

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



**Ameren Life Insurance Plan and
Ameren Accidental Death and Dismemberment Plan**

for

**Employees represented by a collective bargaining agreement
with AmerenIP**

Administered by: The Prudential Life Insurance Company of America

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

Introduction

Ameren Corporation (the "Plan Sponsor" or "Ameren") maintains the **Ameren Group Life Insurance Plan** and the **Ameren Accidental Death and Dismemberment Plan** (the "Plan"), a component of the Ameren Miscellaneous Healthcare and Fringe Benefits Plan to provide life and accidental death and dismemberment insurance benefits to eligible Employees and their eligible Dependents.

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

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

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

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

PLEASE READ THIS SPD CAREFULLY.

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

The Prudential Life Insurance Company of America
751 Broad Street
Newark, New Jersey 07102
866.439.9026
www.prudential.com

**AMEREN LIFE INSURANCE PLAN AND
AMEREN ACCIDENTAL DEATH AND DISMEMBERMENT PLAN
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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).

www.myAmeren.com

Ameren 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 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 Life Insurance Plan and Ameren Accidental Death and Dismemberment Plan

Introduction

The purpose of the **Ameren Life Insurance Plan and the Ameren Accidental Death & Dismemberment (AD&D) Plan** (collectively referred to as the "Plan") is to provide a benefit for your beneficiary or beneficiaries upon your death.

This Summary Plan Description is divided as follows:

- Part 1 describes your company paid basic life insurance and basic AD&D coverage;
- Part 2 explains the supplemental coverage options that are available for you; and
- Part 3 provides general information about both basic and supplemental coverage.

Part 1: Basic Life and AD&D Insurance Coverage

Eligibility

You are eligible for basic life and AD&D insurance coverage immediately if you:

- are a regular employee represented by a collective bargaining agreement with Ameren Illinois (formerly AmerenIP) who works at least 20 hours a week; or
- are a temporary employee represented by a collective bargaining agreement with AmerenIP who is regularly scheduled to work at least 20 hours a week; and



You are **not** eligible to participate if you are:

- a temporary employee represented by a collective bargaining agreement with AmerenIP who is regularly scheduled to work less than 20 hours per week.
- a leased employee.
- a person employed on a per diem, part-time or seasonal basis.
- designated, compensated or otherwise classified or treated by Your employer as an independent contractor, leased employee or other non-common law employee.
- covered under another Ameren-sponsored life or AD&D insurance plan.

For purposes of the Plan, "employee" generally means any person who is classified by the Company as an employee of Ameren. However, "employee" does not include any individual classified by the Company as an independent contractor, leased employee, an employee whose terms and conditions of employment are governed by a collective bargaining agreement unless the collective bargaining agreement provides for coverage under the Plan,

any non-resident alien who receives no earned income from Ameren that constitutes income from sources within the United States, or an individual otherwise classified as an employee but who is a party to a written employment agreement with Ameren whereby the employee agrees to and waives participation in the employee benefit plans sponsored by Ameren.

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

See the section called **COVERAGE AFTER RETIREMENT** for information about eligibility for coverage that may be available after you retire from Active Work.

Active at Work Requirement

Your coverage begins immediately upon meeting the eligibility requirements outlined above.

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

Enrollment

Whether you become eligible because you are a new hire, or because you have had a change in employment status (i.e. you transfer from another Ameren-sponsored life or AD&D insurance plan), you are automatically enrolled in the basic life and basic AD&D insurance coverage upon meeting the eligibility requirements outlined above. If you elect supplemental life and AD&D insurance coverage, you must enroll within 31 days from the date on your enrollment Worksheet (the "initial eligibility period"). If you enroll in supplemental life and AD&D insurance coverage after 31 days, Prudential will not guarantee acceptance of your evidence of insurability for the supplemental life insurance portion.

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

Amount of Insurance - Basic Life Insurance Benefits

Your basic life insurance coverage amount is equal to one times your Annual Base Pay, or \$30,000, whichever is more. If your Annual Base Pay is not a multiple of \$1,000, your basic life insurance coverage amount will be rounded up to the next \$1,000. For example, if your Annual Base Pay is \$23,240, your basic life insurance amount is \$30,000. However, if you earn \$35,750, your basic life insurance amount is \$36,000.

If your Annual Base Pay changes during the year, your life insurance coverage amount will be adjusted on the next January 1.* Your new basic life insurance coverage amount will be

based on your Annual Base Pay on the previous October 1. For example, if your Annual Base Pay increases from \$48,000 to \$52,000 on July 1, 2017, your basic life insurance coverage will be increased to \$52,000 on January 1, 2018. However, if your Annual Base Pay is \$48,000 on October 1, 2017 and it increases to \$52,000 on December 1, 2017, your January 1, 2018 basic life insurance coverage will still be \$48,000. If you are not Actively at Work, including absences due to illness or Injury, on the day the change would normally take place, the coverage change will be delayed until the day you return to Active Work.

