant to applicable Internal Revenue Service guidance. "Spouse" does not include a common-law spouse (even if your state recognizes common-law marriages), ex-spouse, domestic partner, boyfriend, girlfriend or anyone else to whom you are not currently married.
2. Dependent children who have not reached age 26.
3. Dependent children who are not capable of self-sustaining employment due to a disability and are therefore dependent upon you for support , including dependent children beyond age 26. Proof of the disability must be furnished to Prudential no later than 31 days after the date of the dependent child's 26th birthday.

A dependent child is consider disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected either to result in death or last for a continuous period of not less than 12 months. Prudential may request proof of continuing incapacity from time to time. As long as

you provide proof of disability upon request, the coverage will continue until the earlier of the date:

- your own coverage ends,
- the child recovers, or,
- the child no longer depends on you for support.

Disabled dependent children who were not covered under the Plan upon attainment of age 26 are not eligible for coverage.

Disabled dependent children who are dropped from coverage after age 26 may not re-enroll in the future.

If a dependent (other than a newborn baby) is hospitalized or confined because of illness or disease on the day that coverage would normally begin, life insurance coverage for that family member will be delayed until he or she is discharged from the hospital or confinement and performs the normal activities of a person of like age and sex in good health for at least one full day (or 15 consecutive days, for dependents of employees represented by Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51, or AER Divestiture Employees represented by IBEW Local Union 51).

In addition to your natural children, “dependent children” include your step children, certain foster children, legally adopted children, children who have been placed with you for adoption and children for whom you or your spouse have been appointed legal guardian.

**Important Note:** No child may be covered as the dependent of more than one Ameren employee, and an Ameren employee may not be covered as a dependent of another Ameren employee for supplemental benefits. In addition, an Ameren retiree who has life insurance coverage under an Ameren sponsored group life insurance plan may not be covered as a dependent of an active Ameren employee for supplemental benefits.

The cost for supplemental dependent life insurance coverage is as follows:

Coverage Level	Monthly Premium*
\$25,000 Spouse Coverage	\$3.50
\$7,500 Child(ren) Coverage	\$0.50
Family Coverage (Spouse & Children)	\$4.00

NOTE: Child(ren) coverage is \$.50 per month regardless of the number of dependents covered.

The Plan may require at any time that an Employee furnish proof of eligibility or continued eligibility of any Spouse or Dependent Child(ren). If false or misleading information is provided, it may result in any or all of the following actions: a) you will be required to reimburse Ameren for all expenses; b) all coverage under the Plan will be immediately terminated; c) your employment with Ameren will be terminated; and/or d) other legal action may be taken against you.

## How Changes in Your Annual Base Pay Affect Coverage

Your basic and supplemental life insurance coverage will be automatically adjusted on the first of the month coincident with or next following any change in your Annual Base Pay\*. However, if you are not at work due to illness, injury or because you are receiving sick pay or long term disability benefits on the day before the change would normally take place, any coverage increase will be delayed until the day after you complete one full day of active work.

## Coverage Maximum

The maximum amount of combined basic and supplemental employee life insurance coverage available is \$2,000,000. This maximum amount of combined basic and supplemental employee life insurance does not include any dependent life insurance benefit amount.

## Changing, Adding or Canceling Coverage

You may cancel your supplemental life insurance coverage at any time during the year. You may also request to enroll in or to increase your supplemental life insurance coverage at any time. However, if you apply for or request an increase in your level of supplemental life insurance coverage after your initial enrollment period, as outlined under **ELIGIBILITY** and **ENROLLMENT**, your application will be approved only if you furnish evidence of insurability acceptable to Prudential. If Prudential approves your evidence of insurability, your coverage will be effective on the date of approval. Prudential may deny your application to enroll or to increase coverage, in which case you will not be eligible to change your coverage level.

NOTE: Evidence of insurability is not required to cover your dependent children.

## Cost of Coverage – Active Employees

The Company pays the full cost of your basic life insurance coverage.

You pay the cost of any supplemental life insurance coverage you elect for yourself or your eligible dependents. Your premium is deducted from your paycheck twice per month.

