

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



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

Employees Represented by a Collective Bargaining Agreement with:

AmerenUE and IBEW Local Union 2

AmerenCILCO and IBEW Local Union 51

AmerenUE and IUOE Local Union 148

Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 309

Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649

AmerenUE and IBEW Local Union 702 (Physical & Clerical)

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

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

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

AmerenUE and IBEW Local Union 1439

AmerenUE and IBEW Local Union 1439 South

AmerenUE and IBEW Local Union 1455

AmerenUE and IBEW Local Union 1455 Region West

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

AER Divestiture Employees

Administered by: The Prudential Life Insurance Company of America

ERISA Summary Plan Description. This document constitutes the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 ("ERISA") § 102. While this description summarizes the **Ameren Accidental Death and Dismemberment 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 documents (which include 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 Accidental Death and Dismemberment Insurance Plan** (the "Plan"), a component of the Ameren Miscellaneous Healthcare and Fringe Benefits Plan, to provide life insurance benefits to eligible Employees and their eligible Dependents.

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

The **Ameren Accidental Death and Dismemberment Insurance Plan** has been established on an insured basis and 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 Accidental Death and Dismemberment Insurance Plan** in the years ahead but cannot guarantee to do so.

PLEASE READ THIS SPD CAREFULLY.

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

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

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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 active and retired Plan participants can enroll, view, or make changes to elected benefit coverage through "Healthcare and Life Benefits. The website is generally available 24 hours a day, seven days a week.

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

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



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 Accidental Death and Dismemberment Insurance Plan

Purpose

The purpose of the Accidental Death and Dismemberment (AD&D) Insurance Plan is to:

- 1) Provide you with benefits if you are in an accident and suffer a loss covered in the **SCHEDULE OF BENEFITS**; and
- 2) Provide your beneficiary with a death benefit if your death is caused by injuries from a covered accident; and
- 3) If applicable, to give you an opportunity to purchase supplemental AD&D insurance coverage for yourself and your eligible dependents.



This Summary Plan Description is divided as follows:

- Part 1 describes your company paid basic AD&D insurance coverage;
- Part 2 explains the supplemental AD&D insurance coverage options that are available for you to purchase for you and your eligible dependents (if applicable); and
- Part 3 provides general information about both basic and supplemental AD&D insurance coverage.

PART 1: BASIC AD&D INSURANCE COVERAGE

Eligibility

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.

The following chart describes the eligibility requirements based on your union (or prior union) affiliation.

NOTE: A regular full-time Employee (1) who is receiving benefits under the Ameren Long Term Disability Plan; and (2) whose employment was covered by a collectively bargained agreement on the date the applicable business was divested or acquired¹.

- AmerenEnergy Resources Generating Company and IBEW Local Union 51 (Duck Creek, and Edwards)
- AmerenEnergy Generating Company and IBEW Local Union 702 – Newton; or
- AmerenEnergy Generating Company and IBEW Local Union 702 – Newton Clerical; or
- AmerenEnergy Generating Company and IUOE Local Union 148 (Coffeen, Meredosia, Hutsonville, and Grand Tower); or
- AmerenEnergy Generating Company and IUOE Local Union 148 – Coffeen Clerical; or

NOTE: Employees who fall under this category are considered "AER Divestiture Employees" for purposes of this SPD.

Employees represented by a collective bargaining agreement with	Eligibility Rules
AmerenUE and IBEW Local 2	Full-time, regular employee.
AmerenUE and IUOE Local 148	
Ameren Illinois (formerly AmerenCIPS) and IBEW Local 309	Part-time regular employees represented by a collective bargaining agreement with AmerenUE and IBEW Local Unions 1455 and 1455 Region West.
Ameren Illinois (formerly AmerenCIPS) and IBEW Local 649	
AmerenUE and IBEW Local 702 Physical	Temporary or part-time employees are not eligible for coverage, except as noted above.
AmerenUE and IBEW Local 702 Clerical	
AmerenUE and IBEW Local 1439	Coverage is effective on date of hire.
AmerenUE and IBEW Local 1439 South	
AmerenUE and IBEW Local 1455	
AmerenUE and IBEW Local 1455 Region West	
UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11	
Ameren Illinois (formerly AmerenCILCO) and IBEW Local 51	
AER Divestiture Employees (IBEW Local 51)	

