

**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

AmerenEnergy Resources Generating Company and NCF&O Local Union 8

AmerenCILCO and IBEW Local Union 51

AmerenUE and IUOE Local Union 148

AmerenEnergy Generating Company and IUOE Local Union 148

AmerenEnergy Generating Company and IUOE Local Union 148 – Coffeen Clerical

AmerenCIPS and IBEW Local Union 309

AmerenCIPS and IBEW Local Union 649

AmerenUE and IBEW Local Union 702 (Physical & Clerical)

AmerenCIPS and IBEW Local Union 702E – Illini

AmerenCIPS and IBEW Local Union 702S – Shawnee

AmerenCIPS and IBEW Local Union 702W – Great Rivers

AmerenEnergy Generating Company and IBEW Local Union 702 – Newton

AmerenEnergy Generating Company and IBEW Local Union 702 – Newton Clerical

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

ERISA Summary Plan Description. 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 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.

This Summary Plan Description describes the Plan as in effect January 1, 2009 and replaces and supersedes any prior summary plan descriptions.

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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).

myAmeren Benefits Web

Ameren maintains *myAmeren Benefits Web* at www.myAmeren.com where Plan participants can enroll, view, or make changes to elected benefit coverage. *myAmeren Benefits Web* 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

Employees Who Are 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, and AmerenCIPS and IBEW Local Unions 649 and 309, AmerenEnergy Generating Company and NCF&O Local Union 8 and AmerenCILCO and IBEW Local Union 51

You are eligible for life insurance coverage immediately if you are a full-time regular employee represented by a collective bargaining agreement with one of the union groups listed above. In addition, part-time regular employees represented by a collective bargaining agreement with AmerenUE and IBEW Local Unions 1455 and 1455 Region West are also eligible for life insurance coverage.

Temporary or part-time employees are not covered under this Plan, except as noted above.

Employees Who Are Represented by a Collective Bargaining Agreement With AmerenEnergy Generating Company and IUOE Local Unions 148 and 148 – Coffeen Clerical, IBEW Local Unions 702 - Newton and 702 – Newton Clerical, AmerenCIPS and IBEW Local Unions 702E – Illini, 702S – Shawnee and 702W – Great Rivers

You are eligible for life insurance coverage immediately if you are an active regular, full-time employee represented by a collective bargaining agreement with one of the union groups listed above.

Temporary employees are not eligible for life insurance coverage. Part-time employees scheduled to work 20 hours or less per week are not eligible for life insurance coverage. For purposes of this Plan, you are considered “full-time” if you are scheduled to work more than 20 hours per week.



Enrollment

Whether you become eligible because you are a new hire, or because you have had a change in Your employment status (i.e. transfer from temporary to regular, transfer from part-time to full-time, etc.), you are automatically enrolled in the basic coverage upon meeting the

eligibility requirements outlined above. In addition, you must enroll in the supplemental coverage within 31 days from the date on your Enrollment Worksheet in order to guarantee acceptance by the Insurance Carrier. Your supplemental coverage will be effective on your enrollment date if you apply within your initial eligibility period; otherwise, your supplemental coverage will be effective on the date the Insurance Carrier approves your evidence of insurability.

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.

Amount of Insurance – Active Employees

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

Annual Pay

Employees represented by a collective bargaining agreement with . . .	Annual Pay Definition
AmerenUE and IBEW Local 2 AmerenUE and IUOE Local 148 AmerenCIPS and IBEW Local 309 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	Base hourly rate (including any applicable shift component) times 2088. Overtime payments and other special types of compensation are excluded.
AmerenEnergy Generating Company and IUOE Local 148 AmerenEnergy Generating Company and IUOE Local 148 – Coffeen Clerical AmerenCIPS and IBEW Local 702E – Illini, 702S – Shawnee and 702W – Great Rivers AmerenEnergy Generating Company and IBEW Local 702 – Newton and 702 – Newton Clerical	Base monthly rate of pay multiplied by 12. Does not include overtime pay, bonuses, shift component, commissions or other compensation. Your base monthly rate of pay is your hourly rate of pay multiplied by 174 hours.