AER Divestiture Employees: Unless the monthly premiums for your basic and supplemental life insurance coverage are paid under a waiver of premium provision, the Company will continue to pay the premiums for your basic life insurance, however; you are responsible for paying the cost of your supplemental and dependent life insurance coverage. The premium(s) will be deducted from your disability payment. In the event that your disability payment is insufficient to cover the premium, or your disability benefit is provided by a company other than Ameren, you must contact the Ameren Benefits Center at 877.7my.Ameren (977.769.2637), Option 2, to make other payment arrangements.

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\* For employees who are represented by a collective bargaining agreement with AmerenUE and IBEW Local Unions 2, 702 (Physical & Clerical), 1439, 1439 South, 1455, 1455 Region West, IUOE Local 148 and AmerenCIPS and IBEW Local Unions 309 and 649 only, if your Annual Base Pay decreases, your supplemental life insurance coverage will not decrease unless you request the decrease by contacting the Ameren Benefits Center at 877.7my.Ameren (877.769.2637).

## Amount of Insurance - Retired Employees

For information regarding retiree life insurance, if any, please refer to the [APPENDIX](#).

## Coverage During Leaves of Absence

During any period of unpaid leave, you must submit payment to Ameren for any premium for which you may be responsible. It is your responsibility to notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) if you are going out on an unpaid leave so that payment arrangements can be set up properly.

## Family and Medical Leave Act (FMLA)

If you allow your supplemental life insurance coverage to terminate during a leave of absence protected by the FMLA, you will not have to provide evidence of insurability when you return to work if you elect to resume the coverage that you had when the leave began.

## Military Service

If you enlist or are called to active duty in the United States military, your coverage under this Plan will be terminated 31 days after the end of the third month following your induction into the service if you have not returned to active employment before that time. You will need to make arrangements to make payments for any premiums due for your supplemental life insurance coverage during this three month time period. Your coverage will be reinstated when you return to active employment with the Company, assuming that you return to active employment in accordance with your re-employment rights. If you lose coverage under the Plan, you are eligible to convert the basic and supplemental life insurance coverage to an individual policy issued by Prudential. See [CONTINUING COVERAGE IF YOU LEAVE AMEREN OR ARE NO LONGER ELIGIBLE](#) for more details on this option.



If you are going to be absent from employment due to military service, you must notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), unless you cannot give notice because of military necessity or unless, under all relevant circumstances, notice is impossible or unreasonable.

## Disability

The following provisions apply to:

- Employees who are represented by a collective bargaining agreement with:
  - Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 702E – Illini, 702S – Shawnee and 702W – Great Rivers;
  - UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11; and
  - AER Divestiture Employees represented by IUOE Local Unions 148, 148 Coffeen Clerical, IBEW Local Unions 702 - Newton and 702 Newton Clerical

If you become totally disabled, as defined under the Ameren Long Term Disability Plan, Ameren will continue to pay all premiums for your basic life insurance coverage. You may elect to continue your supplemental life insurance coverage. If you elect to continue your supplemental life insurance coverage, premiums for the coverage will be deducted from your disability benefit check. In the event that your disability payment is insufficient to cover the premiums or your disability benefit is provided by a company other than Ameren, you must contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) to make other payment arrangements. The amount of coverage in effect on the date of disability will remain in effect subject to any Plan provisions for reduction due to age or retirement.

Upon retirement, your coverage will continue as outlined in the **APPENDIX**.

The following provisions apply to:

- Employees who are represented by a collective bargaining agreement with:
  - AmerenUE and IBEW Local Unions 2, 1439, 1439 South, 1455 and 1455 Region West, 702 (Physical & Clerical), IUOE Local 148-UE, Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 649 and 309;
  - IBEW Local 51 and AmerenCILCO and IBEW Local 51; and AER Divestiture Employees IBEW Local 51.

If you become totally disabled as defined under the Ameren Long Term Disability Plan at or after age 60:

Ameren will continue to pay all premiums for your basic life insurance coverage. You may elect to continue your supplemental life insurance coverage. If you elect to continue your supplemental life insurance coverage, premiums for the coverage will be deducted from your disability benefit check. In the event that your disability payment is insufficient to cover the premiums or your disability benefit is provided by a company other than Ameren, you must contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) to make other payment arrangements. The amount of coverage in effect on the date of disability will remain in effect, subject to any Plan provisions for reduction due to age or retirement.

