

American Airlines, Inc.

Management & Support Staff Long-Term Disability Plan

Effective January 1, 2015

Long-Term Disability

Who is eligible for the plan?

All employees who are classified by the Contract Holder as Non-Contract Employees including Legacy US Airways and Legacy American Airlines. Temporary or seasonal employees are not included in the covered classes.

Non-Contract includes Management, Support Staff and Director Level and above.

How the Plan Works

The Company offers eligible employees the opportunity to participate in the Long-Term Disability (LTD) Plan.

LTD Plan benefits replace a portion of your salary when you are unable to work as a result of a Disability. Most absences from work due to disability are generally of short duration and covered by paid sick time or Short Term Disability (STD) Insurance benefits. However, some absences may continue for longer periods. LTD Plan coverage provides you protection during these extended absences. LTD Plan benefits also provide you the opportunity to return to work on a trial basis and to participate in a rehabilitation program. The Company pays the cost of LTD Plan benefits with before-tax contributions. The LTD Plan is self-funded through a Voluntary Employees Beneficiary Association (VEBA) trust established under Section 501(c)(9) of the Internal Revenue Code. Benefits are paid from trust assets. The Company provides limited salary protection for non-work related disabilities through sick pay and Short Term Disability (STD) Insurance benefits. STD Insurance benefits end after a maximum period of 180 days. Your LTD Plan benefits begin the later of the date you have been continuously totally disabled for 180 days or the end of STD.

Definition of Total Disability

During the elimination period and the first 24 months for which LTD Plan benefits are payable, you are considered totally disabled if you are not gainfully employed in any type of job for wage or profit and are unable to perform major and substantial duties of your own occupation because of sickness or accidental bodily injury.

Appropriate Care and Treatment

You will be required to receive Appropriate Care and Treatment during your disability.

Appropriate Care and Treatment means medical care and treatment that is:

- Given by a physician whose medical training and clinical specialty are appropriate for treating your disability;
- Consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- Consistent with a physician's diagnosis of your disability; and
- Intended to maximize your medical and functional improvement.

After 24 months during which benefits are payable, you are considered totally disabled if you are not gainfully employed in any type of job for any employer and are unable to perform major and substantial duties of any occupation or employment for wage or profit for which you have become reasonably qualified by training, education or experience.

The only conditions under which you may be gainfully employed in any type of job for wage or profit and still be considered totally disabled are described under the Return-to-Work-Program.

The Company's approval of your sickness or injury leave of absence is independent of disability benefit determination and should not be construed as validation of your disability claim or any guarantee of benefits payable for your disability claim.

LTD Plan Benefits

LTD Plan benefits are taxable income because coverage is provided for you on a non-contributory basis.

Full-time employees: Your monthly LTD Plan benefit, together with benefits from other sources, equals 66.67% of your base monthly salary on your last day worked, to a maximum benefit of \$21,666 per month, subject to the BENEFITS FROM OTHER SOURCES section, up to the maximum allowed by federal law.

Part-time employees: Your monthly LTD Plan benefit, together with benefits from other sources, equals 66.67% of your base monthly salary on your last day worked, to a maximum benefit of \$21,666, subject to the BENEFITS FROM OTHER SOURCES section, up to the maximum allowed by federal law. (Average monthly salary is based on average weekly earnings for the last six months.)

The minimum LTD Plan benefit for both full-time and part-time employees is \$100 per month. This does not apply if you are in an Overpayment situation or are receiving income from employment.

Whether you are a full-time or part-time employee, the amount you receive from LTD Plan is reduced by your income from other sources, including, but not limited to, other disability plans, unemployment benefits, Social Security Disability Benefits and benefits from Workers' Compensation, occupational disease law or other similar law.

The LTD Plan may provide you the opportunity to return to work or enter a Company-paid rehabilitation program without losing your LTD Plan benefits.

The Return-to-Work Program is separate from the Workers' Compensation Transitional Duty program for employees with a work-related injury or illness. Employees participating in the Transitional Duty program are not eligible for this MetLife program. For details, see the Return to-Work Program and Vocational Rehabilitation Benefit.

Severe Condition Benefit

(This is a new benefit in the LTD Plan, and is effective for disabilities beginning on or after January 1, 2011 with additional updates January 1, 2015.)

