GROUP POLICY AMENDMENT

Attached to and made a part of Group Policy 134626-A issued to Jacksonville University as Policyholder

Effective July 1, 2009, the Group Policy has been amended by the following change(s) to the **group insurance certificate**:

PART 3: DISABILITY BENEFITS, TYPES OF BENEFITS, (B) The Monthly Annuity Premium Benefit, Payment of the Monthly Annuity Premium Benefit has been amended to read as follows:

Payment of the Monthly Annuity Premium Benefit

You must be Disabled and eligible to receive a Monthly Income Benefit in order for the Monthly Annuity Premium Benefit to be payable.

The Monthly Annuity Premium Benefit will not be paid directly to you. The Monthly Annuity Premium Benefit will be paid to the administrator of your Employer's 403(b) retirement plan, Teachers Insurance and Annuity Association of America and/or College Retirement Equities Fund or your Employer as premiums remitted on your behalf under the terms of your Employer's retirement plan.

The first benefit will be paid as of the first day of the month after the end of the Elimination Period shown in PART 1: LONG TERM DISABILITY INSURANCE AT A GLANCE, and as of the first day of each month thereafter to Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) retirement annuities.

Any payment made will be divided according to any option available at the time the payment is made.

No payment will be made before the date your application is approved for the contract or certificate unless you already own such a contract or certificate. Except, if during a term of Disability you elect a benefit from such TIAA or CREF annuity, Standard will not accept an application for another contract or certificate.

Payment is subject to Standard's right to receive proof of continued Disability.

The Monthly Annuity Premium Benefit may be applied to reduce any overpayment of your claim.

If you were incapable of Active Work on June 30, 2009, the above change(s) will not apply to you until the day after you have completed 5 full consecutive days of Active Work.

Please attach this notice to your certificate.

STANDARD INSURANCE COMPANY