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

Employees represented by a collective bargaining agreement with	Eligibility Rules
Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702E – Illini	Full-time, regular employee.
Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702S – Shawnee	Part-time employees scheduled to work 20 hours or less per week are not eligible for coverage. (For purposes of this Plan, you are considered “full-time” if you are scheduled to work more than 20 hours per week.)
Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702W – Great Rivers	
AER Divestiture Employees (IBEW Local 702 – Newton)	Temporary employees are not eligible for coverage.
AER Divestiture Employees (IBEW Local 702 – Newton Clerical)	Coverage is effective on date of hire.
AER Divestiture Employees (IUOE Local 148)	
AER Divestiture Employees (IUOE Local 148 – Coffeen Clerical)	

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

NOTE: AER Divestiture Employees are not considered to be actively at work and are not eligible for an increase in either basic or supplemental AD&D insurance coverage, or to add supplemental AD&D insurance coverage for 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 temporary to regular, from part-time to full-time, etc.), you are automatically enrolled in the basic AD&D insurance coverage upon meeting the eligibility requirements outlined above.

Amount of Insurance

Basic Coverage

The amount of your Basic AD&D insurance is outlined in the following chart:

Employees represented by a collective bargaining agreement with	Basic AD&D insurance Coverage Amount
AmerenUE and IBEW Local 2 AmerenUE and IUOE Local 148 AmerenUE and IBEW Local 702 Physical AmerenUE and IBEW Local 702 Clerical AmerenUE and IBEW Local 1439 AmerenUE and IBEW Local 1439 South AmerenUE and IBEW Local 1455 AmerenUE and IBEW Local 1455 Region West Ameren Illinois (formerly AmerenCIPS) and IBEW Local 309 Ameren Illinois (formerly AmerenCIPS) and IBEW Local 649	Your Annual Base Pay ² (rounded up to the nearest \$1,000) times two, to a maximum of \$60,000. Annual Base Pay include any applicable shift component. Annual Base Pay does not include overtime payments and other special types of compensation.
Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702E – Illini Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702S – Shawnee Ameren Illinois (formerly AmerenCIPS) and IBEW Local 702W – Great Rivers AER Divestiture Employees IUOE Local 148 AER Divestiture Employees IUOE Local 148 – Coffeen Clerical AER Divestiture Employees IBEW Local 702 – Newton AER Divestiture Employees IBEW Local 702 – Newton Clerical	Your Annual Base Pay ³ (rounded up to the nearest \$1,000) times two, to a maximum of \$50,000. Annual Base Pay does not include overtime pay, bonuses, shift component, commissions or other special types of compensation. (NOTE: See COVERAGE REDUCTIONS AT CERTAIN AGES)

²If you experience a pay increase/decrease which results in a change in your AD&D insurance coverage, the new coverage amount will be effective on the first of the month coincident with or next following the change in pay.

³If you experience a pay increase/decrease which results in a change in your AD&D insurance coverage, the new coverage amount will be effective on the first of the month coincident with or next following the change in pay.

Employees represented by a collective bargaining agreement with	Basic AD&D Coverage Amount
AER Divestiture Employees IBEW Local 51	\$50,000
Ameren Illinois (formerly AmerenCILCO) and IBEW Local 51	\$25,000
UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11	<p>Your Annual Base Pay (rounded up to the nearest \$1,000) times two, to a maximum of \$60,000.</p> <p>Annual Base Pay does not include overtime pay, bonuses, shift component, commissions or other special types of compensation.</p>

AD&D benefits are paid only for death or certain injuries that result from accidents that happen while coverage is in effect. The Plan pays your entire AD&D insurance coverage amount for certain types of losses while only a portion of the amount is paid for other injuries as shown in the [SCHEDULE OF BENEFITS](#).

