

NOTICE OF CHANGE

In The Certificate Booklet
Issued to Employees of:

Adobe Systems Incorporated

This Notice is a summary of changes that have been made to your Booklet. These changes are effective on July 1, 2016. Keep this Notice with your Booklet.

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Stephen J. McAnnis

AMENDMENT

to be attached to and made a part of
the Certificate for Group Plan No. **PD3-860-038747-01**
issued by

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON
(Liberty)

to

Adobe Systems Incorporated
(Sponsor)

Effective date of this Amendment: July 1, 2016

The attached page(s) reflect the revision to the Successive Periods of Disability provision in Section 4. The period for which a related Disability may be considered a Successive Period of Disability has been increased from 30 days to 60 days.

Adobe Systems Incorporated

Adobe Systems Incorporated Short Term Disability Plan

August 1, 2012

The information contained in this document is merely a compilation of the Company's short-term disability plan provisions for use in administering claims handling and is not intended to be a Plan document on which a participant may rely for benefits. The Company has reviewed and approved the summary of the Plan's provisions contained herein. The Company is the Plan Fiduciary.

The Plan provides short term disability (STD) benefits to eligible participants under the terms and conditions of the Plan. The Plan is a self-funded welfare benefit plan (Plan). The Plan is administered by Adobe Systems Incorporated (Company).

Liberty Life Assurance Company of Boston (Liberty) provides non-fiduciary claim processing services to the Plan. The Plan is not insured by Liberty, and Liberty has not issued any insurance policy that would fund benefits under the Plan. Liberty is not responsible to fund the payment of any benefits under the Plan. All benefits are funded by Insert contribution source and if Trust applies.

This document provides a summarized explanation of the Plan benefits in effect as of the date on the front page of this document. The master plan, if any, more fully describes the terms and conditions of the Plan. If the terms of this document and the master plan differ, the master plan will govern. A complete copy of the master plan, if any, is in the possession of the Company and is available for your review upon request. In the event of any changes in benefits or Plan provisions, the Company will provide you a new summary plan description, a statement of material modification, or a supplement that describes any changes.

Possession of this document does not necessarily mean you are a participant under the Plan. This document explains the requirements for becoming a participant under the Plan. The dates on which participation begins or ceases are explained within this document. The description of Eligible Classes, as that term is defined in this document, will help you determine what benefits, if any, may apply to you.

For information, call Adobe Systems Incorporated at 408-536-6000.

THE PLAN MAY BE AMENDED OR TERMINATED BY ADOBE SYSTEMS INCORPORATED AT ANY TIME AND FOR ANY REASON.



SHORT TERM DISABILITY PLAN

Plan Sponsored By:

Adobe Systems Incorporated
345 Park Ave.
San Jose, CA 95110

WORKING WITH YOU TO RETURN TO WORK...

Services Provided By:

Liberty Life Assurance Company of Boston

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SECTION 1 - PLAN SPECIFICATIONS

ELIGIBILITY REQUIREMENTS FOR BENEFITS

What is the Minimum Hourly Requirement?

Employees working a minimum of 24 regularly scheduled hours per week

Who is Eligible for Short Term Disability Benefits?

All non-commissioned, non-CA Employees and CA employees who have not elected to participate in the VDI Plan

Note: Temporary and seasonal Employees and Employees who are not United States citizens or legal residents working in the United States are not covered under this plan.

What is the Eligibility Waiting Period?

1. If you are employed by the Sponsor on the plan effective date - None
2. If you begin employment for the Sponsor after the plan effective date - None

Are Employee Contributions Required?

No

SECTION 1 - PLAN SPECIFICATIONS

(Continued)

SHORT TERM DISABILITY BENEFITS

What is the Elimination Period?

The period for which a benefit is payable will commence following any accumulated sick leave or salary continuation period and the Elimination Period shown below:

- 7 calendar days for Injury
- 7 calendar days for Sickness

Note: Benefits will begin on the first day following the completion of the Elimination Period.

What is the Amount of Benefits?

Weeks 2 through 10: 100% of Basic Weekly Earnings less Other Income Benefits and Other Income Earnings as outlined in Section 4.

Weeks 11 through 120 days: 66.67% of Basic Weekly Earnings less Other Income Benefits and Other Income Earnings as outlined in Section 4.

