A Plan Designed to Provide
Security for Employees of

Ameren Long Term Disability Plan

for

Employees Represented by a Collective Bargaining Agreement with:

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

Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 309

Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649

Ameren Illinois (formerly AmerenCILCO) and IBEW Union 51

Ameren Illinois (formerly AmerenIP)

ERISA Summary Plan Description. This document constitutes the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 ("ERISA") § 102**.**

Purpose

Ameren Corporation (the "Plan Sponsor") maintains the **Ameren Long Term Disability Plan, a component of the Ameren Miscellaneous Healthcare and Fringe Benefit Plan** (the "Plan"), to provide income to you if you are unable to work because you are Totally Disabled. All references herein to the "Ameren Long Term Disability Plan" and the "Plan" refer to the Long Term Disability component of the Plan.

This booklet (including any subsequent supplements) constitutes the Summary Plan Description (SPD) for and outlines the provisions and benefits afforded under the Plan as of September 8, 2017. It replaces and supersedes all prior summary plan descriptions for the Plan.

The **Ameren Long Term Disability Plan** has been established on a self-insured basis; all liability for payment of benefits is assumed by Ameren.

The Administrative Committee of Ameren Services Company (the "Company") serves as the Plan Administrator. The Plan Administrator has complete and sole discretion to construe or interpret all provisions, to determine eligibility for benefits, to grant or deny benefits, and to determine the type and extent of benefits, if any, to be provided. The Plan Administrator's decisions in such matters shall be controlling, binding, and final. In any action to review any such decision by the Plan Administrator, the Plan Administrator shall be deemed to have exercised its discretion properly unless it is proved duly that the Plan Administrator has acted arbitrarily and capriciously. The Plan shall be construed and administered to comply in all respects with applicable federal law.

As a participant in the Plan, your rights and benefits are determined by the provisions of the Plan. This booklet briefly describes those rights and benefits. It outlines what you must do to be covered. This SPD contains a brief description of the principal features of the Plan and is not meant to interpret, extend or change the provisions of the Plan in any way. A copy of the Plan document is on file with the Plan Administrator and is available to you, upon request and free of charge, at any time. The Plan document shall govern if there is a discrepancy between this SPD and the actual provisions of the Plan. If you have any questions after reading the Summary Plan Description, please contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), Option 5.

DURATION OF THE PLAN. The Plan Sponsor hopes and expects to continue the **Ameren Long Term Disability Plan** in the years ahead but cannot guarantee to do so. The Plan Sponsor reserves the right to amend, modify, or terminate the Plan and/or any benefits provided under the Plan at any time, with respect to all individuals.

PLEASE READ YOUR BOOKLET CAREFULLY. We suggest that you start with a review of the terms listed in the DEFINITIONS Section. The meanings of these terms will help you understand the provisions of your Plan. Terms defined in the DEFINITIONS section of this booklet are capitalized in this document.

AMEREN LONG TERM DISABILITY
TABLE OF CONTENTS

SECTION **PAGE**

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**). For LTD inquiries, you should choose Option 5 from the selection menu. 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

Ameren Services maintains **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 to view your 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**), Option 2.

If you don't have access to a computer, you can manage your benefits by calling the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), Option 2.

Ameren Long Term Disability Plan

Introduction

Although working and earning an income is part of your everyday life, a serious accident or illness could make you unable to work, and could endanger your ability to earn an income. The **Ameren Long Term Disability Plan**, a component part of the **Ameren Miscellaneous Welfare and Fringe Benefit Plan** (the "Plan") can help provide income to you if you are unable to work because you are Totally Disabled. The Plan combines with Workers' Compensation, Social Security and other sources to replace up to 60% of your pay.

The Plan does not replace or affect any requirements for coverage under Workers' Compensation Insurance.

Eligibility

You are eligible to participate in the **Ameren Long Term Disability Plan** as described in this SPD if you:

- have completed twelve months of Continuous Service as a Regular Employee;
- are a full-time Regular Employee of Ameren represented by a collective bargaining agreement with one of the following:
  - 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 RiversAmeren Illinois (formerly AmerenCIPS) and IBEW Local Union 309
  - Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649
  - Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51
  - Ameren Illinois (formerly AmerenIP) and Local Unions;
    - IBEW Local 51 (IP)
    - IBEW Local 309 (IP)
    - IBEW Local 702 (IP)
    - Laborers Local 12 Counties (IP)
    - Pipefitters Local 101 (IP)
    - Pipefitters Local 360 (IP)
    - Laborers Local 459 (IP)
    - IBEW 51 MDF (IP)
    - Laborers Local 100 (IP);

and

- Your last day of Active Work was on or after September 8, 2017.

Part-time and Temporary Employees are not eligible for coverage.