If you become totally disabled, as defined under the Ameren Long Term Disability Plan, before age 60:

You may be eligible to continue your basic and supplemental life insurance coverage without payment of premiums (known as "waiver of premiums") provided that you remain totally disabled and you provide proof in writing of your continuing disability.

#### Waiver of Premium for Employees Whose Last Day Worked is On or After January 1, 2012:

In order to qualify for this waiver of premium, you must apply for the waiver of premium and provide acceptable proof of your condition to Prudential within one year of your last day of work as an active employee. In addition, from time to time, Prudential may require you to be examined in order to confirm your continued disability. If Prudential approves your application, your premium will be waived and your coverage will be continued until you are no longer totally disabled or you fail to furnish proof of continued disability when requested, whichever occurs earlier. However, if you are an employee represented by a collective bargaining agreement with Ameren Illinois (formerly AmerenCILCO) IBEW Local Union 51, or AER Divestiture Employees



IBEW Local 51, your coverage will terminate when you attain age 65, regardless of whether you continue to be totally disabled.

NOTE: Dependent life insurance coverage will be continued while your life insurance coverage is continued, subject to the dependent eligibility requirements outlined under the section titled **DEPENDENT LIFE INSURANCE COVERAGE**.

NOTE: If you do not apply for the waiver of premium within one year of your last day worked, or if your waiver of premium application is not approved by Prudential, your basic and supplemental life insurance coverage will be terminated. If you are approved for the waiver of premium, but Prudential later determines that you are no longer eligible, your basic and supplemental life insurance coverage will be terminated. In each case, you will be eligible to convert your insurance coverage to an individual policy issued by Prudential (see **CONVERTING YOUR COVERAGE**) if you apply for the conversion within 31 days of the date your insurance coverage terminates.

If your life insurance coverage is continued under a waiver of premium, your coverage will be insured with Prudential, provided that you supply proof of your continuing disability from time to time as requested by Prudential. You may call the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) if you have any questions in this regard.

Upon retirement, your coverage will continue as outlined in the **APPENDIX**.

#### Waiver of Premium for Employees Whose Last Day Worked is Prior to January 1, 2012:

If your last day of work was prior to January 1, 2012, the waiver of premium will be administered by the insurance carrier in effect on your last day worked. Upon retirement, your coverage may continue as outlined in the **APPENDIX**. Contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) for more information.

### Termination of Employee Coverage

Your coverage as an employee under this Plan will end on the earliest of the following dates:

1. End of the month of termination of employment;
2. End of the month prior to your retirement;
3. Date of your death;
4. End of the month that you last paid the required payroll deduction for supplemental life insurance coverage (you will retain basic life insurance coverage);
5. End of the month in which you no longer satisfy the eligibility requirements for coverage under the plan;
6. Date of transfer to an employee group not covered by this Plan;
7. Date you become covered under another life insurance plan sponsored by Ameren;
8. Date of discontinuance of the Policy;
9. Date the Company amends the Plan to eliminate coverage for the class of eligible individuals to which you are a member;

10. Date you or your covered dependent (if applicable) participates in fraud or misrepresentation of a material fact in enrolling or making claims for benefits under the Plan;
11. Date of expiration of the labor agreement;
12. 31 days (the grace period) after due date of any premium contribution which is not paid. Termination of coverage is then retroactive to the end of the month for which the last premium payment was made; or
13. Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

NOTE: Any death claim that occurs during the 31 day grace period will still be paid, but the unpaid premium will be deducted from the payable death benefit.

### Termination of Dependent Coverage

Coverage for your eligible dependents will end on the earliest of the following dates:

1. End of the month that you are no longer covered under the group policy;
2. End of the month that you last paid the required payroll deduction for dependent coverage;
3. End of the month that the dependent no longer meets the eligibility requirements;
4. End of the month prior to your date of retirement from Ameren;
5. Date that the dependent gains coverage under another Ameren-sponsored group life insurance plan;
6. Date you drop dependent coverage;
7. Date of the death of a covered dependent;
8. Date of divorce or legal separation;
9. 31 days (the grace period) after due date of any premium contribution which is not paid. Termination of coverage is then retroactive to then end of the month for which the last premium payment was made; or
10. Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

NOTE: Any death claim that occurs during the 31 day grace period will still be paid, but the unpaid premium will be deducted from the payable death benefit).