*NOTE: In the event of your death, your basic and supplemental life insurance coverage amount due to your beneficiary will be recalculated based on your Annual Base Pay at the time of your death.

The entire basic life insurance coverage amount, less any amount received in advance due to a terminal illness (See **ACCELERATED BENEFITS OPTION**), becomes payable if you die from any cause (subject to receipt of satisfactory written proof of loss).

Amount of Insurance - Basic Accidental Death and Dismemberment Insurance Benefits (AD&D)

The amount of your basic AD&D insurance coverage will be equal to the amount for which you are insured under the basic life insurance coverage. Your basic AD&D insurance coverage as an active employee is in effect 24 hours a day, whether you are at work or not.

Basic AD&D insurance benefits are paid only for death or certain Injuries that result from accidents that happen while coverage is in effect. If you die in an accident, your named beneficiary(ies) will receive your basic life insurance benefit and your full AD&D insurance coverage amount (see **AD&D EXCLUSIONS**), subject to receipt of satisfactory written proof of loss. For example, if you die in an accident and your basic life insurance amount is \$50,000 and your basic AD&D insurance amount is \$50,000, your beneficiary(ies) would receive the \$50,000 life insurance benefit plus the \$50,000 AD&D death insurance benefit, for a total of \$100,000.

The Plan pays your entire AD&D coverage amount for certain types of losses while only a portion of your coverage amount is paid for other Injuries as shown in the **SCHEDULE OF BENEFITS** in 'Part 3'.

Cost

The Company pays the full cost for your basic life and basic AD&D insurance coverage. See **COVERAGE AFTER RETIREMENT** for information about the cost of coverage for covered retirees.

Coverage After Retirement

You are eligible for basic life insurance coverage if you retire on or after attaining age 55 and are receiving a retirement benefit from a Company-sponsored retirement plan; however special rules apply to all Voluntary Separation Opportunity ("VSO") participants and retirees who turn age 65 on or after January 1, 1999. (Note: If you are a former employee of Illinois Power Company or Dynegy Midwest Generation, Inc. and a party to a severance agreement and/or retention agreement with your former employer covering retiree benefits, your

coverage may vary and you should contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) for more information.)

The amount of your basic life insurance depends on the date you retired, subject to applicable Plan provisions as amended from time to time. The current benefit amounts and costs are as follows:

Your Retirement Date	Insurance Amount	Cost of coverage if under age 65	Cost of coverage for age 65 and older
Before 2/1/1980	\$2,500	\$.63/month	Free
On or after 2/1/1980 and before 1/1/1983	\$3,000	\$.75/month	Free
On or after 1/1/1983 and before 1/1/1986	\$5,000	\$1.25/month	Free
On or After 1/1/1986	\$7,000	\$1.75/month	Free

Currently, retirees under age 65 are required to pay \$.25 per \$1,000 of retiree life insurance coverage per month. The company currently pays the full cost of retiree life insurance coverage for retirees age 65 and older. You pay any required premiums for this coverage through billing statements.

There is no AD&D insurance coverage for retired employees. However, at retirement you may purchase life insurance coverage to replace your original amount on an individual basis. See **CONTINUING YOUR COVERAGE IF YOU LEAVE AMEREN OR ARE NO LONGER ELIGIBLE** for more information about conversion rights.

Part 2: Supplemental Life and AD&D Coverage

In addition to basic life and AD&D insurance coverage, you may elect supplemental life and AD&D insurance coverage for yourself. If you elect supplemental life and AD&D insurance coverage, the premium for your supplemental life insurance coverage is deducted from your paycheck. The Company pays the full cost for your supplemental AD&D insurance coverage. Ameren reserves the right to change your share of the premium.

If you elect supplemental life insurance coverage, you will automatically be provided with the same amount of supplemental AD&D insurance coverage at no additional cost to you. Supplemental AD&D insurance coverage is only available if you elect supplemental life insurance coverage.

Eligibility

You are eligible for supplemental life and AD&D insurance coverage if you meet the eligibility requirements outlined in the **ELIGIBILITY** section of 'Part 1' of this Summary Plan Description.

When Supplemental Coverage Begins

Supplemental life and AD&D insurance coverage is not automatic. You must enroll in the supplemental life and AD&D insurance coverage within 31 days from the date of your Enrollment Worksheet. You can enroll in supplemental life and AD&D coverage through "Healthcare and Life Benefits" at www.myAmeren.com or by calling the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**), Option 2. If you enroll in the supplemental life insurance portion of the Plan, you will automatically be enrolled for the same amount of supplemental AD&D insurance coverage.