If you have completed twelve months of Continuous Service as a full-time Regular Employee but are not Actively at Work (or you are at work but unable to perform all of the duties of your regular occupation because of a Disability) on the day you would otherwise become eligible for coverage under the Plan, your initial eligibility date will be delayed until the date you have returned to work on a full-time basis as a Regular Employee for a continuous period equal to the number of days you were not working as a full-time Regular Employee. Under this circumstance, your eligibility date will not be delayed more than 30 days.

Enrollment

You will be enrolled automatically in the Plan once you meet the eligibility requirements stated in the ELIGIBILITY section. No enrollment forms are necessary.

Definitions

Actively At Work or **Active Work** means that the Employee is performing the duties of the Employee's employment on a full-time basis (under this Plan defined as at least 30 hours per week) for the Employer and in the manner in which the duties of the Employee's employment are usually and customarily performed. An Employee is considered at work on a day that is not a scheduled workday if the Employee was at work on the last scheduled workday.

Ameren means Ameren Corporation and its subsidiaries.

Beneficiary means the recipient of benefits, after the Employee's death. Beneficiary information is maintained by the Ameren Benefits Center.

Company means Ameren Services Company as agent for Ameren Corporation and its subsidiaries or any successor or successors.

Continuous Service means continuous years of employment with Ameren, commencing with the Employee's most recent date of employment and ending on the earliest of his or her date of death, termination of employment or retirement.

Disability or **Disabled** means Total Disability or Rehabilitative Employment.

Elimination Period means the length of time an Employee must be Totally and continuously Disabled before benefits become payable. The Elimination Period is 180 calendar days from the last day of Active Work.

Employee generally means an individual who is covered under a collective bargaining agreement and receiving salary or wages for rendering service to the Employer, who is classified by Ameren as a regular Employee of Ameren, and who is employed on other than a

temporary basis. 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.

Employer means Ameren Services Company, Ameren Missouri, Ameren Illinois (formerly AmerenCILCO, AmerenCIPS and AmerenIP), formerly AmerenEnergy Generating Company, or any subsidiary, affiliate or successor whose Employees are covered under this Plan.

ERISA means the Employee Retirement Income Security Act of 1974, as amended from time to time.

Inception of Disability Date means the earlier of the Employee's last day of Active Work or the beginning date of the Employee's disability as determined by the Social Security Administration, Department of Health and Human Services.

Injury means accidental bodily Injury resulting directly and independently of all other causes.

Last Day Worked means the last day the Employee is Actively At Work and performing the duties of the Employee's employment on a full-time basis for the Employer at the place and in the manner in which the duties of the Employee's employment are usually and customarily performed.

Legal Representative means the Employee's legal guardian or the Employee's attorney-in-fact, acting pursuant to a power of attorney legally executed by the Employee. For purposes of the claims procedures, Legal Representative includes any individual authorized to act on behalf of the Employee.

Maximum Benefit Period means the maximum period of time that you may receive long term disability benefits under the Plan.

Net Monthly Income means an Employee's Pre-Disability Income less deductions for FICA withholding, state income tax and federal income tax.

Normal Monthly Earnings means the Employee's regular basic monthly wages or salary. Normal Monthly Earnings include amounts of the Employee's regular basic wages or salary he or she elects to defer under the terms of any Ameren qualified benefit plan. Normal Monthly Earnings do not include shift components, overtime pay, premium payments, prizes, awards, commissions or bonuses, including amounts received pursuant to any incentive plans; moving bonus or allowance, payments or reimbursements in connection with moving expenses; amounts, including bonuses, paid after death, Disability or retirement; the Employer-paid premiums on any insurance plan; the Employer contributions under any profit-sharing, long

term savings or stock plan; long-term disability, medical, retirement and profit-sharing benefits; living expense allowances; and any other similar or special type of extra compensation.

Occupational Injury or Sickness means an Injury or Sickness covered by a state or federal workers' compensation law, occupational disease law or similar law, whether or not a claim for benefits under such law(s) is actually made.

Part-Time Employee means any Employee who is engaged in rendering personal services to the Employer and whose normal employment hours are less than 30 hours per week.

Physician is a person who is licensed or otherwise legally authorized to administer medical care or treatment so long as that person is acting within the scope of the person's license or authorization.

Plan means the **Ameren Long Term Disability**, a component part of the **Ameren Miscellaneous Welfare and Fringe Benefit Plan**, including any subsequent amendments.

Plan Administrator means Administrative Committee, or its delegate.

Pre-Disability Income means an Employee's Normal Monthly Earnings on the Employee's last day of Active Work.

Recurrent Disability means a Disability for which benefit payments have ended but that recurs due to the same or related cause less than six months after the end of the prior Disability.

Regular Employee means any Employee who is regularly engaged in rendering personal service to the Employer and whose employment with the Employer is customarily at least 30 hours per week, but excluding any individual who is a management Employee or who is covered by a collective bargaining agreement which does not provide for participation in the Plan. The term Regular Employee also includes any Employee who has been granted a leave of absence by the Employer to perform full-time duties as a business representative for Local 148 I.U.O.E.

