

Your Disability Benefits

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Your Disability Benefits

The Verizon Disability Benefit Plans (the Plans) are designed to provide you with continuing income if an illness or injury prevents you from working for more than seven consecutive calendar days. You automatically are enrolled for disability coverage upon eligibility. The Plans include a number of different types of benefits:

- **Sickness Disability Benefits.** If you are absent more than seven consecutive calendar days due to sickness or an off-duty injury, beginning on the eighth consecutive calendar day of your absence, you may receive Sickness Disability Benefits for up to 52 weeks.
- **Accident Disability Benefits.** If you are unable to work due to an on-duty injury, you may receive Accident Disability Benefits beginning on the first day of your disability.
- **Long-Term Disability Benefits.** When Sickness Disability Benefits end after 52 weeks, you may be eligible for Long-Term Disability (LTD) Benefits.

Important Notes:

If you are absent from work for seven or fewer consecutive calendar days, you may be eligible for Incidental Absence payments. Contact your supervisor.

Verizon and its claims and appeals administrators have the discretionary authority to interpret the terms of this SPD and determine your eligibility for benefits under its terms.

About This SPD

This document is the summary plan description (SPD) for the following Plans:

- Verizon Sickness and Accident Disability Benefit Plan for Mid-Atlantic Associates.
- Verizon Long-Term Disability Plan for Mid-Atlantic Associates.

The Plans are subject to federal law under the Employee Retirement Income Security Act of 1974 (ERISA) and its subsequent amendments. This document meets ERISA's requirements for an SPD and is based on Plan provisions and bargained-for changes effective January 1, 2004, including legislative and administrative updates through December 31, 2006. It updates and replaces all previous SPDs and other descriptions of the benefits provided by the Plans. This SPD is a summary of these Plans.

Every effort has been made to ensure the accuracy of the information included in this SPD. Copies of Plan documents are available by contacting the Plan administrator in writing at the address provided in the "Administrative Information" subsection, within the "Additional Information" section.

This SPD is divided into the following major sections:

- **Participating in the Plans.** This section explains your eligibility and when eligibility ends.
- **Sickness Disability Benefits.** This section describes benefits if you are absent from work due to sickness or an off-duty injury for more than seven consecutive calendar days.
- **Accident Disability Benefits.** This section describes benefits if you are unable to work due to an on-duty injury.
- **Long-Term Disability Benefits.** This section provides information about Long Term Disability (LTD) Benefits if you continue to be disabled for more than 52 weeks.
- **Additional Information.** This section provides additional details about the administrative provisions of the Plans and your legal rights.
- **Glossary.** Certain terms used in this SPD are defined in the glossary.

Verizon Benefits Center

The Verizon Benefits Center offers a Web site called Your Benefits Resources™ (www.verizon.com/benefits) where you'll find tools to help you manage your benefits. The Web site makes finding information fast and easy as it guides you through your benefits transactions, including benefits renewal. In addition to enrolling on the site, you can:

- Hotlink to other Verizon benefit provider sites.
- Create and print personalized provider listings and maps to providers' offices for most options.
- Review details about your healthcare and insurance plans. For overview information, use the comparison charts. For more detailed information, use the Benefits Manual.
- Select and update your beneficiary designations.
- Change Your Benefits Resources password.
- Give yourself a helpful "hint" in case you forget your password.

Verizon Benefits Center representatives are available should you have questions about your benefits. To reach the Verizon Benefits Center via telephone, call 1-877-4VzBens. Via this toll-free telephone number, you also can connect with other Verizon benefit providers.

Your Benefits Resources™ is a registered trademark of Hewitt Associates LLC.

Changes to the Plans

While Verizon expects to continue the Plans indefinitely, Verizon also reserves the right to amend, modify, suspend or terminate one or more of the Plans at any time, at its discretion, with or without advance notice to participants, subject to any duty to bargain collectively. The Plans may be amended by publication of any SPD, summary of material modification, enrollment materials or other communication relating to the Plans, as approved by Verizon.

Decisions regarding changes to, or terminations of, benefits are made at the highest levels of management. Verizon employees below those levels do not know whether the Company will adopt any particular change and are not in a position to speculate about such changes. Unless and until changes formally are adopted and officially are announced, no one is authorized to assure that any particular change will or will not occur.

Participating in the Plans

Eligibility

You are eligible for Plan coverage if you are employed by a Verizon participating company and are a regular full-time, part-time or term Mid-Atlantic associate.

“Associate,” as used throughout this summary plan description (SPD) includes any non-management employee.

Your coverage is effective as follows:

- Your Accident Disability Benefit coverage begins on your first day of work.
- Your Sickness Disability Benefit coverage begins after you have six months of net credited service.
- Your Long-Term Disability (LTD) Benefit coverage begins after you have six months of net credited service and your Sickness Disability Benefits end.

“Service” means net credited service as defined by the Verizon Pension Plan for Mid-Atlantic Associates. In general, it is the entire period of your continuous employment with the Company. It also is a factor that is used to determine the amount of your disability benefit.

If you terminate your employment with the Company and later are rehired by a participating company, your net credited service for purposes of eligibility to participate in the Plans will be determined according to the provisions of the Verizon Pension Plan for Mid Atlantic Associates. However, if immediately prior to your re-employment you were a retired participant (as defined in the applicable Company-sponsored retiree medical plan), you will be eligible for coverage as of the first day of the month following your re-employment.

You are not eligible to participate in the Plans if any one of the following applies:

- You are paid by a temporary staffing or placement agency or other vendor or third party.
- You are employed under the terms of a written agreement with the Company as an independent contractor or consultant.
- You are paid through accounts payable instead of the payroll system.
- You are a working retiree.

Note: If a court, the Internal Revenue Service (IRS) or any other enforcement authority or agency finds that an independent contractor or leased employee should be treated as a regular employee of a participating company, for example, for purposes of W-2 income reporting or tax withholding, such individual is nonetheless expressly excluded from the definition of eligible employee and is expressly ineligible for benefits under the Plans.