Your coverage as an active employee is in effect 24 hours a day, whether you are at work or not.

Seat Belt Incentive Program Coverage

This seat belt incentive coverage is applicable ONLY to employees represented by a collective bargaining agreement between AmerenUE and IUOE Local 148.

You will be insured for an additional \$10,000 of Accidental Death and Dismemberment insurance if you die from injuries received in a motor vehicle accident if you were properly wearing either an unaltered seat belt or unaltered lap and shoulder restraint at the time of the accident. The Seat Belt Incentive Program is in effect 24 hours a day, both on and off the job.



For purposes of this Program, motor vehicle is defined as:

1. Any Company business vehicle being operated in the conduct of normal business activities which is equipped by the manufacturer with seat belts or lap restraints. It includes vehicles with wheels, tracks, or a combination of both. Company vehicles operated "off-road" in the conduct of normal business activities are also included; OR
2. A private vehicle with four or more wheels used for normal transportation purposes which exclude "off-road" operations.

Furthermore, the following conditions must be satisfied:

1. Death must occur as a result of injuries received in the motor vehicle accident within 90 days of the accident.
2. The motor vehicle you were riding in must not have been used for competitive purposes (race, speed, endurance test, acrobatic or stunt driving).
3. The motor vehicle you were riding in must have been operated within the limits of the law.
4. The motor vehicle you were riding in must not have been used by you to commit an assault or felony.

Cost

The Company pays the full costs for your basic Accidental Death and Dismemberment Insurance coverage through general Company funds.

PART 2: SUPPLEMENTAL AD&D INSURANCE COVERAGE

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

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

In addition, you can purchase supplemental AD&D insurance for your eligible dependents.

If you decide to participate in the supplemental AD&D insurance portion of the Plan, there are several different levels of coverage from which to choose.

Eligibility

Employee

You are eligible for the supplemental AD&D insurance coverage if you meet the eligibility requirements outlined in the **ELIGIBILITY** section in PART 1 of this Summary Plan Description. Supplemental AD&D insurance coverage is not available after retirement.



Dependents

If you elect supplemental AD&D insurance coverage for yourself, you may also elect supplemental AD&D insurance coverage for your eligible dependents, as described below, provided that they are not serving in active duty in the Armed Forces of any country and you enroll them according to the appropriate procedures.

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.
3. Dependent children who have not reached age 26.
4. 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, 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, for this purpose your children include your step children, certain foster children, legally adopted children, children who have been placed with you for adoption and children for whom you or your spouse have been appointed legal guardian.

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

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) 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.

When Supplemental Coverage Begins

Supplemental AD&D insurance coverage is not automatic – you must enroll and authorize payroll deductions if you want to participate in the supplemental AD&D insurance portion of the Plan. You can enroll on-line 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.

Your coverage begins on the date you enroll for supplemental AD&D insurance coverage under the Plan. Supplemental AD&D insurance coverage for your eligible dependents generally begins when your supplemental AD&D insurance coverage does if you elect supplemental AD&D insurance coverage for your dependent when you enroll. In no event will supplemental AD&D insurance on a dependent be effective before your supplemental AD&D insurance coverage effective date under the Plan.

If you are not actively at work on the day before your AD&D insurance coverage is supposed to begin or increase due to illness, injury or because you are receiving sick pay or long-term disability benefits, your AD&D insurance 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 AD&D insurance coverage for an eligible dependent.

Changing, Adding or Cancelling Coverage

You may request to enroll, increase, decrease or cancel your supplemental AD&D insurance coverage at any time during the year. 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**), Option 2.

Your new supplemental AD&D insurance coverage amount will be effective on the date of your enrollment, as long as you are actively at work on the effective date of the new coverage. If you cancel your supplemental AD&D insurance coverage, your coverage will end on the last day of the period for which you paid your required contribution.

Supplemental AD&D Insurance Options

The Plan offers various supplemental AD&D insurance coverage options for you and your eligible dependents. Your supplemental AD&D insurance benefit depends on the amount of coverage you choose when you enroll. 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](#).