Rehabilitative Employment means that the Employee, because of Injury or Sickness, is continuously unable to perform the substantial and material duties of his regular occupation; under the care of a Physician other than himself; and gainfully employed in any occupation, on a full-time or part-time basis, for which he is or becomes qualified by education, training or experience.

Sickness means illness, disease or pregnancy.

Temporary Employee is any Employee who is engaged in rendering personal service to the Employer and whose employment is expected to be or is of a temporary or short-term nature.

Total Disability or **Totally Disabled** means that the Employee, because of Injury or Sickness, is: (i) continuously unable to perform the substantial and material duties of his or her regular occupation; (ii) under the regular care of a Physician; and (iii) not gainfully employed in any occupation for which he or she is or becomes qualified by education, training or experience.

After the Total Disability benefit has been paid for 24 months, Total Disability or Totally Disabled means that the Employee, because of Injury or Sickness, is: (i) continuously unable to engage in any gainful occupation for which he or she is or becomes reasonably qualified by education, training or experience; and (ii) under the regular care of a Physician.

Who Pays For The Plan

The **Ameren Long Term Disability Plan** is self-insured, which means that benefits are paid from the general assets of the Company. Currently, Ameren pays the entire cost of the Plan; no Employee contributions are required.

When Coverage Begins

Your coverage begins on the date you satisfy each of the eligibility requirements described in the ELIGIBILITY section above.

Qualifying For Benefits

In order to qualify for long term disability (LTD) benefits, you must satisfy each of the following requirements:

- You become Totally Disabled while covered under the Plan; and
- You continue to be Totally Disabled throughout the one hundred eighty (180)-day Elimination Period and after; and
- You are actively pursuing or have been granted a Social Security disability award; and
- You are under the regular care of a legally qualified Physician.

If during the Elimination Period, you return to work on a full-time basis for thirty (30) consecutive working days or less ("trial work period") and cannot continue to work due to the Disability, you do not have to start a new Elimination Period. Any Elimination Period days you satisfied prior to your trial work period will be connected to any Elimination Period days you satisfy after the trial work period in determining whether the 180-day Elimination Period has been met.

To commence benefits under the Plan, you must provide proof of your Total Disability as well as documentation that you are actively pursuing or have been granted a Social Security Disability award. Proof of Total Disability must include a written opinion by a Physician

selected by the Plan Administrator stating that you are Totally Disabled, or a written determination by the Social Security Administration that you are Totally Disabled.

After benefit payments have commenced, your eligibility for continuation of benefits will be reviewed periodically as determined by the Plan Administrator, but not more than annually. To continue to qualify for and receive benefits under the Plan, you must furnish a statement from your Physician confirming your Total Disability, and, at the discretion of the Plan Administrator, you must submit to an examination or evaluation by a Physician selected by the Plan Administrator for the purpose of evaluating whether you continue to be Totally Disabled. Any examination specifically requested by the Plan Administrator will be paid for by the Company.

Once the Plan Administrator receives satisfactory proof of claim, benefits payable under this Plan will be paid on the first day of the month after the satisfaction of the Elimination Period. Payments will be made on the first of the month thereafter until benefits terminate (see HOW LONG BENEFITS WILL CONTINUE). All benefits are payable only to you unless you are deceased or incapacitated. If, in the opinion of the Plan Administrator, you are incapable of furnishing a valid receipt or release for payment due to you under the Plan, payments will be made to your Legal Representative. If you do not have a Legal Representative, the Plan Administrator may, in its sole discretion, make any and all payments to the person providing for or having provided for your care and support. Any benefit paid in such manner will constitute a complete discharge of the Plan's obligation to the extent of such payment.

How Does Sick Pay and Vacation Pay Coordinate with Disability Payments?

During the 180 day Elimination Period, you will receive any accumulated sick leave and/or vacation payments to which you are entitled. The following information describes what happens to your sick pay and vacation pay **after** completing the Elimination Period:

Sick Pay

You are only required to use 180 days of your accumulated sick pay. If you have not been paid for 180 days of accumulated sick leave at the time you are scheduled to receive your first disability payment, any remaining sick days (up to 180) will be offset against your first disability payment. Your remaining sick pay, as well as any other sources of income (see OTHER INCOME BENEFITS) will combine to ensure that you receive 60% of your Pre-Disability Income.

Vacation Pay

At the time that you commence disability payments under the **Ameren Long Term Disability Plan**, you will receive a lump sum payment of any unused vacation pay. This payment is NOT an offset against your monthly disability payment.