What is the Maximum Benefit Period?

Applicable to Injury:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 120th day of Disability for which a benefit is payable.

Applicable to Sickness:

The period for which a benefit is payable, following completion of the Elimination Period, for any one Disability will end on the earliest of:

- a. the end of the Disability; or
- b. the end of the 120th day of Disability for which a benefit is payable.

SECTION 2 - DEFINITIONS

In this section the Sponsor defines some basic terms needed to understand this plan.

"Active Employment" means you must be actively at work for the Sponsor:

1. on a full-time basis and paid regular earnings;
2. for at least the minimum number of hours shown in the Plan Specifications; and either perform such work:
 - a. at the Sponsor's usual place of business; or
 - b. at a location to which the Sponsor's business requires you to travel.

You will be considered actively at work if you were actually at work on the day immediately preceding:

1. a weekend (except where one or both of these days are scheduled work days);
2. holidays (except when the holiday is a scheduled work day);
3. paid vacations;
4. any non-scheduled work day;
5. an excused leave of absence (except medical leave for your own disabling condition and lay-off); and
6. an emergency leave of absence (except emergency medical leave for your own disabling condition).

"Administrative Office" means Liberty Life Assurance Company of Boston, 9 Riverside Road, Weston, MA 02493.

"Appropriate Available Treatment" means care or services which are:

1. generally acknowledged by Physicians to cure, correct, limit, treat or manage the disabling condition;
2. accessible within your geographical region;
3. provided by a Physician who is licensed and qualified in a discipline suitable to treat the disabling Injury or Sickness;
4. in accordance with generally accepted medical standards of practice.

"Basic Weekly Earnings" means the Covered Person's weekly rate of earnings from the Sponsor in effect immediately prior to the date Disability or Partial Disability begins. However, such earnings will not include bonuses, commissions, overtime pay and extra compensation.

SECTION 2 - DEFINITIONS

(Continued)

"Disability" or **"Disabled"** means you, as a result of Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Job.

"Eligibility Date" means the date you become eligible for benefits under this plan. Eligibility Requirements are shown in the Plan Specifications.

"Eligibility Waiting Period" means the continuous length of time you must be in Active Employment in an eligible class to reach your Eligibility Date.

"Elimination Period" means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is shown in the Plan Specifications and begins on the first day of Disability.

"Employee" means a person in Active Employment with the Sponsor.

"Enrollment Form" is the document completed by you, if required, when enrolling for benefits. This form must be satisfactory to the Sponsor or its agent.

"Family and Medical Leave" means a leave of absence for the birth, adoption or foster care of a child, or for the care of your child, spouse or parent or for your own serious health condition as those terms are defined by the Federal Family and Medical Leave Act of 1993 (FMLA) and any amendments, or by applicable state law.

"Gross Weekly Benefit" means your Weekly Benefit before any reduction for Other Income Benefits and Other Income Earnings.

"Hospital" or **"Institution"** means a facility licensed to provide Treatment for the condition causing your Disability.

"Initial Enrollment Period" means one of the following periods during which you may first enroll for benefits under this plan:

1. if you are eligible for benefits on the plan effective date, a period before the plan effective date set by **the Sponsor**.
2. if you become eligible for benefits after the plan effective date, the period which ends 15 calendar days of employment after your Eligibility Date.

"Injury" means bodily impairment resulting directly from an accident and independently of all other causes. For the purpose of determining benefits under this plan:

1. any Disability which begins more than 60 days after an Injury will be considered a Sickness; and
2. any Injury which occurs before you are covered under this plan, but which accounts for a medical condition that arises while you are covered under this plan will be treated as a Sickness.

"Material and Substantial Duties" means responsibilities that are normally required to perform your Own Job and cannot be reasonably eliminated or modified.

SECTION 2 - DEFINITIONS

(Continued)

"Own Job" means your job that you were performing when your Disability or Partial Disability began.

"Partial Disability" or "Partially Disabled" means you, as a result of Injury or Sickness, are able to:

1. perform one or more, but not all, of the Material and Substantial Duties of your Own Job or another job on an Active Employment or a part-time basis; or
2. perform all of the Material and Substantial Duties of your Own Job or another job on a part-time basis; and
3. earn between 20% and 80% of your Basic Weekly Earnings.