### Naming a Beneficiary

You will be asked to name a beneficiary or beneficiaries to be paid your life insurance proceeds. You may designate anyone you wish and you may change your beneficiary at any time at [www.myAmeren.com](http://www.myAmeren.com) or by contacting the Ameren Benefits Center at 877.7my.Ameren (877.769.2637). If you do not name a beneficiary or if your beneficiary is not living at the time of your death, the payment of death benefits will be determined in the following order:

- 1) your spouse, if living;
- 2) your surviving children, equally;

- 3) your mother and father, equally, or to the surviving parent if both are not alive;
- 4) your surviving brothers and sisters, equally; then
- 5) your estate.

You are automatically the beneficiary of your family members' life insurance benefits for whom you have elected dependent life insurance coverage. However, if you are not living at the time a dependent dies, any dependent life insurance benefit will be paid to your estate.

## Settlement Options

There are several settlement options available for payment of your life insurance benefits. The normal form of payment is a lump sum, which will be made by establishing an interest-bearing retained asset account in the beneficiary's name. However, your beneficiary may designate an alternate form of payment at the time of the claim as available from Prudential. Upon your death, Prudential will provide your beneficiary with information regarding the settlement options available.

Under current tax law, life insurance proceeds are tax exempt. However, any applicable interest payments will be considered taxable income to your beneficiary.

NOTE: The Plan only provides the life insurance benefits insured under the group insurance policy. If there is a conflict between this SPD and the group insurance policy as to availability of benefits or amount of benefits under the Plan, the group insurance policy shall control.

## Assignment of your Coverage

You may assign your life insurance coverage. Insurance under any coverage providing death benefits or periodic benefits on account of disability may be assigned only as a gift assignment. If you choose to do so, the assignment must be in writing and either the original or a certified copy must be on file with the policy holder and/or Prudential. When you assign your coverage, you assign any rights, benefits or privileges that you have, including the right to choose a beneficiary or to convert to another contract of insurance. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. At the time a claim is filed, a valid assignment will take precedence over any claim for a beneficiary. You should contact Prudential by calling **866.439.9026** for any questions and/or to obtain the necessary forms to assign your benefits.

## Continuing Your Coverage If You Leave Ameren or Are No Longer Eligible

If you leave Ameren for any reason, including retirement, or if you are no longer eligible for coverage under the Plan, you can convert your basic and supplemental life insurance to an individual policy issued by Prudential. Your covered dependents may also convert their supplemental life insurance coverage when they stop being eligible for the Plan. You may also convert all or part of your age reduced insurance (if applicable) to an individual policy.

Another option to continue coverage is to port your supplemental life insurance coverage. This option is not available for basic life insurance coverage. The following sections describe how these options work.

## **Converting Your Basic and Supplemental Life Insurance Coverage**

You and your dependents do not have to pass a medical examination to qualify for this coverage. However, you or, where applicable, your covered dependent, must submit the application and first premium payment to Prudential within 31 days after the group life insurance coverage terminates or is reduced. The premiums for conversion coverage will depend on the amount of coverage chosen and the applicant's age. You may not purchase conversion coverage in an amount greater than you had under the Plan.

If your coverage ends because the policy is terminated or because the policy is changed such that your coverage is reduced or terminated, you will only be eligible to convert your coverage if you have been insured for at least 5 years. In addition, the maximum amount of coverage you can convert will be the lesser of (a) \$10,000 or (b) the amount of insurance which terminated minus any amount of group life insurance which is issued or reinstated by Prudential or any other carrier within 31 days of the date the insurance terminated under the policy.

Information regarding whom to contact if you would like to convert your life insurance to an individual policy will be provided at the time of your retirement, termination, or when your amount reduces due to age.

If your life insurance ends or is reduced and you die during the 31-day conversion period, Prudential will pay your beneficiary a life insurance benefit equal to the maximum amount of coverage you could have converted, even if you have not actually applied for the conversion. A similar rule applies to a dependent that dies during the 31-day conversion period.