Employee Coverage

At enrollment, you can choose among six different levels of supplemental AD&D insurance coverage for yourself: \$25,000, \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000.

NOTE: Employees represented by a collective bargaining agreement with:

- Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 702E – Illini, 702S – Shawnee, 702W – Great Rivers;
- AER Divestiture Employees (IBEW Local Unions 702 – Newton, 702 – Newton Clerical and IUOE Local Unions 148 and 148 – Coffeen Clerical);

should refer to the section titled **COVERAGE REDUCTIONS AT CERTAIN AGES** for more information regarding the amount of supplemental AD&D insurance coverage.

Dependent Coverage

If you elect supplemental AD&D insurance coverage for yourself, you can also elect supplemental AD&D insurance coverage for your dependents. Supplemental AD&D insurance coverage for Your Spouse will equal the supplemental AD&D insurance coverage you elected for yourself, and each child will be insured for 10% of your supplemental AD&D insurance amount. For example, if you elect \$150,000 supplemental AD&D insurance coverage for yourself, you can also purchase \$150,000 supplemental AD&D insurance coverage for your Spouse and \$15,000 for each of your children.

Monthly Cost of Coverage

Your Benefit Amount*	Employee Only	Employee + Spouse	Employee+ Child(ren)	Employee + Family
\$25,000	\$0.625	\$1.20	\$0.80	\$1.375
\$50,000	\$1.25	\$2.40	\$1.60	\$2.75
\$100,000	\$2.50	\$4.80	\$3.20	\$5.50
\$150,000	\$3.75	\$7.20	\$4.80	\$8.25
\$200,000	\$5.00	\$9.60	\$6.40	\$11.00
\$250,000	\$6.25	\$12.00	\$8.00	\$13.75

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, if applicable) 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.

For employees represented by a collective bargaining agreement with:

- AmerenUE and Local Unions 2, 148, 702 (Physical & Clerical), 1439, 1439 South, 1455, 1455 Region West, UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11,
- Ameren Illinois (formerly AmerenCIPS), and Local Unions 309 and 649

loss of life, limb, or sight must occur within 90 days after an accident that happens while coverage is in effect under the Plan and directly as a result of the accident in order to be eligible for an AD&D insurance benefit.

For employees represented by a collective bargaining agreement with:

- Ameren Illinois (formerly AmerenCILCO) and IBEW Local 51
- Ameren Illinois (formerly AmerenCIPS), and Local Unions 702E – Illini, 702S – Shawnee and 702W – Great Rivers
- AER Divestiture Employees (IBEW Local 51, IUOE 148, 148 – Coffeen Clerical, IBEW 702 – Newton, 702 – Newton Clerical)

loss of life, limb, or sight must occur within 1 year (365 days) after an accident that happens while coverage is in effect under the Plan and directly as a result of the accident in order to be eligible for an AD&D insurance benefit.

Type of Loss	Percent of AD&D insurance coverage amount payable
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Foot and Sight of One Eye	100%
One Hand and Sight of One Eye	100%
Sight of One Eye	50%
One Hand or One Foot	50%
Exposure and Disappearance*	Within one year

**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.*

The following additional benefits are payable ONLY for employees represented by a collective bargaining agreement with Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51; and AER Divestiture Employees IBEW Local Union 51:

Type of Loss	Percent of AD&D insurance coverage amount payable
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

The following additional benefits are payable ONLY for employees represented by a collective bargaining agreement with:

- Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 702E – Illini, 702S – Shawnee, 702W – Great Rivers,
- AER Divestiture Employees (IBEW Local Unions 702 – Newton, 702 - Newton Clerical and IUOE Local Unions 148 and 148 – Coffeen Clerical):

Type of Loss	Percent of AD&D insurance coverage amount payable
Speech and Hearing in Both Ears	100%
Total paralysis of both upper and lower limbs (Quadriplegia)	100%
Total paralysis of lower limbs (Paraplegia)	50%
Speech or Hearing in Both Ears	50%
One Arm or One Leg	50%
Total paralysis of upper and lower limbs on one side of the body (Hemiplegia).	50%
Thumb and Index Finger of Same Hand	25%