"Physician" means a person who:

1. is licensed to practice medicine and is practicing within the terms of his license; or
2. is a licensed practitioner of the healing arts in a category specifically favored under the health coverage laws of the state where the Treatment is received and is practicing within the terms of his license.

It does not include you, any family member or domestic partner.

"Proof" means the evidence in support of a claim for benefits and includes, but is not limited to, the following:

1. a claim form completed and signed (or otherwise formally submitted) by you claiming benefits;
2. an attending Physician's statement completed and signed (or otherwise formally submitted) by your attending Physician; and
3. the provision by the attending Physician of standard diagnosis, chart notes, lab findings, test results, x-rays and/or other forms of objective medical evidence in support of a claim for benefits.

Proof must be submitted in a form or format satisfactory to Liberty.

"Regular Attendance" means your personal visits to a Physician which are medically necessary according to generally accepted medical standards to effectively manage and treat your Disability or Partial Disability.

"Plan Specifications" means the section of this plan which shows, among other things, the Eligibility Requirements, Eligibility Waiting Period, Elimination Period, Amount of Benefits, Minimum Benefit, and Maximum Benefit Period.

"Sickness" means illness, disease, pregnancy or complications of pregnancy.

"Sponsor" means the entity to whom this plan is issued.

"Weekly Benefit" means the weekly amount payable by Liberty, on behalf of the Sponsor, to you if you are Disabled or Partially Disabled.

SECTION 3 - PLAN ELIGIBILITY AND EFFECTIVE DATES

Who is Eligible for Benefits?

The eligibility requirements for benefits are shown in the Plan Specifications.

What is Your Eligibility Date for Benefits?

If you are in an eligible class you will qualify for benefits on the later of:

1. this plan's effective date; or
2. the day after you complete the Eligibility Waiting Period shown in the Plan Specifications.

What is Your Effective Date of Benefits?

Benefits will be effective at 12:01 A.M. Standard Time in the governing jurisdiction on the day determined as follows, but only if your application or enrollment for benefits is made with the Sponsor in a form or format satisfactory to the Sponsor.

You will be covered for benefits on your Eligibility Date.

When will Your Effective Date for Benefits be Delayed?

The effective date of any initial, increased or additional benefits will be delayed if you are not in Active Employment because of Injury or Sickness. The initial, increased or additional benefits will begin on the date you return to Active Employment.

SECTION 3 - PLAN ELIGIBILITY AND EFFECTIVE DATES

(Continued)

What Happens to Your Benefits During a Family and Medical Leave?

Your benefits may be continued under this plan for an approved family or medical leave of absence for up to 12 weeks following the date benefits would have terminated, subject to the following:

1. the authorized leave is in writing;
2. the required contribution is made;
3. your benefit level, or the amount of earnings upon which your benefit may be based, will be that in effect on the date before said leave begins; and
4. continuation of benefits will cease immediately if any one of the following events should occur:
 - a. you return to work;
 - b. this group benefit plan terminates;
 - c. you are no longer in an eligible class;
 - d. fails to make the required contribution when due to the Sponsor;
 - e. your employment terminates.

SECTION 4 - DISABILITY INCOME BENEFITS

SHORT TERM DISABILITY BENEFITS

Disability Benefit

When is Your Disability Benefit Payable?

When Liberty, on behalf of the Sponsor, receives Proof that you are Disabled due to Injury or Sickness and require the Regular Attendance of a Physician, you may be eligible to receive a Weekly Benefit after the end of the Elimination Period, subject to any other provisions of this plan. The benefit will be paid for the period of Disability if you give to Liberty, on behalf of the Sponsor, Proof of continued:

1. Disability;
2. Regular Attendance of a Physician; and
3. Appropriate Available Treatment.

The Proof must be given upon Liberty's request, on behalf of the Sponsor, and at your expense. In determining whether you are Disabled, Liberty, on behalf of the Sponsor, will not consider employment factors including, but not limited to, interpersonal conflict in the workplace, recession, job obsolescence, paycuts, job sharing and loss of a professional or occupational license or certification.

For purposes of determining Disability, the Injury must occur and Disability must begin while you are covered under this plan.

The Weekly Benefit will not:

1. exceed your Amount of Benefits; or
2. be paid for longer than the Maximum Benefit Period.