Employees represented by a collective bargaining agreement with . . .	Annual Pay Definition
AmerenEnergy Resources Generating Company and NCF&O Local 8 AmerenCILCO and IBEW Local 51	Base hourly rate of pay times 2088. Does not include overtime pay, bonuses, shift component, commissions or other compensation.

Basic Life Insurance Coverage

The Company pays the full cost for your basic coverage. The amount of basic coverage you are eligible for is outlined in the following chart. To determine your coverage amount, reference **ANNUAL PAY** in the above chart, go to **myAmeren Benefits Web** or call the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637).

Employees represented by a collective bargaining agreement with . . .	Basic Coverage
AmerenUE and IBEW Local Union 2 AmerenCIPS and IBEW Local Union 309 AmerenCIPS and IBEW Local Union 649 AmerenUE and IBEW Local Union 1439 AmerenUE and IBEW Local Union 1439 South	Annual Pay (rounded up to the nearest \$1,000) times 2 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	Annual 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 Pay (rounded up to the nearest \$1,000), minimum of \$50,000
AmerenEnergy Generating Company and IUOE Local Union 148	Annual Pay (rounded up to the nearest \$1,000) times 2 <u>Age Reductions*</u> : <ul style="list-style-type: none"> - When you reach age 65, your original coverage is reduced by 35%. - At age 70, original coverage is reduced by 58%. - At age 75, original coverage is reduced by 72%. - At age 80, original coverage is reduced by 81% - At age 85 and over, original coverage is reduced by 87%. *Reductions are effective 1 st of month following the applicable birthday and apply to both basic & supplemental 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.

Employees represented by a collective bargaining agreement with . . .	Basic Coverage
AmerenCIPS and IBEW Local Union 702E – Illini AmerenCIPS and IBEW Local Union 702S – Shawnee AmerenCIPS and IBEW Local Union 702W – Great Rivers AmerenEnergy Generating 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 Clerical	Annual Pay (rounded up to the nearest \$1,000) times 2, to a maximum of \$50,000 <u>Age Reductions*</u> : <ul style="list-style-type: none"> - When you reach age 65, your original coverage is reduced by 35%. - At age 70, original coverage is reduced by 58%. - At age 75, original coverage is reduced by 72%. - At age 80, original coverage is reduced by 81% - At age 85 and over, original coverage is reduced by 87%. *Reductions are effective 1 st of month following the applicable birthday and apply to both basic & supplemental 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.
AmerenEnergy Resources Generating Company and NCF&O Local Union 8	\$50,000
AmerenCILCO and IBEW Local Union 51	\$25,000

Supplemental Life Insurance Coverage

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

The amount of supplemental coverage you are eligible for and the applicable premiums are outlined in the following chart. (Note: Please reference the **ANNUAL PAY** chart to determine your actual coverage amount.)