State Disability Law and Your Verizon Benefits

If you are employed in New Jersey, you may be eligible for state-mandated sickness disability benefits if:

- You are not eligible to participate in the Verizon Plans.
- You are not eligible for benefits under the Verizon Plans because you have not reached the service requirement yet.
- You are not eligible for benefits under the Verizon Plans due to insufficient medical certification.

There may be a mandatory premium withheld from your pay for these benefits. Contact the appropriate state office if you want more information on applying for state-mandated benefits.

You can be covered by a state-mandated plan and a Verizon Plan at the same time. However, any Verizon Plan benefits for which you are eligible may be offset by any state-mandated plan benefits you receive.

Important Note

Verizon complies with the Family and Medical Leave Act of 1993 (FMLA). The FMLA entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave each year for specified family and medical reasons. Any leave taken under the FMLA will run concurrently with any approved Verizon short-term disability benefits. For more information regarding FMLA leaves, contact the Verizon Benefits Center (see your Important Benefits Contacts insert for the telephone number).

Cost of Coverage

The Company pays the full cost of your coverage under the Plans, with the exception of any state-mandated premiums you may be required to pay.

When Coverage Ends

Coverage ends under the following circumstances:

- Your Sickness and Accident Disability Benefit coverage ends when your employment terminates (including retirement) or when you receive the maximum benefits payable under the Plan. However, if your employment terminates prior to your reaching the maximum benefits payable under the Plan, your Sickness or Accident Disability Benefits will continue until you no longer are certified as disabled or you receive the maximum benefit, whichever occurs first.
- Your LTD Benefit coverage ends when you receive the maximum benefits payable under the Plan.
- If you are assigned to a salaried position, your disability coverage ends.

Summary of Benefits

Disability Benefit	Level of Benefits You May Receive While Disabled	When Payments Begin	When Payments End
Sickness Disability	50% pay, 100% pay or a combination of both, depending on your length of service as of your eighth consecutive calendar day of absence.	If you have at least 6 months of service, benefits begin on the eighth consecutive calendar day after you have been absent for the 7 prior consecutive calendar days due to sickness or an off-duty injury.	The earliest of the date you no longer are disabled, you receive the maximum benefits payable (52 weeks), you retire with a service pension or you terminate employment with a deferred vested pension ¹ .
Accident Disability	Full pay for at least 13 weeks (longer if you have 15 years of net credited service – see “Benefits for Total Disability” under the “Accident Disability Benefits” section for more information), half pay for the remaining period you are disabled until you retire.	On the first scheduled work day absent due to your on-duty injury.	When you no longer are disabled or, if earlier, when you retire with a service or deferred vested pension.
Long-Term Disability	50% of your monthly pay (minus certain other sources of income, such as Social Security disability benefits, disability pension benefits, and Workers’ Compensation benefits).	If you continue to be disabled after 52 weeks, Sickness Disability Benefits end, your employment is terminated, and Long-Term Disability Benefits may begin.	The earlier of the date when you no longer are totally disabled or you die.

¹If the disability benefits are greater than the payments of this pension, you may elect in writing to defer pension payments and to elect to receive the disability payments.

Sickness Disability Benefits

Applying for a Benefit

To apply for Sickness Disability Benefits, call the benefits administrator (see your Important Benefits Contacts insert for the telephone number) by your eighth consecutive calendar day of absence and follow the instructions to certify your disability.

When Benefits Begin

You may be eligible to receive Sickness Disability Benefits after you have been absent for more than seven consecutive calendar days due to sickness or an off-duty injury. (For information on disability benefits for an on-duty injury, see the “Accident Disability Benefits” section.)

In addition, you must:

- Be under a qualified physician’s care.
- Receive proper medical treatment.
- Take proper care of yourself.
- Be certified as disabled by the claims administrator. Also, once you have been certified as disabled, the Company reserves the right to require that you periodically recertify your disability.
- Obtain permission from the claims administrator if you plan to recuperate away from home at any time during your absence.

Important Note

If you are absent from work for seven or fewer consecutive calendar days, you may be eligible for Incidental Absence payments. Contact your supervisor.

How Your Benefit Is Determined

Your net credited service on the date your Sickness Disability Benefits begin determines how long you may receive full-pay benefits. When full-pay benefits end, you may receive half pay for the remainder of the 52-week period.

The chart below shows the benefit level provided by the Plan according to the amount of net credited service you have on the eighth consecutive calendar day of your initial absence and providing you remain certified as disabled by Verizon or its claims administrator.

If your net credited service is...	You receive full pay up to...	Then you receive half pay up to...
At least 6 months but less than 2 years	–	52 weeks
2 years but less than 5 years	4 weeks	48 weeks
5 years but less than 15 years	13 weeks	39 weeks
15 years but less than 20 years	26 weeks	26 weeks
20 years but less than 25 years	39 weeks	13 weeks
25 years or more	52 weeks	–

Note: If you are eligible for any Workers' Compensation or other state-mandated disability payments, your Verizon Plan benefits may be reduced by these amounts.

How Pay Is Determined

The amount of your Sickness Disability Benefits depends on your base pay, the number of hours you regularly are scheduled to work, and your net credited service as of the eighth consecutive calendar day of your absence.

For part-time employees, benefit payments are prorated based on the number of hours scheduled to work.

For purposes of the Plan, your pay at the time your disability begins includes your basic pay rate and may include shift differentials, commissions and temporary increases per your collective bargaining agreement. Your pay does not include overtime, awards, incentives or allowances.

Overpayments

If you are entitled to or receive an award from a third party, such as state statutory benefits or Workers' Compensation benefits, Verizon has the right to recover the overpayment according to state law and the collective bargaining agreement.

In addition, Verizon will begin the recovery process for any payments you have received from MetLife if it is not able to approve benefits on your claim, in accordance with the collective bargaining agreement.

When Benefits End

You will continue to receive Sickness Disability Benefits as long as you are certified disabled, up to 52 weeks. If you continue to be disabled due to sickness or an off-duty injury beyond 52 weeks, your employment ends and you may be eligible for Long-Term Disability (LTD) Benefits and/or pension benefits.