AD&D insurance Exclusions

Accidental Death and Dismemberment benefits are not payable for any loss or injury outlined in the following chart:

For employees represented by a collective bargaining agreement with	AD&D insurance Benefits are not payable for any loss or injury caused by or resulting from:
AmerenUE and IBEW Local Union 2 AmerenUE and IUOE Local 148 Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 309 Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 649 AmerenUE and IBEW Local Union 702 Clerical AmerenUE and IBEW Local Union 702 Physical AmerenUE and IBEW Local Union 1439 AmerenUE and IBEW Local Union 1439 South AmerenUE and IBEW Local Union 1455 AmerenUE and IBEW Local Union 1455 Region West UEC (Ameren Missouri) Callaway Energy Center, Unit 1 and UGSOA Local Union 11	<ul style="list-style-type: none"> 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. Any act or incident of war, declared or undeclared. Any bacterial or viral infection, but this does not include: <ul style="list-style-type: none"> - Pyogenic infection resulting from an accidental bodily injury; or - Bacterial infection resulting from accidental ingestion of a contaminated substance.

For employees represented by a collective bargaining agreement with	AD&D insurance Benefits are not payable for any loss or injury caused by or resulting from:
<p>Ameren Illinois (formerly AmerenCILCO) and IBEW Local Union 51</p> <p>AER Divestiture Employees IBEW Local Union 51</p>	<ul style="list-style-type: none"> • Suicide or attempted suicide while sane. • Intentionally self-inflicted injuries, or any attempt to inflict such injuries. • Any act or incident of war, declared or undeclared. • Injury sustained while serving on full-time active duty for more than 30 days in any armed forces of any country or international authority (this does not include Reserve or National Guard active duty for training). • Injury sustained while travel or flight in any vehicle used for aerial navigation (includes getting in, out, on or off any such vehicle) if: <ul style="list-style-type: none"> - Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or - Performing as a pilot or a crew member of any aircraft; or - Riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of Ameren or any of its subsidiaries or affiliates.

For employees represented by a collective bargaining agreement with	AD&D insurance Benefits are not payable for any loss or injury caused by or resulting from:
<p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702E – Illini</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702S – Shawnee</p> <p>Ameren Illinois (formerly AmerenCIPS) and IBEW Local Union 702W – Great Rivers</p> <p>AER Divestiture Employees (IUOE Local Union 148)</p> <p>AER Divestiture Employees (IUOE Local Union 148 – Coffeen Clerical)</p> <p>AER Divestiture Employees (IBEW Local Union 702 – Newton)</p> <p>AER Divestiture Employees (IBEW Local Union 702 – Newton Clerical)</p>	<ul style="list-style-type: none"> • Suicide or attempted suicide while sane. • Intentionally self-inflicted injuries, or any attempt to inflict such injuries. • Commission of or attempt to commit an assault or felony. • Sickness, whether the loss results directly or indirectly from the sickness. • Any bacterial or viral infection, but this does not include: <ul style="list-style-type: none"> - Pyogenic infection resulting from an accidental bodily injury; or - Bacterial infection resulting from accidental ingestion of a contaminated substance. • Any act of incident of war declared or undeclared. • An accident while serving on full-time active duty that exceeds 30 days in any armed forces (this does not include Reserve or National Guard active duty for training). • Injury sustained while travel or flight in any vehicle used for aerial navigation (includes getting in, out, on or off any such vehicle) if: <ul style="list-style-type: none"> - Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or - Performing as a pilot or a crew member of any aircraft; or - Riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of Ameren or any of its subsidiaries or affiliates.