When Benefits Are Not Payable

You are covered by the Plan on or off the job, any time of the day or night. However, the Plan does not cover Disabilities:

- Any period of disability related to, caused by or as a result of current use of illegal drugs;

- Any period of disability caused by participation in or a consequence of having participated in the commission of an assault or felony;
- Any period of disability resulting from war, declared or undeclared, insurrections, or voluntary participation in a riot; and
- Any period of disability that is incurred after termination of employment.

Recurrent Disability

If you return to Active Work (after you have been receiving benefits under the Plan) and subsequently become Totally Disabled from the same or related cause, it is considered the same Disability if the two periods of Total Disability are separated by less than six consecutive months. In such case, your long term disability benefits will resume, upon receipt of proof of the Total Disability and qualification for benefits, without you having to complete a new Elimination Period. If more than six months separate the two periods of Total Disability or if the second Disability is due to entirely unrelated causes, the second Disability is considered a new Disability subject to a new Elimination Period, a new Maximum Benefit Period and the other provisions of the Plan that are in effect on the date the Disability recurs.

How Much You Will Receive

While you are Totally Disabled and qualify for benefits, the Plan and other sources combine to replace up to 60% of your pay, up to a monthly benefit maximum of $6,500.00.

Generally, you will receive a monthly payment, which when added to benefits from all other sources described below (see OTHER INCOME BENEFITS), will be equal to 60% of your Pre-Disability Income.

Monthly benefits end after 24-months of payment unless you are determined to be Totally Disabled from any gainful occupation, and you continue to meet additional qualification requirements.

Other Income Benefits

The monthly benefit amount (60% of Pre-Disability Income) will be offset by other income benefits. "Other income benefits" are defined as follows:

- Amounts paid, payable, or for which there is a right under the Social Security Act, excluding any amounts for which your dependents qualify because of your Disability, unless otherwise provided;
- Amounts payable under any Worker's Compensation (not including lump sum settlements) or Occupational Disease Act or any other law which provides compensation for an Occupational Injury or Sickness;
- Amounts payable under any state disability benefit law;
- Disability benefits paid or payable under any group insurance plan provided by Ameren other than any benefits payable under the LTD Plan;

- Amounts payable under any formal sick leave plan or other applicable payroll payments provided by the Employer (see HOW DOES SICK PAY AND VACATION PAY COORDINATE WITH DISABILITY PAYMENTS);
- Retirement benefits paid under the Social Security Act, excluding any amounts for which your dependents may qualify because of your retirement, unless otherwise provided;
- Retirement benefits paid under the **Ameren Retirement Plan**, except for amounts attributable to your contributions.

After the first deduction for each of the other income benefits, the Company will not further reduce your monthly benefit due to any cost of living increases payable under these other income benefits.

In no event will the gross monthly Total Disability benefit be reduced by these "other income benefits" to less than 11% of your Pre-Disability Income except that this minimum benefit will be reduced so that the minimum benefit plus the "other income benefits" do not exceed your Net Monthly Income prior to Disability.

Rehabilitative Employment

With the written approval of your Physician and the written consent of the Plan Administrator, you may engage in employment, after completion of the Elimination Period, for rehabilitative purposes while you are on long term disability. Your monthly benefit amount under this Plan would then be reduced by 50% of the monthly earnings from your Rehabilitative Employment. No increased or additional LTD benefits will apply to you for a Recurrent Disability if you are receiving a rehabilitative benefit.

If the monthly earnings from your Rehabilitative Employment equal or exceed 100% of your Pre-Disability Income, benefits under this Plan will cease.

Assignment And Right Of Recovery

If payments have been made in excess of the maximum amount payable under the Plan, the Plan Administrator may recover the amount of the excess from you, your estate or any person to whom payments were made. This right of recovery specifically includes, but is not limited to, the right to recover excess payments resulting from your receipt of a Social Security Disability award granting retroactive benefits. The Plan Administrator will notify you of the amount of any overpayment and you must immediately repay such amount to the Company. Meanwhile, any benefits becoming payable under the Plan will be applied to reduce the amount of the overpayment. You will not receive any additional benefit payments until the Company has been repaid in full.

Your benefits under the Plan are not assignable.

How Long Benefits Continue

Subject to the other provisions of the Plan, you will receive long term disability benefits as long as you remain Totally Disabled and continue to qualify for benefits, subject to the Maximum Benefit Period. If you recover from a Disability and no longer qualify for benefits, benefits will stop.

Maximum Benefit Period

Disability benefits are payable only up to your Maximum Benefit Period. The Maximum Benefit Period is determined based on your age on the date you become Disabled:

Age at Inception of Disability Date	Maximum Benefit Period*
Age 59 or less	To age 65
Age 60 and over	The end of 5 years from the date you became disabled

*Disability benefits cease at the end of the month following the date you reach the Maximum Benefit Period.

When you have received Disability benefits for the Maximum Benefit Period, your disability benefits will stop. You should contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), Option 2, at least 90 days in advance of your last disability payment in order to review retirement benefit options.