If you die while receiving Sickness Disability Benefits, any benefits owed to you but not yet paid at the time of your death may be paid to your spouse or other appropriate individual. For example, if you died on a Thursday, your family would receive the payments owed to you for the four days of that week. (You already would have been paid for the previous weeks.) The Verizon Claims Review Committee determines who will receive the payments for the balance owed as of the date of your death.

If you leave the Company for any reason except a disability covered under the Plan, your eligibility to receive disability benefits will stop on the date your employment ends. If you separate from service for any reason while receiving Sickness and Accident Disability Benefits, you will receive any disability benefits to which you are entitled at the time of termination. For example, if you are receiving Sickness Disability Benefits on February 15 and terminate employment on that date, you will continue to receive disability benefits until your disability ends or the end of the 52-week benefit period, whichever occurs first. If you recover April 3, you will no longer be eligible for Sickness and Accident Disability Benefits, even if you suffer a relapse on April 5.

Recurrences and Successive Disabilities

If you return to work after being disabled and you have a recurrence or you have another unrelated disability, you still may be eligible for Sickness Disability Benefits. However, if a recurrence or new disability occurs within the first 13 weeks after returning to work, both periods of disability will be counted toward your 52-week maximum and in determining your full-pay and half-pay periods during the 52-week period. If a recurrence or new disability occurs after you have been back at work for more than 13 weeks, you will be eligible for a new 52-week benefit period.

Example: Effect of a Recurrent or New Disability on Your Sickness Disability Benefits

Assume that:

- Based on your net credited service, you are eligible for Sickness Disability Benefits of 13 weeks of full pay and 39 weeks of half pay.
- You receive 6 weeks of Sickness Disability Benefits on a full-pay basis during your first period of disability.

If you have a recurrence within the first 13 weeks that you are back at work, you will be eligible for an additional 7 weeks of full pay (13 weeks – 6 weeks = 7 weeks). A maximum of 46 additional weeks of benefits (52 weeks – 6 weeks = 46 weeks) may be paid to you.

If you have been back at work and engaged continuously in the performance of your duties for more than 13 weeks when you have a recurrence, you will be eligible for a new 52-week benefit period.

The chart below summarizes when your Sickness Disability Benefits may resume after a recurrence.

If you have returned to work for...	Your Sickness Disability Benefits begin...
Less than 2 weeks	On the first scheduled work day of your absence
More than 2 weeks but less than 13 weeks	On the eighth consecutive calendar day of your absence ¹
More than 13 weeks	On the eighth consecutive calendar day of your absence, with eligibility for a new 52-week benefit period ¹

¹You may be eligible for Incidental Absence payments during the seven-day period before Sickness Disability Benefits begin.

Independent Medical Examination

If you are receiving Sickness and Accident Disability Benefit Plan Benefits and there is a difference of opinion between the benefits or claims administrator and your physician regarding your disability, the benefits administrator will schedule an independent medical examination for you. The Company will pay for this examination. You must attend this examination in order for your benefits to continue until the time of the examination. However, in no case will your benefits continue for more than 52 weeks or past the date on which you otherwise would be ineligible for benefits.

In addition, if you are able to work, and there is a difference of opinion between the benefits or claims administrator and your physician regarding medical restrictions (such as the number of hours you can work or the weight you can lift) or the duration of such restrictions on your work, the benefits or claims administrator will schedule an independent medical examination for you. You must attend this examination. The independent medical examiner's determination as to your functional capacity to perform your work duties will be binding on all parties.

Accident Disability Benefits

Applying for a Benefit

To apply for Accident Disability Benefits:

- Immediately call the designated local contact for an on-duty injury. This contact usually is your immediate supervisor, who will file an accident report and notify the Safety, Health and Environment Compliance Service Center.
- Follow the instructions provided for certification of your on-duty injury.
- Place yourself under a qualified physician's care.

Also, the claims administrator reserves the right to require that you periodically recertify your disability.

When Benefits Are Paid

Accident Disability Benefits may provide you with a period of full- and half-pay replacement if you are unable to work due to an on-duty injury arising out of and in the course of the performance of your job duties. The length of your service with the Company is used to determine the duration of your full- and/or half-pay benefits. Occupational illnesses, which may develop over a period of time, are not considered Accident Disability Benefits under the terms of the Plan.

If you are disabled due to an on-duty accident and cannot return to work, you may receive Accident Disability Benefits from the first day of your absence, provided you have followed the proper reporting procedures. See "Applying for a Benefit" above for more information on the reporting procedures. Accident disability benefits are not the same as Workers' Compensation payments.

Part-Time Service

If you were an active employee on December 31, 1980 and have worked part-time on or after January 1, 1981, with no breaks in service since January 1, 1981, you are eligible to receive Accident Disability Benefits as if you were a full-time employee.

If you are a part-time employee and you were hired or rehired on or after January 1, 1981, you are eligible to receive Accident Disability Benefits based on your part-time pay rate and your scheduled work hours.

Benefits for Total Disability

Under the Plan, total disability means you are unable to work at **any** Company job due to your disability.

In general, Accident Disability Benefits for total disability provide a combination of full-pay and half-pay replacement for as long as you are certified disabled. The duration of your full-pay benefit depends on the years of net credited service you have when you are injured in an on-duty accident.

Net Credited Service	You Can Receive Full Pay¹ Up To...	And Then, Half Pay¹
Less than 15 years	13 weeks	You can receive half pay for as long as you remain totally disabled or, if earlier, until you retire with a service or deferred vested pension.
15 years to less than 20 years	26 weeks	
20 years to less than 25 years	39 weeks	
25 years or more	52 weeks	

¹Full- and half-pay benefits are offset by any Workers' Compensation payments you are eligible to receive.

Example: Determining Total Disability Accident Disability Benefits

Assume that:

- Your weekly pay at the time of your on-duty injury is \$1,000.
- You qualify to receive \$400 weekly in Workers' Compensation benefits.