## **Porting Your Supplemental and Dependent Life Coverage**

If you leave Ameren for any reason, other than retirement or disability, or you are no longer eligible for coverage under the Plan, you can port your supplemental life insurance benefits to an individual policy issued by Prudential. Your covered dependents may also port their supplemental life insurance coverage when they stop being eligible for the Plan as long as you port your supplemental life insurance coverage. However, in cases of your death or divorce, your dependents are eligible to port their coverage without you porting your coverage.

You and your dependents do not have to pass a medical exam to qualify for coverage. However, if you submit evidence of insurability, and Prudential deems the evidence is satisfactory, you will pay lower premiums for your coverage. You must submit the application and first premium payment to Prudential within 31 days after group coverage terminates.

In order for you to port your supplemental life coverage when you leave Ameren, you must: (a) be less than age 80; (b) be actively at work on the day your coverage ends; and, (c) not applying for more than the amount of your supplemental life coverage on the day your coverage ends, but not less than \$20,000. The maximum amount of coverage you can port will be the lesser of (a) 5 times your Annual Base Pay, or (b) \$1,000,000.

If you elect to convert all your supplemental life coverage, you are not eligible to port your coverage. The right to port your coverage is in lieu of the conversion privilege, except as follows: (a) you may convert the amount of coverage which is in excess of the maximum amount allowed under the portability benefit, which is the lesser of 5 times your Annual Base Pay and \$1,000,000; or (b) the amount you elected to port does not meet evidence of insurability criteria. If, during the portability application period, you elect to convert all of your coverage to an individual contract, your coverage under the portability plan will not be effective.

## Accelerated Benefits

In the event that you or your covered Spouse are diagnosed with a terminal condition, which directly results in a life expectancy of 12 months or less, you (or your covered Spouse) may elect to receive either a full or partial payment of the combined basic and/or supplemental life insurance benefits prior to death. The minimum death benefit to be eligible for payment under this accelerated benefit is \$10,000 and the maximum is \$1,000,000. The accelerated payment may be reduced if, within 12 months after the date Prudential receives such proof of life expectancy, a reduction on account of age would have applied to the amount of your life insurance benefits. In that case, the amount of the accelerated payment may not exceed the amount of insurance after applying the age reduction.

NOTE: Covered dependent children are not eligible for accelerated benefits.

If you elect accelerated death benefits, Prudential will pay the benefits under this option in one sum, or, you may elect to have the benefits paid under this option in 12 equal monthly installments. The first monthly payment will be paid when Prudential receives proof of the terminal condition. Subsequent payment will be paid on the same day of each later month. Any payment received under this option will equally reduce the benefit amount payable upon death.

The necessary forms are available from Prudential. Prudential will require satisfactory proof from a licensed physician that the applicant has been diagnosed with a terminal condition which directly results in a life expectancy of 12 months or less.

This option is not available if the applicant has absolutely or irrevocably assigned or transferred ownership of any portion of his or her life insurance benefits or if an irrevocable beneficiary designation has been made.

## Claims Procedure and Appeals

When a death occurs, you or your beneficiary should notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**). Prudential will then provide the necessary forms to be completed. A certified copy of the death certificate will also be required. Benefits will be paid to you or your beneficiary as soon as the insurance company receives the necessary written proof to support the claim.

### Determination of Benefits

The Administrative Committee has delegated authority to Prudential to administer and process claims and appeals for benefits under the Plan and for the purpose of providing a full and fair review of claims and appeals. To this end, the Administrative Committee has delegated to Prudential the discretionary authority to construe and interpret the terms of the Plan, and to make final, binding determinations concerning the availability of benefits under the Plan.

You or your beneficiary(ies) will be notified of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension, the reason for the extension and the date by which the Plan expects to decide your claim, shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the Plan. A written notice of the additional extension, the reason for the additional extension

and the date by which the Plan expects to decide on your claim, shall be furnished to you within the first 30-day extension period if an additional extension of time is needed.

However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by Prudential will be tolled (i.e. suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from Prudential of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

- the specific reasons(s) for the denial;
- references to the specific plan provisions on which the benefit determination was based;
- a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary; and
- a description of Prudential's appeals procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA.