Notwithstanding the foregoing, benefits will terminate on the date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

If you elect to retire before you receive disability benefits for the maximum benefit period defined above, the Plan will evaluate your continued eligibility for disability payments as follows:

1. If your pension payment is greater than your disability payment, no further LTD payments will be payable to you, regardless of whether you have reached the maximum benefit period. Additionally, you will be considered retired and you will no longer be eligible for benefits under the healthcare and life plans for active Employees, except such that you may be eligible for under the Consolidated Omnibus Budget Reconciliation Act Of 1985 (COBRA).
2. If your pension payment is less than your disability payment, your disability payment will be reduced to reflect the amount of your pension payment and any other income benefits (See How Much You Will Receive). You will continue to receive the residual disability payment until the end of the month following the date you reach the maximum benefit period. Additionally, at the end of the maximum benefit period, you will no longer be eligible for benefits under the healthcare and life plans for active Employees, except such that you may be eligible for under the Consolidated Omnibus Budget Reconciliation Act Of 1985 (COBRA).

A clerical error will not void your benefits nor will it continue benefits which should have ended. When a clerical error is found, a fair adjustment will be made. If your age is misstated, your benefits will be adjusted as necessary. If your monthly benefit amount is affected by the misstated age, it will also be adjusted to the amount you are entitled to according to your correct age. (See additional information in the MISCELLANEOUS section, VERBAL STATEMENT MAY NOT ALTER DOCUMENT).

Proof Required For Payment of Benefits

Your benefit payments under this Plan will stop if you fail to furnish proof of continuous Total Disability when requested by the Plan Administrator, or if you refuse to submit to a physical examination or evaluation by a Physician selected by the Plan Administrator. The Plan Administrator may also request that you furnish proof that you are actively pursuing a Social Security Disability award, including proof that you are actively appealing any denials by the Social Security Administration. If you fail to furnish such proof when requested, your LTD benefit payments will stop.

Returning To Work Upon Recovery From Disability

If you are Totally Disabled and receiving long term disability benefits under this Plan, but recover from your Disability, you may return to work (if available) on the first work day of the calendar month following your recovery. However, your fitness to return to work will be determined by an examination and evaluation by a Physician designated by the Plan Administrator. In the event that your former work position has been eliminated, you may request to be considered for any open position for which you are qualified.

When Your Eligibility and Coverage Ends

Your eligibility and/or coverage under this Plan, as an active Employee, will terminate at midnight on the earliest of the following dates:

- Date of your termination of employment;
- End of the month prior to your date of retirement (unless you are receiving benefits under the Plan and have not reached the Maximum Benefit Period for payments);
- End of the month in which you reach the Maximum Benefit Period, if you are receiving benefits under the Plan;
- Date the Plan terminates or is modified to terminate coverage for the class of Employee of which you are a member (termination of this Plan will not affect any claim which occurs while the Plan is still in force);
- Date you transfer to an Employee group not covered by this Plan;
- Date in which you are no longer eligible for coverage;
- Date in which you are no longer Actively at Work due to a leave of absence, furlough, layoff or temporary work stoppage due to a labor dispute, unless the Company otherwise agrees in writing to continue coverage during such period;

- End of the month of your death, except for survivor benefits payable to your named Beneficiary under the Plan (See IF YOU DIE WHILE DISABLED);
- The date your labor agreement expires;
- The date you begin unpaid military service leave. (Note: This benefit will be reinstated immediately upon your return to Active Work.);
- End of the month in which you commence an unpaid leave of absence;
- Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

Military Service

If you enlist or are called to active duty in the United States military, your coverage under this Plan will be terminated. Your coverage will be reinstated upon your return to Active Work with the Company, assuming you return to Active Work in accordance with your re-employment rights.

If You Die While Disabled

If you should die after having received LTD benefits for at least 12 consecutive months and while still receiving benefits, your named Beneficiary will receive a lump sum payment equal to six times the monthly benefit you received the month prior to your death.

The survivor benefit will be payable to your most recently designated Beneficiary. If there is no Beneficiary designation, the benefit will be payable in the following order of preference:

1. your surviving spouse;
2. your surviving child(ren);
3. your surviving parent(s); or
4. your estate

How To Apply For Benefits

As a participant in the **Ameren Long Term Disability Plan**, you are entitled to certain rights and protections as stated in the regulations issued by the Department of Labor, for all disability claims governed by the Employee Retirement Income Security Act of 1974 (ERISA).

If you become Disabled, you or your Legal Representative should notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), Option 5, to file a notice of claim of incurring a disability as soon as reasonably possible to do so.

In the event you have terminated employment with the Employer, and the Inception of the Disability Date has occurred prior to the date of losing eligibility for coverage under the Plan (See WHEN YOUR ELIGIBILITY AND COVERAGE ENDS), in all cases a claim must be filed within thirty-one

(31) days from your termination date with the Employer, or your eligibility for benefits under this Plan ends, except in the absence of legal capacity of the claimant. The Ameren Benefits Center will provide you or your Legal Representative with information on how to complete the necessary forms.