Employees represented by a collective bargaining agreement with . . .	Supplemental Coverage	Cost of Coverage																							
AmerenUE and IBEW Local 2 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 AmerenCIPS and IBEW Local 649 AmerenEnergy Resources Generating Company NCF&O Local 8 AmerenCILCO and IBEW Local 51	You may elect 1x, 2x or 3x your Annual Pay (Annual Pay is rounded up to the nearest \$1,000 before multiplying by your elected coverage level)	<table border="1"> <thead> <tr> <th data-bbox="984 380 1203 499">Your Age as of December 31</th> <th data-bbox="1203 380 1422 499">Monthly Premium per \$1,000 of coverage*</th> </tr> </thead> <tbody> <tr> <td data-bbox="984 499 1203 531">Less than 30</td> <td data-bbox="1203 499 1422 531">\$.062</td> </tr> <tr> <td data-bbox="984 531 1203 562">30 – 34</td> <td data-bbox="1203 531 1422 562">\$.082</td> </tr> <tr> <td data-bbox="984 562 1203 594">35 – 39</td> <td data-bbox="1203 562 1422 594">\$.091</td> </tr> <tr> <td data-bbox="984 594 1203 625">40 – 44</td> <td data-bbox="1203 594 1422 625">\$.112</td> </tr> <tr> <td data-bbox="984 625 1203 657">45 – 49</td> <td data-bbox="1203 625 1422 657">\$.153</td> </tr> <tr> <td data-bbox="984 657 1203 688">50 – 54</td> <td data-bbox="1203 657 1422 688">\$.232</td> </tr> <tr> <td data-bbox="984 688 1203 720">55 – 59</td> <td data-bbox="1203 688 1422 720">\$.437</td> </tr> <tr> <td data-bbox="984 720 1203 751">60 – 64</td> <td data-bbox="1203 720 1422 751">\$.668</td> </tr> <tr> <td data-bbox="984 751 1203 783">65 – 69</td> <td data-bbox="1203 751 1422 783">\$1.278</td> </tr> <tr> <td data-bbox="984 783 1203 814">70 and older</td> <td data-bbox="1203 783 1422 814">\$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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AmerenUE and IUOE Local 148	Annual Pay (rounded up to the nearest \$1,000) times 2	\$0.15/\$1,000 of coverage per month																							

*Rates effective 1/1/2009

Employees represented by a collective bargaining agreement with . . .	Supplemental Coverage	Cost of Coverage																							
<p>AmerenCIPS and IBEW Local 702E – Illini AmerenCIPS and IBEW Local 702S – Shawnee AmerenCIPS and IBEW Local 702W – Great Rivers AmerenEnergy Generating Company and IUOE Local 148 AmerenEnergy Generating Company and IUOE Local 148 – Coffeen Clerical AmerenEnergy Generating Company IBEW Local 702 – Newton AmerenEnergy Generating Company IBEW Local 702 – Newton Clerical</p>	<p>You may elect 1x, 2x or 3x your Annual Pay (Annual Pay is rounded up to the nearest \$1,000 before multiplying by your elected coverage level)</p> <p>Age Reductions*:</p> <ul style="list-style-type: none"> - At age 65, original coverage is reduced by 35%. - At age 70, original coverage is reduced by 58%. - At age 75, original coverage is reduced by 72%. - At age 80, original coverage is reduced by 81% - At age 85 and over, original coverage is reduced by 87%. <p>*Reductions are effective 1st of month following the applicable birthday and apply to both basic & supplemental 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>	<table border="1" data-bbox="992 411 1427 846"> <thead> <tr> <th data-bbox="992 411 1211 531">Your Age as of December 31</th> <th data-bbox="1211 411 1427 531">Monthly Premium per \$1,000 of coverage*</th> </tr> </thead> <tbody> <tr> <td data-bbox="992 531 1211 562">Less than 30</td> <td data-bbox="1211 531 1427 562">\$.062</td> </tr> <tr> <td data-bbox="992 562 1211 594">30 – 34</td> <td data-bbox="1211 562 1427 594">\$.082</td> </tr> <tr> <td data-bbox="992 594 1211 625">35 – 39</td> <td data-bbox="1211 594 1427 625">\$.091</td> </tr> <tr> <td data-bbox="992 625 1211 657">40 – 44</td> <td data-bbox="1211 625 1427 657">\$.112</td> </tr> <tr> <td data-bbox="992 657 1211 688">45 – 49</td> <td data-bbox="1211 657 1427 688">\$.153</td> </tr> <tr> <td data-bbox="992 688 1211 720">50 – 54</td> <td data-bbox="1211 688 1427 720">\$.232</td> </tr> <tr> <td data-bbox="992 720 1211 751">55 – 59</td> <td data-bbox="1211 720 1427 751">\$.437</td> </tr> <tr> <td data-bbox="992 751 1211 783">60 – 64</td> <td data-bbox="1211 751 1427 783">\$.668</td> </tr> <tr> <td data-bbox="992 783 1211 814">65 – 69</td> <td data-bbox="1211 783 1427 814">\$1.278</td> </tr> <tr> <td data-bbox="992 814 1211 846">70 and older</td> <td data-bbox="1211 814 1427 846">\$2.072</td> </tr> </tbody> </table> <p>*Rates effective 1/1/2009</p>		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 coverage when you are first eligible, the Insurance Carrier will allow you to elect up to the lesser of \$500,000 or two times your salary without providing evidence of insurability. If you apply for supplemental coverage that is greater than the limit defined above, you will be subject to evidence of insurability, and your supplemental coverage that exceeds the limit defined above will be effective on the date the evidence of insurability is approved by the Insurance Carrier.