Termination of Coverage

Employees

Your basic and supplemental AD&D insurance coverage under this Plan will end on the earliest of the following dates:

1. End of the month of termination of employment
2. End of the month prior to your date of retirement;
3. Date of your death;
4. End of the month in which the last premium was paid following your request to cancel participation under the plan (supplemental coverage only);
5. End of the month in which you no longer satisfy the eligibility requirements for coverage under the Plan;
6. Date of transfer to an employee group not covered by this Plan;
7. Date you become covered under another AD&D insurance plan sponsored by Ameren;
8. Date of discontinuance of the policy;
9. Date the Company amends the Plan to eliminate coverage for the class of eligible individuals to which you are a member;
10. Date you or your covered dependent (if applicable) participates in fraud or misrepresentation of a material fact in enrolling or making claims for benefits under the Plan.
11. Date of expiration of the Labor Agreement;
12. 31 days (the grace period) after 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;
13. Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan;

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

Dependents

Supplemental AD&D insurance coverage for your covered 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. Except for divorce, the end of the month that your dependent is 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 AD&D insurance plan;
6. Date you drop dependent coverage;
7. Date of the death of your 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 the total amount of insurance paid due to an insured dependent's accidental injuries equals the full amount of his or her insurance;
11. Date your supplemental AD&D insurance coverage ends;
12. Date Ameren cancels family coverage;
13. Date you participate in fraud or misrepresentation of a material fact in enrolling or making a claim for benefits under the Plan.

Coverage Reductions at Certain Ages

This section applies ONLY to employees represented by a collective bargaining agreement with:

- Ameren Illinois (formerly AmerenCIPS) and IBEW Local Unions 702E – Illini, 702S – Shawnee, 702W – Great Rivers,
- AER Divestiture Employees (IBEW Local Unions 702 – Newton, 702 - Newton Clerical and IUOE Local Unions 148 and 148 – Coffeen Clerical)

Your basic and supplemental AD&D insurance coverage will not be terminated while you are working but the amount of coverage will be reduced according to the following schedule:

- When you reach age 65, your original coverage amount is reduced by 35%.
- At age 70, your original coverage amount is reduced by 58%
- At age 75, your original coverage amount is reduced by 72%
- At age 80, your original coverage amount is reduced by 81%
- At age 85 and over, your original coverage amount is reduced by 87%

These coverage reductions are effective the first of the month following the applicable birthday. The reductions apply to both your basic and supplemental AD&D insurance coverage amounts. All reduced amounts are rounded to the nearest \$100. These age reductions do not apply to any dependent AD&D insurance coverage you may have elected.

Note: At no time will your benefit be reduced below \$5,000.

Coverage After Retirement

There is no AD&D insurance coverage for retired employees.

Coverage During Leaves of Absence

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

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 arrange to make payments for any premiums due for supplemental AD&D insurance coverage during this three month time period. Your coverage will be reinstated when you return to active employment with the Company, assuming that you return to active employment in accordance with your re-employment rights. If you lose coverage under the Plan, you are eligible to continue the coverage to an individual policy issued by the Prudential. See [CONTINUING YOUR COVERAGE IF YOU LEAVE AMEREN OR ARE NO LONGER ELIGIBLE](#) for more details on this option.

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

Disability

If you become totally disabled, as defined under the Ameren Long Term Disability Plan, the Company will continue to pay the full cost of your basic AD&D insurance coverage. You will be required to pay the applicable premiums to continue the supplemental AD&D insurance coverage. The cost of such coverage will be deducted from your Ameren disability payment. In the event that your disability payment is insufficient to cover the premiums, or your disability benefit is provided by a company other than Ameren, you must contact the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) to make other payment arrangements.

Upon retirement, the AD&D insurance coverage will be terminated.

Definitions

Loss of a leg or arm means complete severance through or above the knee or elbow joint.

Loss of hands or feet means complete severance at or above the wrist or ankle joints, but below the elbow or knee.

Loss of sight means total and irrecoverable loss of sight, which cannot be corrected by medical or surgical treatment or by artificial means.

Loss of speech or hearing means the entire and irrecoverable loss of speech or hearing which cannot be corrected by medical or surgical treatment or by artificial means.

Loss of thumb and index finger means complete severance of each at or above the joint nearest the wrist.

Paralysis means complete and irreversible loss of use of a limb without severance.

Severance means the complete separation and dismemberment from the body.