The Plan Administrator, or its designee, will make a written determination on your claim for disability benefits within 45 days of receipt of your application. If, prior to the end of this 45-day period, the Plan Administrator determines that, due to matters beyond the control of the Plan, a decision cannot be rendered, the period for making the determination may be extended up to 30-days. You will be notified in writing prior to the expiration of the 45-day period of the circumstances requiring the extension and the expected date of a decision. If, prior to the end of the first 30-day extension period, the Plan Administrator determines that, due to matters beyond the control of the Plan, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days. You will be notified in writing prior to the expiration of the first 30-day extension period of the circumstances requiring the extension and the expected date of a decision. In the case of any extension, the notice of extension will explain the standards on which benefit entitlement is based, the unresolved issues that are preventing a decision, and the additional information needed to resolve those issues.

If you fail to submit the information necessary to decide your claim, or additional information is required, you will receive a written notice of the required information within 45 days of the receipt of your application, and the timeline for receipt of the disability benefits determination will be suspended pending your submission of the required information. You will have 45 days to supply the required information. If you fail to deliver the requested information within the time specified, the Plan Administrator may decide your claim without that information.

If your claim is denied in whole or in part, the Plan Administrator will render a written opinion setting forth:

- The specific reason(s) for the denial;
- The specific references to the pertinent Plan provision on which the denial is based;
- If applicable, a statement that an internal rule, guideline, protocol or other similar criterion was relied upon in making the adverse determination and that a copy of such rule, guideline, protocol or other similar criterion will be provided free of charge upon request;
- A description of any additional material or information necessary for the claimant to perfect the claim and an explanation as to why such material or information is necessary; and
- A description of the Plan's review procedures and the applicable time limits for such procedures, including a statement of your right to bring a civil action under Section 502(a) of ERISA following an adverse benefit determination on review.

If Your Claim Is Denied

You or your Legal Representative may appeal the denial of long-term disability benefits by submitting a written appeal setting forth the basis for your disability claim to the Administrative Committee, c/o Ameren Services, P.O. Box 66149, Mail Code 533, St. Louis, MO 63166-6149. Your written request for review must be mailed or delivered to the above address within 180 days following your receipt of the claim denial.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim.

You may include with your request for review any written comments, documents, records or other information relating to your claim. The Plan Administrator will review any additional information you care to submit, such as medical information from all Physicians who have treated you for the condition(s) in question, including but not limited to:

- A detailed narrative report outlining in objective terms the specific physical and/or mental limitations and restrictions inherent to your condition which your Physician has placed on you as far as gainful activity is concerned; Physician's prognosis including current course of treatment, frequency of visits, specific medications prescribed;
- Copies of diagnostic studies conducted such as test results, X-rays, laboratory data and clinical findings;
- Any documents or information specific to the condition(s) for which you are claiming Total Disability and which would assist in the evaluation of your Disability status; and
- Any other information or documentation you believe may assist us in reviewing your claim.

You will receive written notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension. You will be notified in writing prior to the end of the first 45-day period of the extension and the expected date of a decision. If an additional evaluation by a Physician designated by the Plan Administrator is required in relation to your claim appeal, you also will be contacted in this regard.

If you fail to submit the information necessary to decide the appeal, you will receive a written notice of the required information and the period for rendering a determination will be suspended pending your submission of the required information. You will have 45 days to supply the required information. If you fail to deliver the requested information within the time specified, the Plan Administrator may decide your appeal without that information.

In the appeal process, no deference is afforded to the initial adverse benefit determination. The appeal will be conducted by an individual who is neither the individual who made the adverse benefit determination that is the subject of your appeal, nor the subordinate of such individual.

In deciding an appeal of an adverse benefit determination that is based in whole or in part on a medical judgment, the Plan Administrator shall consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. Such health care professional shall be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal nor the subordinate of any such individual.

If your claim appeal is wholly or partially denied, the Plan Administrator will notify you in writing of the reason(s) for the denial, reference any specific provisions of the Plan on which the denial is based, and inform you of your right to obtain, upon request and free of charge, reasonable access to, and copies of all documents, records and other information relevant to your claim.

If the Plan Administrator has relied upon a specific rule, guideline or protocol in the adverse determination, you have the right to request a copy of the specific rule, guideline or protocol and it will be provided free of charge to you or your Legal Representative. Additionally, the Plan Administrator will provide, upon request, the identification of any medical or vocational experts whose advice was obtained in connection with your adverse benefit determination, without regard to whether such advice was relied upon in making the determination.

If your claim appeal is denied, in whole or in part, and you do not agree with the final determination, you have the right to bring civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974. For a description of additional rights and protections to which you may be entitled, see ERISA INFORMATION.