Dependent Life Insurance Coverage

THIS SECTION APPLIES TO ALL ELIGIBLE EMPLOYEES **EXCEPT** EMPLOYEES REPRESENTED BY A COLLECTIVE BARGAINING AGREEMENT WITH AMERENUE AND IUOE LOCAL 148

If you elect supplemental life insurance coverage for yourself, you may also elect dependent life insurance coverage for your Spouse¹ 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 in the supplemental dependent coverage at any time during the year; however, in order to guarantee that the Insurance Carrier will accept coverage for your spouse, you must enroll him/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.



Dependent Eligibility Matrix

The following chart outlines the dependent eligibility for each group listed.

Employees represented by a collective bargaining agreement with . . .	Spouse Eligibility	Child Eligibility
AmerenUE and IBEW Local 2 AmerenCIPS and IBEW Local 309 AmerenUE and IBEW Local 702 (Physical & Clerical) AmerenUE and IBEW Local 1439 & 1439 South AmerenUE and IBEW Local 1455 & 1455 Region West AmerenCIPS and IBEW Local 649	Lawful Spouse	<ul style="list-style-type: none"> - Unmarried dependent children who have not reached age 19. - Unmarried dependent children from their 19th birthday to their 25th birthday who live with you and are dependent upon you for support. A child with a full-time job, generally defined to be 30 or more hours per week, is not considered a dependent of the employee. - Unmarried dependent children over age 25 who were not capable of self-sustaining employment before reaching age 25 due to a mental or physical handicap and are therefore dependent upon you for support.

¹ Employees represented by a collective bargaining agreement with AmerenCILCO and IBEW Local Union 51 and AmerenEnergy Resources Generating Company and NCF&O Local Union 8 may also purchase insurance for a Domestic Partner at the same level as spouse coverage. All plan provisions applicable to a spouse will also apply to domestic partner coverage.

Employees represented by a collective bargaining agreement with . . .	Spouse Eligibility	Child Eligibility
AmerenEnergy Resources Generating Company and NCF&O Local 8 AmerenCILCO and IBEW Local 51	Lawful Spouse or Domestic Partner	<ul style="list-style-type: none"> - Unmarried dependent children who are at least 15 days old, but not yet 19 years old; or - Unmarried dependent children who are 19 years old, but have not yet attained age 25, are primarily dependent upon you for financial support - Unmarried dependent children who are 19 years old or older, and disabled and primarily dependent upon you for financial support.
AmerenEnergy Generating Company and IUOE Local 148 AmerenEnergy Generating Company and IUOE Local 148 – Coffeen Clerical AmerenCIPS and IBEW Local 702E – Illini AmerenCIPS and IBEW Local 702S – Shawnee AmerenCIPS and IBEW Local 702W – Great Rivers AmerenEnergy Generating Company and IBEW Local 702 – Newton AmerenEnergy Generating Company and IBEW Local 702 – Newton Clerical	Lawful Spouse	<ul style="list-style-type: none"> - Unmarried dependent children between 14 days and 19 years of age - Unmarried dependent children from their 19th birthday to their 25th birthday who are who depend on you for their main financial support and maintenance. - Unmarried dependent children over age 25 who were not capable of self-support due to mental retardation or physical disability who became disabled before age 25 and who are dependent on you for at least 50% of their support and maintenance. <p>Note: 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 hospitalization or confinement and performs the normal activities of a person of like age and sex in good health for at least one full day.</p>

In addition to your natural children, for this purpose your children include your step children, children of your domestic partner (for Local 51 and Local 8), certain foster children, legally adopted children, children who have been placed with you for adoption and children for whom you have been appointed legal guardian.