The Amount of Benefits and the Maximum Benefit Period are shown in the Plan Specifications.

How is the Amount of Your Disability Weekly Benefit Figured?

To figure the amount of Weekly Benefit:

1. Take your Basic Weekly Earnings multiplied by the benefit percentage shown in the Plan Specifications; and then
2. Deduct Other Income Benefits and Other Income Earnings, (shown in the Other Income Benefits and Other Income Earnings provision of this plan), from this amount.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

Partial Disability

When is Your Partial Disability Benefit Payable?

When Liberty, on behalf of the Sponsor, receives Proof that you are Partially Disabled and have experienced a loss of earnings due to Injury or Sickness and require the Regular Attendance of a Physician, he may be eligible to receive a loss of earnings Weekly Benefit, subject to any other provisions of this plan. To be eligible to receive Partial Disability benefits, you may be employed in your Own Job or another job, must satisfy the Elimination Period, and must be earning between 20% and 80% of your Basic Weekly Earnings.

A Weekly Benefit will be paid for the period of Partial Disability if you give to Liberty, on behalf of the Sponsor, Proof of continued:

1. Partial Disability;
2. Regular Attendance of a Physician; and
3. Appropriate Available Treatment.

The Proof must be given upon Liberty's request, on behalf of the Sponsor, and at your expense. In determining whether you are Partially Disabled, Liberty, on behalf of the Sponsor, will not consider employment factors including, but not limited to, interpersonal conflict in the workplace, recession, job obsolescence, paycuts, job sharing and loss of a professional or occupational license or certification.

For purposes of determining Partial Disability, the Injury must occur and Partial Disability must begin while you are covered under this plan.

How is Your Loss of Earnings Partial Disability Benefit Figured using the Work Incentive Calculation?

The work incentive benefit will be an amount equal to your Basic Weekly Earnings multiplied by the benefit percentage shown in the Plan Specifications, without any reductions from earnings.

The work incentive benefit will only be reduced, if the Weekly Benefit payable plus any earnings exceed 100% of your Basic Weekly Earnings. If the combined total is more, the Weekly Benefit will be reduced by the excess amount so that the Weekly Benefit plus your earnings does not exceed 100% of your Basic Weekly Earnings.

The Weekly Benefit payable will not be more than the Disability benefit otherwise payable under this plan.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

Other Income Benefits and Other Income Earnings

What are Your Other Income Benefits and Other Income Earnings?

Other Income Benefits means:

1. The amount for which you are eligible under:
 - a. any benefit payable under Workers' or Workmen's Compensation law;
 - b. any work loss provision in mandatory "No-Fault" auto coverage; or
 - c. any other governmental program or coverage required or provided by statute (including any amount attributable to your family).
2. any amount you receive from any unemployment benefits; or
3. any amount of Disability and/or Retirement Benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act, which:
 - a. you receive or are eligible to receive; and
 - b. your spouse, child or children receive or are eligible to receive because of your Disability; or
 - c. your spouse, child or children receive or are eligible to receive because of your eligibility for Retirement Benefits.

Other Income Earnings means:

1. any amount you receive from any formal or informal sick leave or salary continuation plan(s); and
2. the amount of earnings you earn or receive from any form of employment.

Other Income Benefits, except Retirement Benefits, must be payable as a result of the same Disability for which Liberty, on behalf of the Sponsor, pays a benefit. The sum of Other Income Benefits and Other Income Earnings will be deducted in accordance with the provisions of this plan.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

Estimation of Benefits

How will Your Benefits be Estimated?

Your Disability or Partial Disability benefits will be reduced by the amount of Other Income Benefits that we estimate are payable to you and your dependents.

Your Disability benefit will not be reduced by the estimated amount of Other Income Benefits if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a reimbursement agreement under which, in part, you agree to repay Liberty, on behalf of the Sponsor, for any overpayment resulting from the award or receipt of Other Income Benefits;
3. if applicable, provide satisfactory proof that all appeals for Other Income Benefits have been made on a timely basis to the highest administrative level unless Liberty, on behalf of the Sponsor, determines that further appeals are not likely to succeed; and
4. if applicable, submit satisfactory proof that Other Income Benefits have been denied at the highest administrative level unless Liberty, on behalf of the Sponsor, determines that further appeals are not likely to succeed.