In this example, your weekly Accident Disability Benefit is \$600 (\$1,000 – \$400) while you are receiving full-pay benefits, and \$100 (\$500 – \$400) during any half-pay benefit period.

How Pay Is Determined

For purposes of the Plan, your pay at the time your disability begins includes your basic pay rate and may include shift differentials, commissions and temporary increases per your collective bargaining agreement. Your pay does not include overtime, awards, incentives or allowances.

If You Partially Recover From a Total Disability

Your injury is reclassified as a partial disability if you are totally disabled and you recover sufficiently to be able to work, but you are not able to return to your pre-disability job. In this case, you will receive Accident Disability Benefits according to the partial disability provisions described below.

The amount of time you have received total disability benefits will be counted toward your partial disability benefit period.

Benefits for Partial Disability

Partial disability means you are unable to perform all of the functions of your pre-disability job with the Company due to your injury. In this situation, your Accident Disability Benefits take into account any wages you still are capable of earning, as determined by the Verizon Employee Benefits Committee (VEBC).

Your benefit amount is the difference between what you were earning at the time you first became disabled and the amount you are capable of earning while you are injured.

Example: Determining Partial Disability Accident Disability Benefits

Assume that:

- Your weekly pay at the time of your on-duty injury is \$1,000.
- You qualify to receive \$400 monthly in Workers' Compensation benefits.
- You can earn \$300 with your partial disability as determined under the Plan.

In this example, your monthly Accident Disability Benefit is \$300 ($\$1,000 - \$400 - \$300 = \300) while you are receiving full-pay benefits (based on your net credited service – see the chart under “Benefits for Total Disability”). If your partial disability continues beyond the full-pay period, you will continue to receive half of your partial disability Accident Disability Benefit for as long as you are disabled, up to a maximum of 6 years.

Recurrences and Successive Disabilities

You can still receive Accident Disability Benefits if you return to work after being disabled and either suffer another unrelated on-duty accident or have a recurrence:

- If you have been back at work less than 13 weeks and you are absent again due to the original injury, the absence is considered a recurrence and you will receive benefits beginning on the first day it occurs, as if your previous disability period never had ended.
- If a recurrence occurs after you are back at work more than 13 weeks, you will begin a new disability period.
- Regardless of how soon a second, unrelated disability occurs, it will be treated as an entirely new benefit period for payment purposes.

Note

If you lose a limb or your eyesight as a result of an on-duty accident, you also may be eligible for Accidental Death and Dismemberment (AD&D) Insurance Benefits. See Your Survivor Benefits Program SPD for more information.

Situations That May Affect Your Benefits

The following situations may affect your benefits under the Plan:

- You fail to immediately report an on-duty injury to your supervisor, complete an accident report, and follow the proper claims procedures listed in “Applying for a Benefit.”
- You bring a suit for damages or other legal action against Verizon because of an injury.

Effect on Your Other Benefits Coverage

All other Verizon benefit coverage continues while you qualify for Accident Disability Benefits.

Long-Term Disability Benefits

You must be continuously certified as disabled under the terms of the Sickness Disability program for a 52-week period to be eligible for Long-term Disability (LTD) Benefits. Your disability will be treated as continuous even if your disability stops for 13 weeks or less during the 52-week period. The days that you are not disabled (not receiving STD Benefits) will not count towards this 52 – week period.

If you remain disabled after you receive 52 weeks of Sickness Disability Benefits, your employment with Verizon will end and you may be eligible to receive Long-Term Disability (LTD) Benefits. These benefits generally provide you with income replacement for as long as you are totally and permanently disabled. Your LTD Benefit will be offset by any pension benefit, as well as certain other income you receive, such as Social Security disability benefits.

Important Note

To be eligible for LTD Benefits, your employment must have ended due to your disability, with no guarantee of re-employment. If you no longer are disabled and seek re-employment, you may or may not be rehired by the Company.

Applying for a Benefit

You must apply for LTD Benefits; they do not begin automatically. To apply for LTD Benefits, you will need to complete and return an application, which includes a section that must be completed by your physician. You will receive the application from the claims administrator in the mail when you reach the 44th week of Sickness Disability benefits.

You must complete the application and submit all required proof and medical evidence of the disability prior to the expiration of the waiting period (i.e., when you are receiving Sickness Disability Benefits) in order for your LTD Benefits to commence.

It is possible that Verizon or the benefits administrator may initially require you to see a physician of its choice and on a periodic basis thereafter. If you refuse to be examined by such a physician, you may be denied benefits. You also may be asked on occasion to submit other evidence of your continuing disability.

When Benefits Are Paid

LTD Benefits may begin after you have received 52 weeks of Sickness Disability Benefits. To receive benefits, you must meet one of the following conditions:

- You must be unable to work in any occupation or employment for which you are qualified or may become reasonably qualified by training, education or experience.
- As a result of your disability, you only are able to work at a job that pays less than half of your basic pay rate at the time you became disabled.

In addition, you must be under the care of a qualified physician who must provide appropriate documentation of your disability. You also must take proper care of yourself and receive proper medical treatment. Otherwise, you will not be eligible for benefits.

How Your Benefit Is Determined

Your LTD Benefit – in combination with certain other sources of income – provides you with income equal to 50 percent of your monthly base pay as if you had been in active service on the day immediately before the start of the LTD period.

In determining your monthly LTD Benefit, income from the following sources is subtracted from half of your monthly base pay (so the total income you receive equals 50 percent of your pay):

- Social Security disability and old-age benefits (family benefits are not considered).
- Workers' Compensation or other legislated benefits of a similar nature.
- State or federal disability benefits, except veterans' benefits.
- Payments from the Verizon Pension Plan for Mid-Atlantic Associates or any other Company-sponsored Pension Plan from which you are entitled to receive benefits.
- Disability, vested and service pension benefits payable to you as a participant under any qualified or non-qualified Plan maintained by Verizon.
- Wage-loss payments that result from any payment errors or omission of a third party that may be at fault for the accident that caused you to become disabled.