Note: In the case of a handicapped child, you must provide proof of incapacity to the Insurance Carrier within 31 days after the child reaches the age limit. The Insurance Carrier 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 your own coverage ends, or the child recovers, no longer depends on you for support, or marries, whichever happens first.

Important Note: No child may be covered as the dependent of more than one employee, and an Ameren employee may not be covered as a dependent of another 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 employee for supplemental benefits. The Plan may require that an employee furnish proof of continued dependency of any spouse or domestic partner (as applicable for Local 51 and Local 8) and unmarried dependent child.

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	\$0.72
Family Coverage (Spouse & Children)	\$4.22

*Rates effective 1/1/2009

Note: Child(ren) coverage is \$.72 per month regardless of the number of dependents covered.

How Changes in Your 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 base pay². 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.

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 or to increase your supplemental coverage at any time.

² 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 base wage rate decreases, your supplemental insurance will not decrease unless you request the decrease by contacting the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637).

However, if you apply for or request an increase in your level of supplemental 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 the Insurance Carrier. If the Insurance Carrier approves your evidence of insurability, your coverage will be effective on the date of approval. The Insurance Carrier 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).

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 these payment arrangements can be set up properly.

A Note About the Family and Medical Leave Act (FMLA)

If you allow your supplemental coverage to end 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 supplemental coverage. 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 coverage to an individual policy issued by the Insurance Carrier. See **CONVERTING YOUR COVERAGE** 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

Employees Who Are Represented by a Collective Bargaining Agreement With AmerenEnergy Generating Company and IUOE Local Unions 148, 148 Coffeen Clerical, IBEW Local Unions 702 - Newton and 702 Newton Clerical and AmerenCIPS and IBEW Local Unions 702E – Illini, 702S – Shawnee and 702W – Great Rivers

If you become totally disabled, as defined under the Ameren Long Term Disability Plan, Ameren will continue to pay all premiums for your basic group life insurance coverage. You may elect to continue your supplemental coverage. If you elect to continue your supplemental group life insurance coverage, you will need to make payment arrangements by calling the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637). 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](#).

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, AmerenCIPS and IBEW Local Unions 649 and 309, AmerenEnergy Resources Generating Company and NCF&O Local 8 and AmerenCILCO and 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 group life insurance coverage. You may elect to continue your supplemental coverage. If you elect to continue your supplemental group life insurance coverage, you will need to make payment arrangements by calling the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637). 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 group 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 Provisions

In order to qualify for this waiver of premium, you must provide the Insurance Carrier with acceptable proof of your condition within one year of your last day of work as an active employee. In addition, from time to time, the Insurance Carrier may require you to be examined in order to confirm your continued disability. If the Insurance Carrier 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 AmerenEnergy Resources Generating Company NCF&O Local Union 8 or AmerenCILCO IBEW Local Union 51, your coverage will terminate when you attain age 65, regardless of whether you continue to be totally disabled.

Note: Dependent life insurance will be continued while your life insurance is being continued, subject to the dependent eligibility requirements outlined under the section titled [DEPENDENT LIFE INSURANCE COVERAGE](#).

IMPORTANT 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 the Insurance Company, your basic and supplemental coverage will be terminated. In addition, if you are approved for waiver of premium, but the Insurance Carrier later determines that you are no longer eligible; your basic and supplemental coverage will be terminated. In each case, you will be eligible to convert your insurance coverage to an individual policy issued by the Insurance Carrier (see [CONVERTING YOUR COVERAGE](#)) if you apply for the conversion within 31 days of the date your insurance coverage terminates.