If an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

### **Appeals of Adverse Determination**

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you or your representative may appeal your denied claim in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by Prudential, utilizing individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

Prudential shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances required an extension of time. A written notice of the extension, the reason for the extension and the date that Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the claim on appeal is denied in whole or in part, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

- the specific reasons(s) for the adverse determination;
- references to the specific plan provisions on which the determination was based;
- a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request;
- a description of Prudential's review procedures and applicable time limits;
- a statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and
- a statement describing any appeals procedures offered by the Plan, and your right to bring civil suit under section 502(a) of ERISA.

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

If the appeal of your benefit claim is denied or if you do not receive a response to your appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your representative may make a second, voluntary appeal of your denial in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your second appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of all documents, records and information relevant to your claim free of charge.

Prudential shall make a determination on your second claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date by which Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

Your decision to submit a benefit dispute to this voluntary second level of appeal has no effect on your right to any other benefits under this Plan. If you elect to initiate a lawsuit without submitting to a second level of appeal, the Plan waives any right to assert that you failed to exhaust administrative remedies. If you elect to submit the dispute to the second level of appeal, the Plan agrees that any statute of limitations or other defense based on timeliness is tolled during the time that the appeal is pending.

If the claim on appeal is denied in whole or in part for a second time, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

## Miscellaneous

### Definitions of “Ameren” and “Company”

For purposes of this Plan, “Ameren” means Ameren Corporation and its subsidiaries and “Company” means Ameren Services Company, as agent for Ameren Corporation and its subsidiaries.

### Plan Administration

The Administrative Committee has authority to administer the Plan on a day-to-day basis. Except where the Administrative Committee has delegated the final discretionary authority for adjudicating claims to a Claims Administrator, insurance carrier, or other entity, the Administrative Committee has discretionary authority to construe and interpret the Plan, grant or deny benefits, construe any ambiguous provision of the Plan, correct any defect, supply any omission or reconcile any inconsistency in such manner and to such extent as the Administrative Committee in its sole and absolute discretion may determine, and to decide all questions of eligibility and to make all determinations as to the right of any person to a benefit.

To the extent the Administrative Committee has delegated such final and binding discretionary authority to a Claims Administrator, insurance company or other person, entity, or group, the determination of such Claims Administrator, insurance company, or other person, entity or group, shall be final and binding, unless otherwise required by law.

### No Contract of Employment

No provision of this document is intended to be, and may not be construed as constituting, a contract or other arrangement between you and the Plan Sponsor to the effect that you will be employed for any specific period of time.

### Plan Amendment or Termination

The Company hopes and expects to continue the **Ameren Group Life Insurance Plan** in the years ahead, but cannot guarantee to do so. Ameren Corporation, and any successor corporation which assumes responsibilities of Ameren Corporation under the Plan, may amend or terminate the Plan or any benefit provided under the Plan, including retiree benefits (if applicable), from time to time or at any time, without advance notice thereof. Ameren Corporation, Ameren Services Company (as agent for Ameren Corporation), an officer of Ameren Corporation or Ameren Services Company, or such officer’s delegate may effect an amendment or termination of the Plan or a benefit provided under the Plan by written instruments describing the terms of such amendment or termination. Such amendment will be incorporated into this document.

The Administrative Committee may also amend the Plan through the issuance of revised benefits program booklets, SPDs, enrollment materials, brochures, or certificates.

If the Plan is modified, amended or terminated, you will be notified of the effect of such change to your Plan benefits or coverage. However, the modification, amendment or termination may be effective before you are notified. Subject to the terms of any collective bargaining agreement, no consent of any employee or any other person will be necessary for Ameren to modify, amend or terminate the Plan described in this SPD.



### **Verbal Statement May Not Alter Document**

If a clerical error or other mistake occurs, that error does not create a right to benefits. These errors include, but are not limited to, providing misinformation on eligibility or benefits. The terms of the Plan may not be amended by oral statements by Ameren representatives, the Plan Administrator or any other person. In the event an oral statement conflicts with any term of the Plan, the Plan's terms will control. It is your responsibility to confirm the accuracy of statements made by Ameren or its designees, including the Plan Administrator, in accordance with the terms of this SPD and other Plan documents.

### **Severability**

In the event that any provision of this document is held to be invalid or unenforceable for any reason, the invalidity or unenforceability of that provision shall not affect the remainder of this document, which shall continue in full force and effect in accordance with its remaining terms.