Example: Determining an LTD Benefit

Here's an example of how an LTD Benefit is determined. Assume:

- You are age 50 when you begin receiving benefits.
- Your weekly base pay is \$690, or \$3,000 per month ($\$690 \times 4.35$).
- The only other income you are receiving is a monthly Social Security benefit of \$900.

Step 1: Calculate 50 percent of your monthly base pay.

$$\$3,000 \times .50 = \$1,500$$

Step 2: To determine your LTD Plan Benefit, subtract your \$900 Social Security benefit.

$$\$1,500 \text{ (50\% of pay)} - \$900 \text{ (Social Security)} = \$600 \text{ (LTD Benefit)}$$

So, in this example, your LTD Benefit is \$600, and your total monthly disability income from all sources is \$1,500 ($\$600 + \$900 = \$1,500$), or 50 percent of your monthly base pay.

Applying for Social Security Benefits

After you are disabled for more than six months, you may be eligible for Social Security benefits. You can begin the application process for Social Security disability benefits after five months of disability. Your Social Security disability benefit (or an estimated benefit if you have not yet started receiving Social Security benefits) or, if applicable, old-age benefit **will** be deducted from your LTD Benefit.

Caution: If you initially are denied a Social Security disability benefit, you must make at least one appeal of the Social Security administrator's decision. Your Social Security benefits (or an estimate until you receive your actual benefits) will be deducted from your LTD Benefit. Also, if you receive retroactive Social Security benefits, you will be required to repay the Company for any past over-payment of your LTD Benefits.

When Benefits End

In general, you can continue to receive LTD Benefits until you no longer qualify as disabled under the Plan or you die.

If You Take Another Job

If you physically are able to work and you take another job with any employer that pays less than half of what you were earning before you were disabled, your LTD Benefits can continue on a reduced level. However, your LTD Benefit – in combination with your job earnings and your other sources of income – cannot total more than 75 percent of the base pay you were receiving when you became disabled.

You are required to notify the LTD claims services provider if you take another job while receiving LTD Benefits. If you fail to make this notification, you may forfeit future eligibility for LTD Benefits and may be responsible for reimbursement of any overpayments.

Recurrences and Successive Disabilities

If you are rehired by Verizon after receiving LTD payments and you suffer another disability or a recurrence, you still are covered by the Plan as follows:

- If you have been back at work less than 13 weeks when your disability recurs or a successive disability occurs, you may receive LTD Benefits beginning with the first day you are disabled. No new waiting period will apply and the second disability shall be considered a continuation of the first disability.
- If you have been back at work 13 weeks or more when your disability recurs or a successive disability occurs, for purposes of LTD Plan eligibility, you will be treated as a new hire on the date you return to work. You may receive LTD Benefits after Sickness Disability payments end if you are eligible for LTD Benefits.

Effect on Your Other Benefits Coverage

While you are receiving LTD Benefits:

- Medical coverage continues. Note that once you have been entitled to Social Security disability benefits for 24 consecutive months, Medicare becomes primary and the Company medical coverage is secondary.
- Your dental and vision coverage ends, unless you choose to continue coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and its subsequent amendments or, for dental coverage, you also are receiving a service or disability pension (see Your Dental Benefits summary plan description [SPD] and Your Vision Benefits SPD).
- Survivor benefit coverage may continue for a period of time (see Your Survivor Benefits Program SPD).
- If you participate in a Company-sponsored Savings Plan, you can receive final distribution of your account (see Your Savings Plan SPD).
- You may be eligible to retire with a service or disability pension under a Company-sponsored Pension Plan (see Your Pension Plan SPD).

When Benefits Are Not Paid

You are not eligible for LTD Benefits if your disability results from:

- Your commission or attempted commission of a felony.
- Active participation in a riot, insurrection, rebellion or civil commotion.
- Military service.
- War, whether declared or undeclared.
- Intentionally self-inflicted injuries while sane or insane.

Additional Information

Permission to Leave Home

If you are receiving Sickness and Accident Disability Benefit Plan benefits and wish to travel or vacation, you must obtain approval from the claims administrator prior to vacation or overnight travel. This requirement includes all vacation and overnight travel that is not related to the current medical treatment for the current condition.

Otherwise, benefits will not be paid for your period of absence.

Leaves of Absence

You may be eligible to take a leave of absence for certain types of disability. See Your Additional Benefits and Programs book for information.

Subrogation and Third Party Reimbursement

If you recover any charges for covered expenses from a third party (for example, as a result of a lawsuit from an automobile accident), the Plan's provision for subrogation and reimbursement takes effect. Under these procedures, the claims administrator's subrogation vendor tries to recover money that has been paid (or should be paid) on behalf of a third party (the other driver, in this example) whose negligence or wrongful actions caused illness or injury to a Plan participant. In this example of a car accident, should the Plan provide benefits because of your accident, the Plan has the right to recover the amount of these benefits from the negligent person or by obtaining a reimbursement from that person's insurance company—or from you if settlement amounts have been paid to you by the negligent person or his or her insurer.

You can contact the subrogation vendor directly with questions. See your Important Benefits Contacts insert for contact information.

The subrogation and reimbursement provisions also mean that if you make a liability claim against a third party after you have received benefits from the Plan, you must include the amount of those benefits as part of the damages you claim. If the claim proceeds to a settlement or judgment in your favor, you must reimburse the Plan for the benefits you received. You and your dependents must grant a lien to the Plan and you and your dependents must assign to the Plan any benefits received under any insurance policies or other coverages. As a condition of eligibility for benefits, you and your dependents must agree to cooperate with the claims administrator's subrogation vendor in carrying out the Plan's subrogation and reimbursement rights. Cooperation means you must respond promptly and fully with inquiries from the claims administrator's subrogation vendor and take what action the claims administrator's subrogation vendor requests to help recover the value of benefits provided under the Plan. If you don't, any amounts which could have been recovered through subrogation may be deducted from future Plan payments. In any case, Verizon will require payment from you only for amounts recovered that are net of your legal costs related to the action.