Your supplemental life and AD&D insurance 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 Prudential approves your evidence of insurability for supplemental life insurance coverage (See **EVIDENCE OF INSURABILITY**). However, if you are not actively at work, including absences due to illness or Injury, on the day your coverage is supposed to begin, your supplemental life and AD&D coverage will not start until the day you return to Active Work. Additionally, you must be Actively at Work to add supplemental life insurance coverage for your eligible dependents (See **DEPENDENT LIFE INSURANCE COVERAGE**).

Evidence of Insurability

Prudential will require evidence of insurability, at your expense, before any supplemental life insurance coverage or increase becomes effective, if:

- You enroll more than 31 days after the date of Your Enrollment Worksheet.
- You re-enroll after your coverage was terminated due to non-payment of a required contribution.
- You apply for additional supplemental life insurance coverage beyond one coverage level increase. (During annual enrollment, you may increase your supplemental life insurance coverage by one level, or if you are enrolling for the first time, you may elect the one and one-half times your annual base pay option without providing evidence of insurability).
- You failed to satisfy a previous evidence of insurability requirement under any group contract with Prudential covering employees of Ameren Illinois (formerly AmerenIP).

AD&D coverage is not subject to evidence of insurability requirements; however, the effective date for your AD&D coverage or any increase in AD&D coverage corresponds to the effective date for your life insurance coverage or increase.

Changing, Adding or Canceling Coverage

If you do not enroll for supplemental life and A&D insurance coverage within 31 days from the date of your Enrollment Worksheet, you may not apply for supplemental life and A&D insurance coverage until Annual Enrollment or within 31 days of a change in status as described below.

Annual Enrollment

You may elect to enroll, or to change the level of your supplemental life and AD&D insurance coverage during Annual Enrollment (generally held each November). If you do not take any

action during annual enrollment, you will automatically be enrolled for the same supplemental life and AD&D insurance coverage in effect on the last day of the Annual Enrollment period (subject to applicable eligibility provisions). Supplemental life and AD&D coverage and changes in coverage amounts requested during Annual Enrollment will usually begin on the following January 1, subject to any evidence of insurability and actively at work requirements.

Qualified Status Change

You can make a change in your supplemental life and AD&D benefit elections during the year due to a qualified status change. The change in coverage must be on account of and consistent with your change in status, and made within 31 days of the date the change occurs. Qualifying changes in status as defined by the IRS include, but are not limited to the following events:

- You get married, divorced, or legally separated.
- You gain a Dependent through birth, adoption, Placement for Adoption, or marriage.
- You, Your Spouse or Dependent becomes employed or loses a job.
- Your Spouse or Dependent Child dies.
- Your death.
- Commencement or termination of your Spouse's or dependent child's employment.
- Change of you or your Spouse from part-time to full-time employment status or vice versa if that change also results in a gain or loss of the person's eligibility for benefits under the Ameren Life and AD&D Plan or another employer's plan.
- Your Dependent satisfies or ceases to satisfy the eligibility requirements.

In the case of a qualified status change, you can change your amount of supplemental life and AD&D coverage. The coverage change must be consistent with your qualified status change. The coverage change can be initiated through "Healthcare and Life Benefits" at www.myAmeren.com or by calling the **Ameren Benefits Center** at 877.7my.Ameren (877.769.2637). The effective date of the new or increased supplemental life and AD&D insurance coverage will be the date of the change in status, unless you are required to provide evidence of insurability (See **EVIDENCE OF INSURABILITY**). If you are required to provide evidence of insurability, your supplemental life and AD&D insurance coverage will be effective on the date the insurance carrier accepts the evidence of insurability.

If You have a status change and want to drop coverage for Yourself or a Dependent, in most cases the coverage will be terminated on the last day of the month in which the event occurred, provided You notify the **Ameren Benefits Center** within 31 days of the change in status. In the event of the death of a dependent, divorce, or legal separation, coverage will be terminated on the date of the event.

All enrollment and coverage changes due to a change in status event are subject to the approval of the Plan Administrator. Documentation of a change in status may be necessary to make a change in coverage. The Plan Administrator has the discretionary authority to determine whether a change in status has occurred in accordance with the IRS rules and regulations permitting a change.