In the event that Liberty, on behalf of the Sponsor, overestimates the amount payable to you from any plans referred to in the Other Income Benefits and Other Income Earnings provision of this plan, Liberty, on behalf of the Sponsor, will reimburse you for such amount upon receipt of written proof of the amount of Other Income Benefits awarded (whether by compromise, settlement, award or judgement) or denied (after appeal through the highest administrative level).

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

What Happens if You Receive a Lump Sum Payment?

Other Income Benefits from a compromise, settlement, award or judgement which are paid to you in a lump sum and meant to compensate you for any one or more of the following:

1. loss of past or future wages;
2. impaired earnings capacity;
3. lessened ability to compete in the open labor market;
4. any degree of permanent impairment; and
5. any degree of loss of bodily function or capacity;

will be prorated on a weekly basis as follows:

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

What Happens if You Receive any Cost of Living Increases?

After the first deduction for each of the Other Income Benefits, the Weekly Benefit will not be further reduced due to any cost of living increases payable under the Other Income Benefits provision of this plan.

What Happens when Your Benefit Period is Less than a Week?

For any period for which a Short Term Disability benefit is payable that does not extend through a full week, the benefit will be paid on a prorated basis. The rate will be 1/7th for each day for such period of Disability.

When will Your Short Term Disability Benefit be Discontinued?

The Weekly Benefit will cease on the earliest of:

1. the date you fail to provide Proof of continued Disability or Partial Disability and Regular Attendance of a Physician;
2. the date you fail to cooperate in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due;

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

When will Your Short Term Disability Benefit be Discontinued? (Continued)

The Weekly Benefit will cease on the earliest of: (Continued)

3. the date you refuse to be examined or evaluated at reasonable intervals;
4. the date you refuse to receive Appropriate Available Treatment;
5. the date you refuse a job with the Sponsor where workplace modifications or accommodations were made to allow you to perform the Material and Substantial Duties of the job;
6. the date you are able to work in your Own Job on a part-time basis, but choose not to;
7. the date your current Partial Disability earnings exceed 80% of your Basic Weekly Earnings;

Because your current earnings may fluctuate, earnings will be averaged over three consecutive weeks rather than immediately terminating your benefit once 80% of Basic Weekly Earnings has been exceeded.

8. the date you are no longer Disabled according to this plan;
9. the end of the Maximum Benefit Period; or
10. the date you die.

SECTION 4 - DISABILITY INCOME BENEFITS

(Continued)

SHORT TERM DISABILITY BENEFITS (Continued)

Successive Periods of Disability

What Happens if You Return to Work and Become Disabled Again?

With respect to this plan, "**Successive Periods of Disability**" means a Disability which is related or due to the same cause(s) as a prior Disability for which a Weekly Benefit was payable.

A Successive Period of Disability will be treated as part of the prior Disability if, after receiving Disability benefits under this plan, you:

1. return to your Own Job on an Active Employment basis for less than 60 continuous days; and
2. perform all the Material and Substantial duties of your Own Job.

To qualify for the Successive Periods of Disability benefit, you must experience more than a 20% loss of Basic Weekly Earnings.

Benefit payments will be subject to the terms of this plan for the prior Disability.

If you return to your Own Job on an Active Employment basis for 60 continuous days or more, the Successive Period of Disability will be treated as a new period of Disability. You must complete another Elimination Period.

If you become eligible for benefits under any other group short term disability plan, this Successive Periods of Disability provision will cease to apply to you.

SECTION 5 - EXCLUSIONS

GENERAL EXCLUSIONS

What Disabilities are Not Covered?

This plan will not cover any Disability due to:

1. war, declared or undeclared, or any act of war;
2. intentionally self-inflicted injuries, while sane or insane;
3. active Participation in a Riot;
4. the committing of or attempting to commit a felony or misdemeanor; or
5. a vague or undefinable condition (such as "tiredness" or "pain"), for which your doctor cannot provide a medical diagnosis.

No benefit will be payable during any period of incarceration.

With respect to this provision, **Participation** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of you, if such actions of defense are not taken against persons seeking to maintain or restore law and order including, but not limited to police officers and fire fighters.

With respect to this provision, **Riot** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

SECTION 6 - TERMINATION PROVISIONS

When will Your Benefits End?