The covered person must sign any documents requested by the Plan to enable the Plan to exercise its rights under this provision.

The Plan is not responsible for your legal costs.

Right of Recovery

If, for any reason, the claims administrator overpays benefits or makes a payment in error, the claims administrator has a right to recover the excess amount from the person or agency who received it. The person receiving benefits must produce any instruments or papers necessary to ensure this right of recovery.

Claims and Appeals Procedures

The procedure is slightly different, depending on whether you have an “eligibility” claim or a “benefit” claim. An eligibility claim is a claim for eligibility to have coverage in a plan. A benefit claim is any claim that is not a claim for eligibility. An example of a benefit claim is a claim for disability benefits due to alleged failure to satisfy the definition of “disabled” under the Verizon Long-Term Disability Plan for Mid-Atlantic Associates.

If you began receiving disability benefits before January 1, 2004 (even if you were receiving disability benefits before the change in regulations on January 1, 2002) and Verizon through a periodic review determines that you’re no longer disabled, the determination will be considered a claim denial. Therefore, your subsequent request for benefits will be considered an appeal and will be determined using the procedure specified in this SPD (even though your disability first began before January 1, 2004).

The authority and discretion to designate each of the claims and appeals administrators is granted to the Verizon Employee Benefits Committee (VEBC) and the Verizon Claims Review Committee (VCRC), and to the individuals who chair each of these committees.

At this time, for eligibility-related claims, the claims and appeals administrator is the VCRC. For benefit-related claims, the claims and appeals administrator is MetLife.

The addresses of the claims and appeals administrators for the disability plans are:

VCRC
c/o Verizon Claims Review Unit
P.O. Box 1438
Lincolnshire, IL 60069-1438

MetLife
P.O. Box 14590
Lexington, KY 40511-4590

If you have a claim or appeal, you should contact the appropriate claims and appeals administrator for the type of claim or appeal you have.

The claims and appeals administrators, as the claims fiduciaries, have discretionary authority to:

- Interpret the Plans based on their provisions and applicable law and make factual determinations about claims arising under the Plans.
- Determine whether a claimant is eligible for benefits.
- Decide the amount, form and timing of benefits.
- Resolve any other matter under the Plans that is raised by a participant or a beneficiary, or that is identified by either the claims or appeals administrator.

The claims and appeals administrators have sole discretionary authority to decide claims under the Plans and review and resolve any appeal of a denied claim. In case of an appeal, the claims and appeals administrators' decisions are final and binding on all parties to the full extent permitted under applicable law, unless the participant or beneficiary later proves that a claims or appeals administrator's decision was an abuse of administrator discretion.

The following chart outlines the process that applies if you have an ERISA claim or appeal for a disability plan benefit.

	Disability plan <i>eligibility</i> claims procedure	Disability plan <i>benefit</i> claims procedure
Step 1		
How to file a claim	To file an eligibility claim, request a Claim Initiation Form from the Verizon Benefits Center at 1-877-4VzBens. You (or your authorized representative) must return the form to the Verizon Claims Review Unit at the address on the form. You must include: <ul style="list-style-type: none"> • A description of the benefits you're applying for • The reason(s) for the request and • Relevant documentation 	To file a claim, write to the disability administrator for the plan (MetLife) and include: <ul style="list-style-type: none"> • A description of the benefits you're applying for • The reason(s) for the request and • Relevant documentation
When you will be notified of the claim decision	You will be notified of the decision within 45 days of the Claims Review Unit's receipt of your Claim Initiation Form (75 or 105 days, when special circumstances apply)	You will be notified of the decision within 45 days of the disability administrator's receipt of your written claim (75 or 105 days, when special circumstances apply)

	Disability plan <i>eligibility</i> claims procedure	Disability plan <i>benefit</i> claims procedure
Failure to provide sufficient information	<p>If you fail to provide sufficient information, the claim may be decided based on the information provided. However, the Claims Review Unit may notify you within either the 75- or 105-day extension period that additional information is needed.</p> <p>You will have 45 days to provide the additional information. Otherwise, the claim will be decided based on the information originally provided.</p> <p>If you provide additional information, you will be notified of the decision by the Claims Review Unit no later than 105 days after the initial claim was submitted, not including the time that it takes you to provide the additional information</p>	<p>If you fail to provide sufficient information, the claim may be decided based on the information provided. However, the disability administrator may notify you within either 75- or 105-day extension period that additional information is needed. In some cases, you may be required to have an independent medical examination.</p> <p>You will have 45 days to provide the additional information. Otherwise, the claim will be decided based on the information originally provided.</p> <p>If you provide additional information, you will be notified of the decision by the disability administrator no later than 105 days after the initial claim was submitted, not including the time that it takes you to provide the additional information</p>
How you will be notified of the claim decision	<p>If your claim is approved, the Claims Review Unit will generally notify you in writing</p> <p>If your claim is denied, in whole or in part, the Claims Review Unit will notify you in writing. Your denial notice will contain:</p> <ul style="list-style-type: none"> • The specific reason(s) for the denial • The plan provisions on which the denial was based • Any additional material or information you may need to submit to complete the claim • Any internal procedures on which the denial was based and • The plan's appeal procedures 	<p>If your claim is approved, the disability administrator will notify you in writing</p> <p>If your claim is denied, in whole or in part, the disability administrator will notify you in writing. Your denial notice will contain:</p> <ul style="list-style-type: none"> • The specific reason(s) for the denial • The plan provisions on which the denial was based • Any additional material or information you may need to submit to complete the claim • Any internal procedures or clinical information on which the denial was based (or a statement that such information will be provided free of charge) and • The plan's appeal procedures