Supplemental Life and AD&D Insurance Coverage Options

The Plan offers various coverage options. You may choose supplemental life and AD&D insurance coverage equal to 150%, 200% or 300% of your Annual Base Pay. Your supplemental life and AD&D insurance coverage amount will be rounded to the next higher \$1,000. Your supplemental life and AD&D insurance coverage amount will be adjusted annually, in January, to take into account any pay changes that occur during the year.* However, your supplemental life and AD&D insurance coverage amount will be based on your Annual Base Pay on the previous October 1. For example, if your Annual Base Pay increases from \$48,000 to \$52,000 on July 1, 2017, and you have elected supplemental life and AD&D insurance coverage of 200% of your Annual Base Pay, your supplemental life and AD&D insurance coverage will be increased from \$96,000 to \$104,000 on January 1, 2018. However, if your Annual Base Pay is \$48,000 on October 1, 2017 and it increases to \$52,000 on December 1, 2017, your supplemental life and AD&D insurance coverage on January 1, 2018 will still be \$96,000. (Note: If your Annual Base Pay decreases during the Plan Year, your supplemental life and AD&D insurance will not decrease.) If you are not at Actively at Work on the day the change would normally take place, any supplemental life and AD&D coverage increase will be delayed until the day you return to Active Work.

*Note: In the event of your death, your basic and supplemental life insurance coverage amount due to your beneficiary will be recalculated based on your Annual Base Pay at the time of your death.

Dependent Life Insurance Coverage

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

If a dependent (other than a newborn baby) is hospitalized or confined because of illness or disease on the day that coverage would normally begin, life insurance coverage for that family member will be delayed until he or she is discharged from the hospital or confinement and performs the normal activities of a person of like age and sex in good health for at least one full day.

Dependents are not eligible for supplemental AD&D insurance coverage.



Eligible dependents include:

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

A dependent child is considered disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected either to result in death or last for a continuous period of not less than 12 months. Prudential may request proof of continuing incapacity from time to time. As long as you provide proof of disability upon request, the coverage will continue until the earlier of the date:

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

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

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

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

No child may be covered as the dependent of more than one Ameren employee, and an Ameren employee may not be covered as a dependent of another Ameren employee for supplemental life insurance 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 life insurance benefits.

The Plan may require at any time that an employee furnish proof of eligibility or continued eligibility of any Spouse or dependent child(ren). If false or misleading information is provided, it may result in any or all of the following actions: a) you will be required to reimburse Ameren for all expenses; b) all coverage under the Plan will be immediately

terminated; c) your employment with Ameren will be terminated; and/or d) other legal action may be taken against you.

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

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

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

Supplemental AD&D Benefits Coverage

The amount of your supplemental AD&D insurance coverage will equal the amount for which you are insured under the supplemental life insurance coverage; however, any reduction in the amount of your supplemental life insurance coverage due to your exercise of the acceleration of benefit option will not apply. The Plan pays the entire coverage amount for some losses and pays only a portion of your coverage amount for other Injuries, as outlined in the [SCHEDULE OF BENEFITS](#).

Cost of Supplemental Benefits Coverage

You pay the full cost of any supplemental life insurance coverage for your and for your dependents, but Ameren pays the full cost of your supplemental AD&D insurance coverage. If you elect supplemental life insurance coverage under the Plan, the amount of any required premiums will be deducted from your paycheck on a before-tax basis. However, if you elect dependent life insurance coverage under the Plan, the amount of any required premiums will be deducted from your paycheck on an after-tax basis. Any premium payment due but unpaid at your date of death will be deducted from your death benefit.

The current cost for supplemental employee life insurance coverage is as follows:

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

Note: Your life insurance coverage amount is adjusted each January 1, but is based on your Annual Base Pay as of the previous October 1. Premiums for the year are calculated based on your age on December 31 of the same year. For example, when your life insurance premium in January 2017 is calculated, it will be based on your Annual Base Pay from October 1, 2017 and your age as of December 31, 2017.

PART 3: GENERAL PLAN INFORMATION

Schedule of Benefits

Basic and Supplemental AD&D Insurance Coverage

The following chart outlines the portion of your AD&D insurance coverage benefit amount (both basic and supplemental) that the Plan pays based on the accidental Injuries sustained. Only one benefit, the largest, will be paid for all losses resulting to any one covered person from one accident.

Type of Loss	Percent of AD&D coverage amount payable
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
One Hand and One Foot	100%
One Foot and Sight of One Eye	100%
One Hand and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
One Hand or One Foot	50%
Hemiplegia	50%
Thumb and Index Finger of the Same Hand	25%
Coma*	1% per month up to 100 months less any other Principal Sum benefits paid after 31 days of continuous coma

*Loss due to Coma must begin within 365 days after the accident, continues for 31 consecutive days, and, is total, continuous and permanent at the end of that 31-day period.

For purposes of AD&D insurance coverage, exposure to the elements will be considered an accidental bodily injury. It will be presumed that loss of life occurred if your body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant.