If your life insurance premium is continued under a waiver of premium, your coverage will be insured with the Insurance Carrier that approved the waiver for the duration of your disability, provided that you supply proof of your continuing disability from time to time as requested by the insurance carrier. 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](#).

Suicide Exclusion

This suicide exclusion is only applicable to employees represented by a collective bargaining agreement with AmerenCILCO and IBEW Local Union 51 and AmerenEnergy Resources Generating Company and NCF&O Local Union 8.

If your death results from suicide, whether sane or insane, within 2 years of the effective date of your coverage, no supplemental life benefit will be payable. In addition, if your death results from suicide, whether sane or insane, within 2 years of the effective date of an increase in your coverage, the death benefit payable is limited to the amount of coverage you had prior to the increase.

Definitions

Domestic Partner means a person of the same sex as you who is: a) at least 18 years of age; b) not related to you by blood; c) not in another domestic partnership with someone else; d) in an exclusive committed relationship with you for at least twelve (12) consecutive months in a sole-partner relationship that is intended to be permanent; e) jointly responsible with you for financial obligations and for each other's common welfare. Neither you nor your Domestic Partner may be married to someone else under statutory or common law. Important Note: You will be asked to certify that your Domestic Partner

meets the requirements outlined above. If false or misleading information is provided, it may result in any or all of the following actions; a) you will reimburse Ameren for all expenses; b) termination of employment with Ameren and c) other legal action against you.

Spouse means a person of the opposite sex to whom you are currently married by a marriage procedure solemnized by a person authorized by law to solemnize marriages. Spouse does not include common-law spouses (even if your state recognizes common-law marriages), ex-spouses, domestic partners, boyfriends, girlfriends or anyone else to whom you are not currently married.

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; or
2. End of the month prior to your retirement; or
3. End of the month of your date of death; or
4. End of the month that you last paid the required payroll deduction for supplemental coverage (you will retain basic coverage).
5. End of the month in which you no longer satisfy the eligibility requirements for coverage under the plan; or
6. Date of transfer to an employee group not covered by this Plan; or
7. Date you become covered under another life insurance plan sponsored by Ameren; or
8. Date of discontinuance of the Policy; or
9. Date the Company amends the Plan to eliminate coverage for the class of eligible individuals to which you are a member; or
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; or
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. (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; or
2. End of the month that you last paid the required payroll deduction for dependent coverage; or
3. End of the month that the dependent no longer meets the eligibility requirements; or
4. Date that the dependent gains coverage under another Ameren-sponsored group life insurance plan; or
5. Date you drop dependent coverage; or
6. Date of the death of a covered dependent; or
7. Date of divorce or legal separation (or termination of a domestic partnership, in the case of Local 51 and Local 8).
8. 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. (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 (see [MYAMEREN BENEFITS WEB](#)). 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;
- 5) your estate.

You are automatically the beneficiary of your family members' life insurance benefits. 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; however, your beneficiary may designate an alternate form of payment (such as an annuity or installment payments) as available from the Insurance Carrier. Upon your death, the Insurance Carrier will provide your beneficiary with information regarding the settlement options available.

Under current tax law, life insurance proceeds are tax exempt.

Converting Your Coverage

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 group life insurance to an individual policy issued by the Insurance Carrier. Your covered dependents may also convert their group 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.

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 the Insurance Carrier within 31 days after the group 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 group 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 the Insurance Carrier 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 or termination.

If your life insurance ends or is reduced and you die during the 31-day conversion period, the insurance company 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.

Accelerated Benefits

In the event that you or one of your covered dependents (if applicable) are diagnosed with a terminal condition, which directly results in a life expectancy of twelve months or less, you (or your covered dependent) 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. Any payment received under this option will equally reduce the benefit amount payable upon death.

The necessary forms are available from the Insurance Carrier. The Insurance Carrier 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 twelve months or less.

This option is not available if the applicant has absolutely or irrevocably assigned or transferred ownership of any portion of his/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). The Insurance Carrier 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.