You will cease to be covered on the earliest of the following dates:

1. the date this plan terminates, but without prejudice to any claim originating prior to the time of termination;
2. the date you are no longer in an eligible class;
3. the date your class is no longer included for benefits;
4. the date employment terminates. Cessation of Active Employment will be deemed termination of employment, except that benefits will be continued for an Employee absent due to Disability during the Elimination Period.
5. the date you cease active work due to a labor dispute, including any strike, work slowdown, or lockout.

The Sponsor, reserves the right to review and terminate all classes covered under this plan if any class(es) cease(s) to be covered.

SECTION 7 - GENERAL PROVISIONS

Is Assignment Allowed?

No assignment of any present or future right or benefit under this plan will be allowed.

What are the Examination Rights?

Liberty, on behalf of the Sponsor, may have the right and opportunity to have you, whose Injury or Sickness is the basis of a claim, examined or evaluated at reasonable intervals deemed necessary by Liberty, on behalf of the Sponsor. This right may be used as often as reasonably required.

When can Legal Proceedings Begin?

A claimant or the claimant's authorized representative cannot start any legal action:

1. until 60 days after Proof of claim has been given; or
2. more than one year after the time Proof of claim is required.

When Must Liberty be Notified of a Claim?

1. Notice of claim must be given to Liberty, on behalf of the Sponsor, within 30 days of the date of the loss on which the claim is based. If that is not possible, Liberty, on behalf of the Sponsor, must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to Liberty, on behalf of the Sponsor.
2. When written notice of claim is applicable and has been received by Liberty, on behalf of the Sponsor, you will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, you can send to Liberty, on behalf of the Sponsor, written Proof of claim without waiting for the forms.

When Must Liberty Receive Proof of Claim?

1. Satisfactory Proof of loss must be given to Liberty, on behalf of the Sponsor, no later than 30 days after the end of the Elimination Period.
2. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.
3. Proof of continued loss, continued Disability or Partial Disability, when applicable, and Regular Attendance of a Physician must be given to Liberty, on behalf of the Sponsor, within 30 days of the request for such Proof.

Liberty, on behalf of the Sponsor, reserves the right to determine if your Proof of loss is satisfactory.

SECTION 7 - GENERAL PROVISIONS

(Continued)

What are the Rights of Recovery?

Liberty, on behalf of the Sponsor, has the right to recover any overpayment of benefits caused by, but not limited to, the following:

1. fraud;
2. any error made by Liberty, on behalf of the Sponsor, in processing a claim; or
3. your receipt of any Other Income Benefits.

Liberty, on behalf of the Sponsor, may recover an overpayment by, but not limited to, the following:

1. requesting a lump sum payment of the overpaid amount;
2. reducing any benefits payable under this plan;
3. taking any appropriate collection activity available including any legal action needed; and
4. placing a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any Other Income Benefits, whether on a periodic or lump sum basis.

It is required that full reimbursement be made to Liberty, on behalf of the Sponsor.

What are the Rights of Subrogation and Reimbursement

When your Injury or Sickness appears to be someone else's fault, benefits otherwise payable under this plan for loss of time as a result of that Injury or Sickness will not be paid unless you or your legal representative agree(s):

1. to repay Liberty, on behalf of the Sponsor, for such benefits to the extent they are for losses for which compensation is paid to you by or on behalf of the person at fault;
2. to allow Liberty, on behalf of the Sponsor, a lien on such compensation and to hold such compensation in trust for Liberty, on behalf of the Sponsor; and
3. to execute and give to Liberty, on behalf of the Sponsor, any instruments needed to secure the rights under 1. and 2. above.

Further, when Liberty, on behalf of the Sponsor, has paid benefits to or on behalf of the injured Covered Person, Liberty, on behalf of the Sponsor, will be subrogated to all rights of recovery that you have against the person at fault. These subrogation rights will extend only to recovery of the amount Liberty, on behalf of the Sponsor, has paid. You must execute and deliver any instruments needed and do whatever else is necessary to secure those rights to Liberty, on behalf of the Sponsor.

How does the Contract Affect Workers' Compensation?

This plan and the benefits provided are not in lieu of, nor will they affect any requirements for coverage under any Workers' Compensation Law or other similar law.