No more than your amount of insurance coverage at the time of the accident will be paid for all losses resulting from Injuries sustained in one accident. Any loss must occur within one year after an accident that happens while coverage is in effect under the AD&D insurance portion of the Plan and directly as a result of the accident and from no other cause in order to be eligible for an AD&D insurance benefit.

You will be presumed to have suffered a loss of life if your body has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant.

Additional AD&D Insurance Benefits

In addition to coverage amounts listed under the **SCHEDULE OF BENEFITS** in Section 3, other AD&D insurance benefits are payable in the following specific situations:

Seat Belt Usage

If you suffer an accidental loss of life while you are driving or riding in a Four Wheel Vehicle and you were using the Seat Belt in the manner prescribed by the vehicle's manufacturer, the amount payable under the Plan will be increased by the lesser of (i) 10% of your AD&D coverage amount and (ii) \$25,000. Your actual use of the Seat Belt must be verified in an official report of the accident or certified in writing by the investigating official(s). The seat belt must meet published federal safety standards, which had been installed by the automobile manufacturer, and which has not been altered after such installation. This benefit is not payable if you are driving or riding as a passenger in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose.



Supplemental Restraint System

If you suffer an accidental loss of life while you are driving or riding in a Four Wheel Vehicle equipped with a factory-installed Supplemental Restraint System and you are wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer and in a seat designed to be protected by an air bag, the amount payable under the Plan will be increased by the lesser of (i) 10% of your AD&D insurance coverage amount and (ii) \$10,000. Your actual use of the Seat Belt must be verified in an official report of the accident or certified in writing by the investigating official(s). The air bag(s) must meet published federal safety standards, which had been installed by the automobile manufacturer, and which has not been altered after such installation. This benefit is not payable if you are driving or riding as a passenger in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose.

Repatriation

This benefit is payable if you suffer an accidental loss of life that occurs outside a 150-mile radius from your home. The Plan will pay an additional amount equal to the lesser of (i) the covered expenses incurred to return your body home to the United States or Canada or (ii) \$2,500. For purposes of this benefit, covered expenses include expenses for embalming, cremation, a coffin and transportation of your remains.

Felonious Assault

If you suffer a loss that is the result of a Felonious Assault, which is a physical attack by another person resulting in bodily harm, the Plan will pay an amount equal to the lesser amount of: (i) 5% of the amount payable under your coverage for that loss, or (ii) \$50,000.

Maximum Amount Payable

The maximum amount payable under the Plan is as follows:

Insurance Coverage	Maximum Amount Payable
Basic Life	\$450,000
Supplemental Life	\$450,000
Basic AD&D	\$450,000
Supplemental AD&D	\$450,000

AD&D Exclusions

Accidental Death and Dismemberment benefits are not payable for any loss or injury caused by or resulting from:

- Suicide or attempted suicide, while sane.
- Intentionally self-inflicted injuries, or any attempt to inflict such injuries.
- Sickness, whether the loss results directly or indirectly from the Sickness.
- Medical or surgical treatment of Sickness, whether the loss results directly or indirectly from the treatment.
- Any bacterial or viral infection but excluding a pyogenic infection resulting from an accidental bodily Injury or a bacterial infection resulting from accidental ingestion of a contaminated substance.
- Commission of or attempt to commit an assault or a felony by the covered person.
- War declared or undeclared, or any act of war, including resistance to armed aggression.
- An accident while serving on full-time active duty that exceeds 30 days in any armed forces. Reserve or National Guard training is not active duty for this purpose.
- Travel or flight in (including boarding and deboarding) any vehicle used for aerial navigation if:
 - you are riding as a passenger in an aircraft that is not intended or licensed for the transportation of passengers;
 - you are riding as a passenger in an aircraft owned, leased, controlled or operated by Ameren or an affiliate;
 - you are performing as a pilot or a crew member of the aircraft.
- You are legally intoxicated or under the influence of any narcotic unless administered or consumed as prescribed by a Doctor.
- You are participating in the following hazardous sports: scuba diving, bungee jumping, skydiving, parachuting, hang gliding or ballooning.

Coverage During Leaves of Absence

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

Family and Medical Leave Act

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

Military Service

If you enlist or are called to active duty in the United States military, your coverage under this Plan will be terminated 31 days after the end of the third month following your induction into the service if you have not returned to active employment before that time.

You will need to make arrangements to make payments for any premiums due for supplemental life insurance coverage during that three month period of time. Your coverage will be reinstated when you return to active employment with the Company, assuming that you return to active employment in accordance with your re-employment rights. If you lose coverage under the Plan, you are eligible to convert the basic and supplemental life insurance coverage to an individual policy issued by Prudential. See [CONVERSION OF YOUR LIFE 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.