Naming A Beneficiary

Your beneficiary under this Plan is the same as the beneficiary you have named under the **Ameren Group Life Insurance Plan** unless you name a separate beneficiary for the death benefits of this Plan. You may designate anyone you wish and you may change your beneficiary at any time at www.myAmeren.com or by contacting the **Ameren Benefits Center** at 877.7myAmeren (**877.769.2637**).

If no beneficiary has been named under the **Ameren Accidental Death & Dismemberment Insurance Plan** or the **Ameren Group Life Insurance Plan**, the payment of accidental 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.

AD&D insurance benefits for covered losses (other than death) are always paid to you. You are automatically the beneficiary of your family members' AD&D insurance benefits for whom you have elected dependent AD&D insurance (if applicable). However, if you are not living at the time a dependent dies, any dependent AD&D insurance benefit will be paid to your relatives or estate in the order provided above.

Porting Your 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 may also port the coverage of your covered dependents when you port your own coverage. In cases of your death or divorce, your dependents are eligible to port their coverage without you porting your own coverage as long as they meet eligibility requirements.

You and your dependents do not have to pass a medical exam to qualify for coverage. However, you or, where applicable, your covered dependent, 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 insurance benefits to an individual policy will be provided at the time of your termination.

If you port your AD&D insurance benefits, you must purchase at least \$20,000 of coverage but not more than the amount of coverage in effect on the date you lost coverage under the Plan. Any individual age 70 or older is not eligible for an AD&D insurance ported policy. (Note: For employees represented by a collective bargaining agreement with AmerenCILCO and IBEW Local Union 51 and AmerenEnergy Resources Generating Company and IBEW Local Union 51, the age limit is 80). A dependent child must be less than age 19, or less than age 23 if a full time student and wholly dependent on your for support and maintenance.

Maximum AD&D Insurance Benefits

The maximum amount of basic and supplemental AD&D insurance benefits under the Plan is \$4 million for any one accident, regardless of the number of Plan participants involved. If a number of Ameren employees are involved in the same accident, the benefit amount for each individual will be reduced proportionately so that the total does not exceed \$4 million.

Claims Procedure and Appeals

If you or your beneficiary has a claim for benefits under this Plan, you must notify the **Ameren Benefits Center** at 877.7my.Ameren (**877.769.2637**) within 30 days after the accident. The 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.

Determination of Benefits

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

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

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

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

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

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

Appeals of Adverse Determination

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

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

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

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

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

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

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

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

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

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

was included in the first adverse determination letter. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

Miscellaneous

Definitions of "Ameren" and "Company"

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

Plan Administration

The Administrative Committee has 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 company 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 Committee in its sole and absolute discretion may determine, and to decide all questions of eligibility and to make all determinations as to the right of any person to a benefit.

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

Plan Amendment or Termination

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

The Administrative Committee may also amend the Plan through the issuance of revised 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.

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.

Severability

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

Waiver

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

Recovery of Payments Made by Mistake

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

Collective Bargaining Agreement

The Ameren Accidental Death and Dismemberment Insurance Plan is maintained pursuant to collective bargaining agreements with the local unions listed in the **ELIGIBILITY** section of this document.. Copies of the applicable collective bargaining agreements are available for inspection from the Plan Administrator upon request.

ERISA Information

Your Rights Under ERISA

As a participant in the Ameren 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. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

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 Accidental Death and Dismemberment Insurance 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	503

Funding	Ameren pays the full cost for basic AD&D insurance coverage. Participants contribute to the cost of supplemental AD&D insurance coverage.
Plan Sponsor	Ameren Corporation 1901 Chouteau Avenue, Mail Code 533 Post Office Box 66149 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637)
Plan Sponsor's Employer Identification Number	43-1723446
Plan Administrator	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 Accidental Death and Dismemberment insurance 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	The General Counsel of Ameren is the agent for service of legal process. The agent can be contacted by writing to: General Counsel Ameren Services Company 1901 Chouteau Avenue Post Office Box 66149 Mail Code 1300 St. Louis, MO 63166-6149 877.7my.Ameren (877.769.2637) Legal process may also be served on Ameren Corporation.