Legal Action

When claiming a benefit under the Plan, you must follow the procedures described in this section of this booklet. If your claim is not paid to your satisfaction, you have the right to file an appeal, the procedures for which are also described in this booklet section. If your appeal is denied, you have the right to bring legal action against the Plan. Such legal action can be brought no earlier than 90 calendar days after you filed your claim for benefits. However, you must exhaust the Plan's internal appeals process, not including any voluntary level of appeal, before you can file a lawsuit or take other legal action of any kind against the Plan. Further, you may not bring a lawsuit or take other legal action against the Plan after one (1) year has elapsed following the date of the Plan's final decision on the claim or other request for benefits.

If the Plan decides an appeal is untimely, the Plan's latest decision on the merits of the underlying claim or benefit request is the final decision date.

Claim and Appeal Procedures for Eligibility

If you file a claim regarding eligibility for your coverage under this Plan, the following procedures apply. A casual inquiry (even if it is in writing) regarding eligibility requirements or a casual inquiry about benefits is not treated as a claim and is not subject to these claim and appeal procedures. You must send your claims and appeals to the Plan Administrator. If you file a claim or appeal, you must do so in writing by U.S. mail or by email.

All claims related to eligibility must be submitted to:

Ameren Services
P.O. Box 66149 MC533
St. Louis, MO 63166-6149
Email: EBenefits@ameren.com

All appeals related to eligibility must be submitted to:

Ameren Services
P.O. Box 66149 MC533
St. Louis, MO 63166-6149
Email: EBenefits@ameren.com

Responding to Your Eligibility Claim

Once you have filed a claim, the Plan Administrator will notify you of its decision within a reasonable period of time, but no later than ninety (90) days after receipt of your eligibility claim. If you do not follow the required procedures for filing a claim, the Plan administrator will notify you and explain the proper procedures to follow in filing your claim.

If the Plan Administrator, due to reasons beyond its control, determines that extra time is required to process your claim, it will notify you in writing of the reasons for the extension and the new due date for its response to your claim. The Plan Administrator will notify you in writing within the initial ninety (90)-day period after its initial receipt of your claim that an extension of up to an additional ninety (90) days will be required. The notice will state the special circumstances involved and the date a decision is expected.

If Your Eligibility Claim Is Denied

If your claim is denied, in whole or in part, the Plan Administrator will send you a written notice of its decision, which will include:

- The specific reason(s) for the denial of the claim;
- Reference to the specific Plan provision(s) on which the denial is based;
- A description of any additional information necessary for your claim to be granted, as well as an explanation of why such information is necessary;
- A description of the Plan's appeal procedures and the time limits under those procedures; and
- A statement of your right to bring a civil action under Section 502(a) of ERISA if the appeal of your claim is denied.

Appealing Your Eligibility Claim

If your claim for eligibility under the Plan is denied in whole or in part, and you do not agree with the decision of the Plan Administrator, you will have sixty (60) days following the receipt

of the denial notice to file a written appeal with the Plan Administrator. The following procedures will apply in considering your appeal.

- You may submit written comments, documents, records, and other information relevant to your claim.
- Upon request, you will be provided (free of charge) copies of all the Plan Administrator's relevant documents.

The Plan Administrator will notify you, in writing, of its decision of your appeal within a reasonable period of time, but no later than 60 days after its receipt of your appeal request. If the Appeals Reviewer determines that an extension of time for processing the claim is needed, it will notify you of the reasons for the extension and the extended due date before the end of the sixty (60)-day period.

If Your Eligibility Appeal Is Denied

If your appeal is denied, you will receive written notice of the decision, including the following information:

- The specific reason(s) for the denial of the claim; and
- Reference to the specific Plan provision on which the denial is based.

Upon request to the Plan Administrator, you will also be provided (free of charge) copies of all of the Plan Administrator's documents, records, and other information relevant to your claim. You will have the right to bring a civil action under ERISA Section 502(a). You must appeal your claim, and that appeal must be denied by the Plan Administrator, before you may bring a civil action under ERISA. You and your Plan may also have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency.

Deadline for Taking Legal Action

If your appeal is denied and you want to bring legal action under Section 502(a) of ERISA, you must do so by no later than the earlier of:

- One year after the date the denial of your appeal is issued; and

The last day on which legal action could begin under the applicable statute of limitations under ERISA, including any state statute of limitations.

Medical Benefits

While you are receiving long term disability benefits from the Plan, you will continue to be eligible for benefits from the **Ameren Employee Medical Plan** under the same terms and conditions as active Employees. You are required to pay any current premium for yourself or your eligible dependents. Premiums will be deducted on a pre-tax basis from your disability payment. In the event that your disability payment is insufficient to cover the premiums or if 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**), Option 2, to make other payment arrangements.