Extended Death Benefit and Waiver of Premiums

For Employees Whose Last Day Worked is January 1, 2012 or Later

If you are under age 60 and become Totally Disabled while covered under the Plan, the amount of your life insurance coverage then in effect may be extended for up to one year, without any further payment of life insurance premiums. The extension of coverage and waiver of premiums ends one year after your Total Disability started, unless, within that year, you furnish Prudential with satisfactory written proof of the following:

- You were under age 60 when the Total Disability occurred;
- You continue to be Totally Disabled; and
- Your Total Disability has continued for at least 180 days.

The extended coverage and waiver of premiums may continue for additional successive one-year periods, provided you give written proof when and as required by Prudential once each year that your Total Disability continues.

Your extended life insurance coverage and premium waiver ends when and if:

- Your Total Disability ends; or
- You fail to furnish any required proof of your continued Total Disability; or
- You fail to submit to a medical exam by a doctor named by Prudential, when and as often as Prudential requires (after two full years of extended coverage, Prudential will not require an exam more than once a year).

If your extended life insurance coverage and premium waiver ends after you have given the first proof of continued Total Disability, you will have the same rights to any conversion privilege and to the death benefit during the conversion period (See **CONTINUING YOUR COVERAGE IF YOU LEAVE AMEREN OR ARE NO LONGER ELIGIBLE**), unless you become a covered person within 31 days after the extended life insurance and premium waiver ends.

If you die while your life insurance coverage is being extended, the death benefit is payable to your beneficiary upon receipt of satisfactory written proof that the above requirements were met and the Total Disability continued until your death. The amount of the death benefit will be subject to the same reductions or terminations that would have been applicable had you not become Totally Disabled. If you die within one year after your Total Disability started but before you provided Prudential with proof of your Total Disability, written notice of your death must be given to Prudential within one year of your death.

If you converted your life insurance coverage to an individual policy, the benefits under your individual policy replaces the extended death benefit and premium waiver described in this section; however, you can receive the extended death benefit and premium waiver in exchange for all benefits of your individual contract, provided you have satisfied all the requirements for the extended death benefit and premium waiver. In such case, the premiums paid under the individual policy will be refunded and the beneficiary you selected under the individual policy, if different than under the group coverage, will be considered notice of a change of beneficiary.

Waiver of Premium Provisions for Employees Where Last Day Worked is Prior to January 1, 2012

If your last day of work was prior to January 1, 2012, the waiver of premium provision will be administered by the Insurance Carrier in effect at the time of your last day worked. Upon retirement, your coverage may continue. (See **COVERAGE AFTER RETIREMENT**). Contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) for more information.

Termination of Employee Coverage

Your basic and supplemental life and AD&D coverage will end on the earliest of the following dates:

- End of the month of your termination of employment.
- End of the month prior to your retirement from Ameren (See **COVERAGE AFTER RETIREMENT**).
- Date of your date of death.
- End of the month that you last paid the required payroll deduction for supplemental coverage (you will retain basic coverage).
- End of the month in which you no longer satisfy the eligibility requirements for coverage under the Plan.
- Date of transfer to an employee group not covered by this Plan.
- Date you become covered under another life insurance and/or AD&D insurance plan sponsored by Ameren.
- Date of discontinuance of the Policy.
- Date the Company amends the Plan to eliminate coverage for the class of eligible individuals to which you are a member.
- Date you or your covered dependent (if applicable) participates in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.
- 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time (supplemental coverage only), Termination of coverage is then retroactive to the end of the month for which the last premium payment was made.
- Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.
- Date of expiration of the labor agreement.

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.

Your employment is not considered terminated for purposes of your life insurance coverage if you are absent from work on account of disability, provided you have been absent for less than six months and are not working at any other job for wage or profit.

Termination of Dependent Coverage

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

1. End of the month that you are no longer covered under the group policy.
2. End of the month that you last paid the required payroll deduction for dependent coverage.
3. End of the month that the dependent no longer meets the eligibility requirements.

4. End of the month prior to your date of retirement from Ameren.
5. Date that the dependent gains coverage under another Ameren-sponsored group life insurance plan.
6. Date you drop dependent coverage.
7. Date of death of a covered dependent.
8. Date of divorce or legal separation.
9. End of the month in which premium contributions have been made following your request to terminate dependent coverage.
10. Date Ameren cancels family coverage.
11. Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

Naming a Beneficiary

You will be asked to name a beneficiary for supplemental and/or basic life insurance and AD&D death benefits when you enroll. If you name more than one beneficiary, your beneficiaries will share your death benefits equally unless you have specified their respective shares. You may designate anyone you wish and you may change your beneficiary at any time at www.myAmeren.com or contact the **Ameren Benefits Center** at 877.7myAmeren (**877.769.2637**). The change will take effect on the date you make the change on the website; however, it will not apply to any amount paid before Prudential receives the change. You may designate a different beneficiary for life insurance benefits than you do for your AD&D benefits. If you do not name a beneficiary or if your beneficiary is not living at the time of your death, the payment of death benefits will be determined in the following order:

- 1) Your Spouse, if living;
- 2) Your surviving children, equally;
- 3) Your mother and father equally or to the surviving parent if both are not alive;
- 4) Your surviving brothers and sisters, equally; then
- 5) Your estate.