Initial Claim Determinations

The Insurance Carrier has the primary responsibility for the interpretation of the Plan provisions and the payment of death benefits under the Plan. Unless special circumstances require an extension of time for processing the claim, you or your beneficiary(ies) will be provided with a written notice of the decision on the claim within 90 days (45 days for disability claims) after a properly completed claim was received by the Insurance Carrier. If an extension is necessary, written notice of the required extension will be given prior to the expiration of the initial 90-day period (45 days for disability claims). The notice will describe the circumstances requiring the extension. In no event may the extension exceed 90 days (30 days for disability claims) from the end of the initial period. For disability claims, an additional 30 days may be used, provided the written notice described above is sent to the claimant before the expiration of the first 30 day extension period. This means there is a total of 105 days (45 days + 30 days + 30 days) from initial notice for disability claims and 180 days from initial notice on life claims. However, in the event that the extension is necessary because you or your beneficiary have not provided the Insurance Carrier with the information necessary to decide the claim, the plan's period for responding stops running until the date on which you or your beneficiary(ies) respond to the request for additional information.

Notification of Denial

If a claim is denied in whole or in part, you or your beneficiary(ies) will be notified of the denial in writing. The notice of denial will contain the following information: the specific reason(s) for the denial; a reference to the specific provision(s) in the Plan on which the denial is based; a description of additional material or information necessary to perfect the claim; an explanation of why the material or information is needed; and an explanation of the procedure to appeal the denial.

Right to Appeal

If the claim for benefits under the Plan has been denied, in whole or in part, your beneficiary(ies) has the right to appeal the denial.

1. Deadline for Filing Appeal

The appeal must be submitted to the Plan Administrator within 60 days (180 days for disability claims) after receipt of the notice of denial. Failure to file an appeal within the 60-day (180 days for disability claims) period shall constitute a waiver of you or your beneficiary(ies) right to appeal the denial. During the 60-day period (180 days for disability claims), you or your beneficiary(ies) will have the opportunity to review pertinent documents upon written request to the Plan Administrator and may submit issues or comments in writing.

2. Decision on Appeal

Unless special circumstances require an extension of time for processing, a decision on the appeal will be made by the Plan Administrator within 60 days (45 days for disability claims) after receipt of the written appeal. If an extension is necessary, the Plan Administrator will give written notice of the required extension prior to the expiration of the initial 60-day (45 days for disability claims) period. The notice shall indicate the circumstances requiring the extension and the date by which the Plan Administrator expects to render a decision. In no event may the extension exceed 60 days (45 days for disability claims) from the end of the initial 60-day (45 days for disability claims) period.

3. Notification of Determination on Appeal

You or your beneficiary will be advised of the determination on the appeal in writing, stating the specific reason(s) for the decision and specific reference(s) to the Plan provision(s) on which the decision is based. The decision of the Plan Administrator on appeal shall be final and binding.

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 Plan Administrator has delegated authority to administer the Plan on a day-to-day basis to the Administrative Committee. 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, 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 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.

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.

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.

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 Inquires, 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 Group Life Insurance Plan
Type of Plan	A group life insurance plan (a type of welfare benefits plan that is subject to the provisions of ERISA), providing life insurance benefits.
Plan Year	The Plan Year begins on January 1 and ends on December 31. Plan records are maintained on this basis.
Plan Number	504
Funding	Ameren pays the full cost for basic life coverage. Participants contribute to the cost of supplemental life insurance coverage.
Plan Sponsor	Ameren Corporation 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Plan Sponsor's Employer Identification Number	43-1723446
Plan Administrator	Ameren Services Company 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Plan Administrator's Employer Identification Number	43-1799279
Named Fiduciary	Ameren Services 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)

<p>Insurance Carrier</p>	<p>The Plan is insured under Group Policy Number 32609-G issued by Minnesota Life Insurance Company. Minnesota Life 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>Minnesota Life Insurance Company 400 Robert Street North St. Paul, Minnesota 55101-2098</p>
<p>Agent for Service of Legal Process</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