	Disability plan <i>eligibility</i> claims procedure	Disability plan <i>benefit</i> claims procedure
Step 2		
About appeals and the claims fiduciary	<p>Before you can bring any action at law or at equity to recover plan benefits, you must exhaust this process. Specifically, you must file an appeal as explained in this Step 2 and the appeal must be finally decided by the Claims Review Committee, the claims fiduciary. As such, the Claims Review Committee is authorized to finally determine eligibility appeals and interpret the terms of the plan in its sole discretion. All decisions by the Claims Review Committee are final and binding on all parties.</p>	<p>Before you can bring any action at law or at equity to recover plan benefits, you must exhaust this process. Specifically, you must file an appeal as explained in this Step 2 and the appeal must be finally decided by the disability administrator. The Claims Review Committee has delegated its authority to finally determine claims to the disability administrator. As such, MetLife is the claims fiduciary and is authorized to finally determine benefit appeals and interpret the terms of the plan in its sole discretion. All decisions by the disability administrator are final and binding on all parties, unless it is later proven that the administrator's decision was an abuse of discretion.</p>
How to file an appeal	<p>If your claim is denied and you want to appeal it, you must file your appeal within 180 days from the date you receive written notice of your denied claim. You may request access to all documents relating to your appeal. To file your appeal, write to the address specified on your claim denial notice.</p> <p>You should include:</p> <ul style="list-style-type: none"> • A copy of your claim denial notice • The reason(s) for the appeal and • Relevant documentation <p>The individual/committee reviewing your appeal will be independent from the individual/committee who reviewed your claim</p>	<p>If your claim is denied and you want to appeal it, you must file your appeal 180 days from the date you receive written notice of your denied claim. You may request access to all documents relating to your appeal. To file your appeal, write to the disability administrator for the plan and include:</p> <ul style="list-style-type: none"> • A copy of your claim denial notice • The reason(s) for the appeal and • Relevant documentation <p>The individual/committee (and any medical expert) reviewing your appeal will be independent from the individual/committee who reviewed your claim. In addition, if your appeal involves a medical judgment, the disability administrator will consult with a healthcare professional who has appropriate relevant experience. You are entitled to the identity of such an expert, upon request.</p>
When you will be notified of the appeal decision	You will be notified of the decision within 45 days of the Claims Review Committee's receipt of your appeal (90 days, when special circumstances apply)	You will be notified of the decision within 45 days of the disability administrator's receipt of your appeal (90 days, when special circumstances apply)

	Disability plan <i>eligibility</i> claims procedure	Disability plan <i>benefit</i> claims procedure
How you will be notified of the appeal decision	<p>If your appeal is approved, the Claims Review Committee will generally notify you in writing</p> <p>If your appeal is denied, in whole or in part, the Claims Review Committee will notify you in writing. Your denial notice will contain:</p> <ul style="list-style-type: none"> • The specific reason(s) for denial • The plan provisions on which the denial was based • Any internal procedures on which the denial was based • A statement regarding the documents that you are entitled to and • The following statement: “You and your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.” 	<p>If your appeal is approved, the disability administrator will notify you in writing</p> <p>If your appeal is denied, in whole or in part, the disability administrator will notify you in writing. Your denial notice will contain:</p> <ul style="list-style-type: none"> • The specific reason(s) for denial • The plan provisions on which the denial was based • Any internal procedures or clinical information on which the denial was based (or a statement that such information will be provided free of charge, upon request) • A statement regarding the documents that you are entitled to • The plan’s voluntary appeal procedures and • The following statement: “You and your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency.”
Step 3		
How to proceed if necessary	<p>The decision on your appeal is final. As a result, Verizon will not review your matter again, unless new facts are presented. You have a right to bring a civil action.</p>	<p>Voluntary benefit appeals:</p> <p>If you had a benefit appeal that was denied at Step 2, you may submit a voluntary appeal to the disability administrator. You must file your voluntary appeal within 60 days from the date you receive written notice of your denied appeal. To file your voluntary appeal, write to the disability administrator at the address provided to you in your Step 2 denial letter and include:</p> <ul style="list-style-type: none"> • A copy of your appeal denial notice • The reason(s) for the appeal and • Relevant documentation <p>This appeal is voluntary. You have a right to bring a civil action without submitting a voluntary appeal.</p>

	Disability plan <i>eligibility</i> claims procedure	Disability plan <i>benefit</i> claims procedure
When you will be notified of the voluntary appeal decision	Not applicable	You will receive a response within 45 days of the disability administrator's receipt of your voluntary appeal (90 days when special circumstances apply)

Your Rights Under ERISA

As a participant in the 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 the following:

Receive Information About Your Plan and Benefits

- 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 and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- 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 updated summary plan description (SPD). 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 you with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people 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.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report 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 plan administrator.

If you have a claim for benefits that 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 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.

Assistance With Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or write to:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210.

You also may obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration at 1-866-444-3272.

Administrative Information

Administrative information about the Plans is provided in this section.

Important Telephone Numbers

You can connect to the Verizon Benefits Center and other Verizon benefit providers by calling 1-877-4VzBens. If you prefer, you can call the benefit providers directly via the telephone numbers shown on your Important Benefits Contacts insert.

Plan Sponsor/Employer

The Plan sponsor/employer is:

Verizon Communications Inc.
One Verizon Way
Basking Ridge, NJ 07920

Plan Administrator

The Plan administrator is:

Chairperson of the VEBC
c/o Verizon Benefits Center
100 Half Day Road
P.O. Box 1457
Lincolnshire, IL 60069-1457

Telephone number: 1-877-4VzBens and follow the instructions to reach the Verizon Benefits Center.

You may communicate to the Plan administrator in writing at the address above. The Verizon Benefits Center handles participant requests and certain benefits claims, but is not the Plan administrator. Claims relating to the scope and amount of benefits under the Plans are administered by the administrators listed in the chart under "Claims and Appeals Procedures."

The Plan administrator or a person designated by the administrator has the full and final discretionary authority to publish the Plan documents and benefit Plan communications, to prepare reports and make filings for the Plans and to otherwise oversee the administration of the Plans. However, most of your day-to-day questions can be answered by the Plans' benefits administrator or a Benefits Center Representative.

Do not send any benefit claims to the Plan administrator or to the Verizon legal department. Instead, submit them to the claims administrator for the Plans (see "Claims and Appeals Procedures").