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

Settlement Options

AD&D insurance benefits are payable to you, except that any of your losses that are unpaid at your death or become payable on account of your death are paid to your beneficiary. You should notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) within 30 days after the accident. Prudential will then provide the necessary forms to be completed. For death claims, a certified copy of the death certificate will also be required. Benefits will

be paid to you or your beneficiary in a lump sum as soon as Prudential receives the necessary written proof to support the claim.

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

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

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

Assignment of Your Coverage

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

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

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

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

Converting Your Basic and Supplemental Life Insurance Coverage

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

If your life insurance coverage ends because the group 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 life insurance which terminated minus any amount of group life insurance which is issued or reinstated by Prudential or any other carrier within 31 days of the date the insurance terminated under the policy.

Information regarding whom to contact if you would like to convert your life insurance to an individual will be provided at the time of your retirement or termination.

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

Porting Your Supplemental and Dependent Life Insurance

If you leave Ameren for any reason, other than retirement or disability, or you are no longer eligible for coverage under the Plan, you can port your supplemental life insurance benefits to an individual policy issued by Prudential. Your covered dependents may also port their supplemental life insurance coverage when they stop being eligible for the Plan as long as you port your supplemental life insurance coverage. However, in cases of your death or divorce, your dependents are eligible to port their coverage.

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

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

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

Porting Your AD&D Coverage

If you leave Ameren for any reason, other than retirement or disability, or you cease to be an eligible employee, you can port your supplemental AD&D insurance benefits to a policy issued by Prudential.

You do not have to pass a medical exam to qualify for coverage. However, you must submit the application and first premium payment to Prudential within 31 days after group coverage terminates. The premiums for ported coverage will depend on the amount of coverage chosen. Information regarding whom to contact if you would like to port your AD&D benefits to an individual policy will be provided at the time of your termination.

If you port your AD&D benefits, you must purchase at least \$20,000 of coverage but no more than the amount of coverage in effect on the date you lost coverage under the Plan. Any individual age 80 or older is not eligible for an AD&D ported policy.

Accelerated Benefits

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

(Note: Covered dependent children are not eligible for accelerated benefits).

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

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

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

Tax Information

Current tax law requires you to pay income tax on the value of your life insurance benefit over \$50,000. You do not pay income tax on the amount of your life insurance coverage – only on the cost of such coverage as determined by the IRS life insurance rate tables. This

value is called "imputed income" and will be shown on your paycheck for income tax purposes. You should consult with your personal tax advisor to assess possible tax implications.

Additionally, since the premiums you pay for your supplemental life insurance are paid on a pre-tax basis, the full value amount of your supplemental life insurance is subject to imputed income.

Incontestability of Insurance

No representations made by you in applying for life insurance will be used by Prudential to avoid, reduce or contest the amount of life insurance for which you are insured unless it is in a written instrument signed by you and a copy of that instrument is or has been given to you or to your beneficiary, if applicable. If the statement relates to your insurability for an initial, increased or additional amount of insurance, it will not be used to contest the validity of the insurance, after such initial, increased or additional amount of insurance has been in force, before the contest, for at least two years during your lifetime.

Definitions

Active Work or Actively at Work means that you are Actively at Work on a full-time or part-time basis at Ameren's place of business, or any other place that Ameren business requires you to go. You are considered to be Actively at Work during normal vacation if you were Actively at Work on your last regular scheduled workday.

Annual Base Pay means your base pay excluding any bonuses and overtime pay.

Coma means a profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's physician.

Felonious Assault means a Physical Attack by another person resulting in bodily harm to the covered person. But not a moving violation as defined under the applicable state motor vehicle laws.

Four Wheel Vehicle means a vehicle that is: (i) duly licensed for passenger use; (ii) designated primarily for use on public streets and highways; and (iii) a private passenger automobile; a station wagon; a van, jeep or truck-type vehicle which has a manufacturer's rated load capacity of 2,000 pounds or less; or a self-propelled motor home.

Hemiplegia means the total paralysis of the upper and lower limbs on one side of the body.