If you receive a Social Security Disability award, you must enroll in Medicare Hospital Insurance (Medicare Part A) and the Voluntary Medicare Medical Insurance (Medicare Part B) when first eligible. Medicare will be the primary payor of benefits. If you remain enrolled in the **Ameren Employee Medical Plan**, the **Ameren Employee Medical Plan** will pay secondary to Medicare.

When you retire, you may enroll in the **Ameren Retiree Medical Plan**, provided you meet the eligibility requirements for that Plan. You will be required to pay any applicable premiums for the **Ameren Retiree Medical Plan**.

Continuation Of Other Benefits

If you participate in any of the following plans, your continued eligibility while you are receiving long term disability benefits from the Plan is outlined below:

Benefit	Continuation Eligibility
Dental	You are eligible to continue benefits under the same terms and conditions as active Employees. Premiums will be deducted pre-tax from your disability payment.*
Vision	You are eligible to continue benefits under the same terms and conditions as active Employees. Premiums will be deducted pre-tax from your disability payment.*
Life Insurance	You are eligible to continue coverage. Premiums are currently paid in the following manner: Basic – Company continues to pay premium; Supplemental (Employee and Dependent - Premiums will be deducted from your disability payment. *
AD&D Insurance	You are eligible to continue coverage. Premiums are currently paid in the following manner: Basic – Company continues to pay premium; Supplemental (Employee & Dependent) - Premiums will be deducted from your disability payment.*
FSA	Long Term Disability participants are not eligible to contribute to the Health Care or Dependent Care Reimbursement Plan
EAP	Continued availability for you and your immediate family members.

Benefit	Continuation Eligibility
Ameren Retirement Plan	You continue to be a participant in the Ameren Retirement Plan as long as you qualify and are receiving benefits under this Plan. You continue to accrue additional accredited service.
Ameren Corporation Savings Investment Plan (401k)	Long Term Disability participants are not eligible to contribute to the Ameren Savings Investment Plan. If you have an outstanding 401(k) loan, you will receive a coupon booklet that you will use to make the loan payments directly to Fidelity.
ESOP (Employee Stock Ownership Plan)	You can elect to either leave the stock in your account until you reach age 70 ½, or you may elect to take a distribution of your account balance before age 70 ½.

* 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**), Options 2, to make other payment arrangements.

Miscellaneous

Plan Administrator

The Administrative Committee has the 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 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 and 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 or other person, entity, or group, the determination of such claims administrator or other person, entity or group, shall be final and binding, unless otherwise required by law.

Plan Amendment or Termination

The Plan Sponsor hopes and expects to continue the **Ameren Long Term Disability 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 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, 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 benefit program booklets, SPDs, enrollment materials, brochures, or certificates.

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.

No Contract of Employment

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

Nontransferable Benefits

No person other than the Employee is entitled to receive benefits to be furnished by the Plan. Such right to benefits is not transferable.

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 the Plan Sponsor or the 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.

Lost Distributees

If any person to whom a check is issued in payment of a benefit under this Plan cannot be located or does not present the check for payment, the amount of the check may be applied to other Plan purposes; provided, if any such person subsequently appears and makes demand for such payment, the Plan Administrator shall direct that such payment be made in full as soon as practical.

Collective Bargaining Agreement

The **Ameren Long Term Disability Plan** is maintained pursuant to collective bargaining agreements with the local unions listed in the ELIGIBILITY section of this document. Copies of

the applicable collective bargaining agreements are available for inspection from the Plan Administrator upon request.

ERISA Information

Your Rights Under ERISA

Federal law requires that this section be included in your booklet.

As a participant in the **Ameren Long Term Disability 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 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 in obtaining documents from the plan administrator, you should contact the nearest Area 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.

General Plan Information

Plan Name	Ameren Long Term Disability Plan, a component part of the **Ameren Miscellaneous Welfare and Fringe Benefit Plan**.
Type of Plan	Self-administered and self-insured welfare benefit plan providing long term disability benefits.
Plan Year	The Plan Year begins on January 1 and ends on December 31. Plan records are maintained on this basis.
Plan Number	503
Plan Sponsor	Ameren Corporation 1901 Chouteau Avenue P.O. Box 66149 Mail Code 533 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637), Option 5
Plan Sponsor's Employer Identification Number	43-1723446
Plan Administrator	Administrative Committee c/o Ameren Services Company 1901 Chouteau Avenue P.O. Box 66149 Mail Code 533 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637), Option 5

Named Fiduciary for Plan:	Administrative Committee c/o Ameren Services Company 1901 Chouteau Avenue P.O. Box 66149, Mail Code 533 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Agent for Service of Legal Process	The General Counsel of Ameren is the agent for service of legal process. The agent can be contacted by writing to: General Counsel Ameren Services Company 1901 Chouteau Avenue P.O. Box 66149 MC1300 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637) Legal process can also be served on the Plan Administrator.