### **Waiver**

The failure of Claims Administrator, the Plan Sponsor, or a participant to enforce any provision of this document shall not be deemed or construed to be a waiver of the enforceability of such provision. Similarly, the failure to enforce any remedy arising from a default under the terms of this document shall not be deemed or construed to be a waiver of such default.

### **Recovery of Payments Made by Mistake**

You will be required to return to the Company any benefits, or portion thereof, paid under the Plan by mistake of fact or law.

### **Collective Bargaining Agreement**

The **Ameren Group Life Insurance Plan** is maintained pursuant to collective bargaining agreements. Copies of the applicable collective bargaining agreements are available for inspection from the Plan Administrator upon request.

## **ERISA Information**

### **Your Rights Under ERISA**

As a participant in **Ameren Group Life Insurance Plan**, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and the updated Summary Plan Description. The administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon those who are responsible for the operation of the employee benefit plan. Those who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a (welfare) benefit or exercising your rights under ERISA.

If your claim for a (welfare) benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a State or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

### Important Information For Residents Of Certain States

There are state-specific requirements that may change the provisions under the coverage(s) described in this Summary Plan Description. If you live in a state that has such requirements, those requirements will apply to your coverage(s). Prudential has a website that describes these state-specific requirements. You may access the website at [www.prudential.com/etonline](http://www.prudential.com/etonline). When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is **51191**. If you are unable to access this website and want to receive a printed copy of these requirements or have any questions, call Prudential at **866.439.9026**.

## Guaranty Association Notices

Certain state guaranty association laws require that a notice be provided to their residents. The notice explains the protections, subject to limitations and exclusions, available to residents in the event that Prudential becomes financially impaired or insolvent. If you reside in any of the following states, you can locate a copy of this notice on: Scholar → Employee Center → Summary Plan Descriptions (SPDs), or on [myAmeren.com](http://myAmeren.com) → Healthcare & Life Benefits → Resource Materials: Alaska, Arkansas, California, Colorado, District of Columbia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, New Hampshire, New Jersey, Nevada, Ohio, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, and Wyoming.

## General Plan Information

<b>Plan Name</b>	Ameren Group Life Insurance Plan, a component part of the Ameren Miscellaneous Healthcare and Fringe Benefits Plan.
<b>Type of Plan</b>	A group life insurance plan (a type of welfare benefits plan that is subject to the provisions of ERISA), providing life insurance benefits.
<b>Plan Year</b>	The Plan Year begins on January 1 and ends on December 31. Plan records are maintained on this basis.
<b>Plan Number</b>	503
<b>Funding</b>	Ameren pays the full cost for basic life coverage. Participants contribute to the cost of supplemental life insurance coverage.
<b>Plan Sponsor</b>	Ameren Corporation 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
<b>Plan Sponsor's Employer Identification Number</b>	43-1723446

<p><b>Plan Administrator</b></p>	<p>Administrative Committee  c/o Ameren Services Company  1901 Chouteau Avenue, Mail Code 533  Post Office Box 66149  St. Louis, MO 63166-6149  877.7my.Ameren  (877.769.2637)</p>
<p><b>Named Fiduciary</b></p>	<p>Administrative Committee  c/o Ameren Services Company  1901 Chouteau Avenue, Mail Code 533  Post Office Box 66149  St. Louis, MO 63166-6149  877.7my.Ameren (877.769.2637)</p>
<p><b>Insurance Carrier</b></p>	<p>The Plan is insured under Group Contract Number G-51191-MO issued by The Prudential Life Insurance Company of America. Prudential has the primary responsibility for the interpretation of Plan provisions and the payment of death benefits. The address of the insurance carrier is:</p> <p>The Prudential Life Insurance Company of America  751 Broad Street  Newark, New Jersey 07102</p>
<p><b>Agent for Service of Legal Process</b></p>	<p>The General Counsel of Ameren is the agent for service of legal process. The agent can be contacted by writing to:</p> <p>General Counsel  Ameren Services Company  1901 Chouteau Avenue  Post Office Box 66149  Mail Code 1300  St. Louis, MO 63166-6149</p> <p>Legal process may also be served on Ameren Corporation.</p>

## Appendix

Attach retiree appendix here