Injury means an Injury to the body of a covered person.

Loss of a Hand or Foot means severance at or above the wrist or ankle joint.

Loss of Thumb and Index Finger means severance of each at or above the metacarpophalangeal joint.

Loss of Sight, Speech or Hearing means the entire and irrecoverable Loss of Sight, Speech or Hearing which cannot be corrected by medical or surgical treatment or by artificial means.

Paraplegia means the total paralysis of both lower limbs.

Physical Attack means any willful or unlawful use of force or violence upon a covered person with the intent to cause bodily Injury to such person. The Physical Attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs.

Quadriplegia means the total paralysis of both upper and both lower limbs.

Seat Belt means an unaltered lap restraint or lap and shoulder restraint.

Sickness means any disorder of the body or mind of a covered person, but not an Injury; pregnancy of a covered person, including abortion, miscarriage or childbirth.

Supplemental Restraint System means an air bag system intended to add protection to the head and chest areas.

Terminal Illness Proceeds means an amount equal to 100% of the amount of life insurance in force on the date Prudential receives proof that a covered person is Terminally Ill, but not more than \$1,000,000.

Terminally Ill means an individual whose life expectancy is twelve months or less.

Totally Disabled or Total Disability means the inability, due to Sickness, Injury or both, to perform the material and substantial duties of any job for which an individual is reasonably fitted by his or her education, training or experience.

Claims Procedure and Appeals

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

Determination of Benefits

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

You or your beneficiary(ies) will be notified of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension,

the reason for the extension and the date by which the Plan expects to decide your claim, shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the Plan. A written notice of the additional extension, the reason for the additional extension and the date by which the Plan expects to decide on your claim, shall be furnished to you within the first 30-day extension period if an additional extension of time is needed. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by Prudential will be tolled (i.e. suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

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

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

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

Appeals of Adverse Determination

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

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

Prudential shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances required an extension of time. A written notice of the extension, the reason for the extension and the date that Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of

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

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

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

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

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

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

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

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

Miscellaneous

Definitions of "Ameren" and "Company"

For purposes of the Plan, "**Ameren**" means Ameren Corporation and its subsidiaries. "**Company**" means Ameren Services Company, as agent for Ameren Corporation and its subsidiaries.

Plan Administration

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, Insurance Carrier, or other entity, the Administrative Committee has discretionary authority to construe and interpret the Plan, grant or deny benefits, construe any ambiguous provision of the Plan, correct any defect, supply any omission or reconcile any inconsistency in such manner and to such extent as the Administrative Committee in its sole and absolute discretion may determine, and to decide all questions of eligibility and to make all determinations as to the right of any person to a benefit.

To the extent the Administrative Committee has delegated such final and binding discretionary authority to a claims administrator, Insurance Carrier, or other person, entity or group, the determination of such claims administrator, Insurance Carrier, or other person, entity or group, shall be final and binding, unless otherwise required by law.

No Contract of Employment

No provision in 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 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 or Ameren Services Company, or such officer's delegate may effect an amendment or termination of the Plan or a benefit provided under the Plan by written instruments describing the terms of such amendment or termination. Such amendment will be incorporated into this document.

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

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

Verbal Statement May Not Alter Document

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

Severability

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

Waiver

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

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

Collective Bargaining Agreements

Benefits provided under the Plan with respect to participants covered by collective bargaining agreements with Ameren are subject to the terms and conditions of the relevant provisions of those agreements.

ERISA Information

Your Rights Under ERISA

As a participant in **Ameren Group Life Insurance Plan and Accidental Death and Dismemberment 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. 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, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Important Information For residents Of Certain States

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

Guaranty Association Notices

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

General Plan Information

Plan Name	Ameren Life Insurance Plan and Ameren Accidental Death and Dismemberment Plan, a component of the Ameren Miscellaneous Healthcare and Fringe Benefit 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	Ameren Life Insurance Plan – 503 Ameren Accidental Death & Dismemberment Plan - 503

Funding	Ameren pays the full cost of basic life, basic AD&D and supplemental AD&D insurance coverage. Participants pay the full cost of supplemental life insurance coverage. The benefits are provided by the group insurance policies issued by the Insurance Carrier.
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	Administrative Committee c/o Ameren Services Company 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Named Fiduciary	Administrative Committee c/o Ameren Services Company 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Insurance Carrier	The Plan is insured under Group Contract Number G-51191-MO issued by The Prudential Life Insurance Company of America. Prudential has the primary responsibility for the interpretation of Plan provisions and the payment of death benefits. The address of the insurance carrier is: The Prudential Life Insurance Company of America 751 Broad Street Newark, New Jersey 07102

Agent for Service of Legal Process	<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>
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