Benefits Administrators

Metropolitan Life Insurance Company (MetLife) is the benefits administrator for the Sickness and Accident Disability Benefit Plan and the Long-Term Disability Plan. As the benefits administrator, MetLife has the authority and responsibility to perform daily administration of benefits under the Plans. (See below for the addresses and your Important Benefits Contacts insert for the telephone numbers for the benefits administrators.)

Claims and Appeals Administrators

There are two claims and appeals administrators for the Plans.

Verizon Claims Review Committee (VCRC)

The VCRC is responsible for enrollment and eligibility-related claims. The VCRC can be reached at the following address:

Verizon Claims Review Committee
c/o Verizon Benefits Center
100 Half Day Road
P.O. Box 1438
Lincolnshire, IL 60069-1438

See your Important Benefits Contacts insert for the telephone number.

Metropolitan Life Insurance Company (MetLife)

MetLife is the claims administrator for claims relating to the scope or amount of benefits under the Sickness and Accident Disability and Long-Term Disability Plans. MetLife can be reached at the following address:

MetLife
P.O. Box 14590
Lexington, KY 40511-4590

See your Important Benefits Contacts insert for the telephone number.

Plan Funding

The Plans are not financed by an insurance company, nor are Plan benefits guaranteed under a contract of insurance. The claims and appeals administrators listed above do not insure or guarantee Plan benefits.

The Company pays all claims out of the general assets of the Company.

Plan Identification

Disability coverage is provided under the following welfare plans, which are listed with the Department of Labor under two numbers: The Employer Identification Number (EIN) is 23 2259884 and the Plan Numbers (PNs) are listed below.

- Verizon Sickness and Accident Disability Benefit Plan for Mid-Atlantic Associates, PN 553.
- Verizon Long-Term Disability Plan for Mid-Atlantic Associates, PN 516.

In addition to the benefits described in this SPD, Verizon Plan 553 provides other benefits to Mid-Atlantic associate employees of Verizon (including Connected Solutions Inc. technicians) who will receive their own version of the SPD.

Plan Year

Plan records are kept on a Plan-year basis, which is the same as the calendar-year basis.

Agent for Service of Legal Process

The agent for service of legal process is the Plan administrator. Legal process must be served in writing to the Plan administrator at the address stated for the Plan administrator above.

In addition, a copy of the legal process involving these Plans must be delivered to:

Verizon Legal Department
Employee Benefits Group
One Verizon Way
Basking Ridge, NJ 07920

Collective Bargaining Agreements

The terms of your benefits may also be governed by a collective bargaining agreement between Verizon and your union. You and your beneficiaries may review the collective bargaining agreement at your location and you also can request a copy by writing to the plan administrator.

Official Plan Document

This SPD is a summary of the official Plan documents.

Participating Companies

The following is a list of participating companies as of January 1, 2007. The list may change from time to time.

- Verizon Advanced Data Inc.
- Verizon Delaware Inc.
- Verizon Maryland Inc.
- Verizon New Jersey Inc.
- Verizon Pennsylvania Inc.
- Verizon Services Corp.
- Verizon Virginia Inc.
- Verizon Washington, D.C. Inc.
- Verizon West Virginia Inc.
- Verizon Avenue, Inc.
- Verizon Corporate Services Corp.

Glossary

B

Base Pay or Basic Pay Rate

For purposes of the Disability Benefit Plans, your pay includes your basic pay rate. Your pay does not include overtime, awards, incentives or allowances.

C

Certified Disability

The claims administrator may request that your disability be certified under the Plans. Physician's documentation may be required to substantiate certification.

Credited Service

The total duration of your employment with Verizon or a participating company starting with your first day of work.

F

Full-time Associate

A full-time associate is an employee who is regularly scheduled to work 25 or more hours a week; or an associate, other than a member of IBEW Local 1944, who is scheduled to work less than 25 hours a week and who has been employed continuously by the Company since before January 1, 1981.

I

Incidental Absence Payments

For the first five consecutive business days of your illness, you may be paid up to 100 percent of your base pay, depending on your local bargaining agreement. The payments for "incidental absence" are not paid under the Sickness and Accident Disability Benefit Plan; they are paid out of your department budget. You may have to wait a day or two before payments are made during that five-day period depending on your net credited service.

Independent Medical Examiner

A professional health care provider who is selected by the benefits or claims administrator to perform a professional review of an associate's physical and/or medical condition for the purpose of rendering an independent professional opinion on the question of whether the associate is or was unable to work at a certain time.

P

Part-time Associate

A part-time associate is an employee who is scheduled to work less than 25 hours a week and who is a member of IBEW Local 1944 or who has not been employed continuously by the Company since before January 1, 1981.

Partial Disability

You are partially disabled if you recover from a total disability sufficiently to be able to work, but you are not able to return to your pre-disability job.

Participating Company

Verizon or any corporation or partnership which is an affiliate of Verizon that has elected to participate in the Sickness and Accident Disability Benefit Plan and the Long-Term Disability Plan.

T

Term Associate

A term associate is an associate whose employment is intended to last more than six months and not more than 30 months. A term associate's employment ends upon completion of the specific project for which he or she is hired.

Total Disability

- **Under the accident provision of the Sickness and Accident Disability Benefit Plan**, you are considered to be totally disabled if you are unable to work at any job due to your disability.
- **Under the Long-Term Disability Plan**, you are considered to be totally disabled if you are unable, due to sickness or injury documented by objective medical evidence, to perform any job for which you are or may become qualified by reason of education, training or experience, or any job that pays, on a full-time basis, 50 percent or more of your base pay.

W

Working Retiree

A former associate employee who was represented by CWA immediately prior to leaving the Company and:

- Who retired on a service pension or who elected a service pension cashout under the Verizon Pension Plan for Mid-Atlantic Associates.
- Who is re-employed by a participating company after 90 or more calendar days of retirement.
- Whose employment and duration of employment is determined based on the local bargaining agreement.

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