LTD Plan participants who are receiving LTD Plan benefits due to a Severe Condition often incur additional expenses that their health coverage and LTD Plan benefits don't cover — for example, living expenses, lodging expenses, household costs, medical expenses not covered by the medical coverage, etc. The LTD Plan now provides some financial help to those LTD Plan participants with Severe Conditions.

Severe Condition refers to only the following medical conditions:

- Cancer
- Heart attack
- Kidney failure
- Major organ failure requiring transplant
- Paraplegia
- Quadriplegia
- Stroke
- Alzheimer's Disease (AD) - LTD claims incurred on or after January 1, 2015

Effective January 1, 2011, the LTD Plan will provide a \$5000 lump sum Severe Condition Benefit (SCB) to LTD Plan participants who meet the eligibility requirements. This SCB is payable only one time during the entire time you are covered under the LTD Plan, irrespective of how many Severe Conditions you may have.

To be eligible to receive this benefit, you must meet all of the following criteria:

- Be an LTD Plan participant with LTD Plan coverage in force
- Be totally disabled (as defined by the LTD Plan) and be receiving LTD Plan benefits
- Your Severe Condition begins on or after January 1, 2011, as documented by a board certified physician certified in the appropriate medical specialty applicable to your Severe Condition

This \$5000 SCB is payable only one time during the entire time you are covered under the LTD Plan, irrespective of how many Severe Conditions you may have. Your SCB benefit is not reduced by your LTD benefit or by any other benefit sources that reduce your LTD benefit.

Severe Conditions are defined as follows:

Cancer Presence of one or more invasive malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue that requires the following:

- Medically necessary surgery, radiotherapy or chemotherapy; OR
- Metastasis(es) has occurred (or is occurring); OR
- The diagnosed cancer has a terminal prognosis, and the patient is not expected to live beyond 24 months from the date of diagnosis, and will not benefit from or has exhausted curative therapy; or
- Carcinoma *in situ* classified by the TNM Staging classification as TisN0M0 and requires medically necessary surgery, radiotherapy or chemotherapy; or
- Malignant tumors classified by the TNM Staging classification as T1N0M0 or greater, which are treated by endoscopic means; or
- Malignant melanoma(s) classified by the TNM Staging classification as T1N0M0, with a pathology report documenting a Breslow tumor thickness of 0.75 mm or less; or

- Tumors of the prostate classified by the TNM Staging classification as T1bN0M0 or T1cN0M0 and treated with radical prostatectomy or external beam radiotherapy.

Heart Attack (Myocardial infarction)

The death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus(i) or embolus(i)

Stroke

Cerebrovascular accident or incident producing measurable, functional, and permanent neurological impairment caused by any of the following which result in an infarction of brain tissue:

- Hemorrhage
- Thrombus
- Embolus from an extracranial source
- Stroke does not include transient ischemic attack(s) or prolonged reversible ischemic attacks.

Kidney Failure

Total, end-stage irreversible failure of both kidneys' function, that requires the following:

- Medically necessary immediate and regular (weekly) kidney dialysis that is expected to continue for at least 6 months; or
- Medically necessary kidney transplant

Major Organ Failure Requiring Transplant

- Irreversible failure of the participant's entire:
- Heart, lung, kidney, pancreas, small intestine or any combination thereof, that requires medically necessary replacement with an entire organ(s) from a human donor, and the patient has been placed on the transplant list or the transplant has been performed; or
- Liver, that requires medically necessary complete or partial replacement with an entire liver or liver tissue from a human donor, and the patient has been placed on the transplant list or the transplant has been performed; or
- Bone marrow that requires medically necessary replacement with the one marrow from either the patient himself or from a human donor

Paraplegia

Paralysis of the lower portion of the body (from waist or hip level), including both lower limbs

Quadriplegia

Paralysis of the upper and lower portions of the body (from neck, shoulder or chest level), including all four limbs

Alzheimer's Disease

The development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:

- aphasia (language disturbance);
- apraxia (impaired ability to carry out motor activities despite intact motor function);
- anosia (failure to recognize or identify objects despite intact sensory function); and
- disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting).

Proof of Alzheimer's Disease requires a Diagnosis made in Writing by a Neurologist, Geriatrician, or Neuropsychologist and supported by all of the following:

- formal neuropsychological testing performed by a Neuropsychologist confirming dementia;
- laboratory tests have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease; and
- magnetic resonance imaging, computerized tomography or other reliable imaging techniques that have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease.

The Covered Condition for Alzheimer's Disease will be deemed to Occur on the date that the Diagnosis of Alzheimer's Disease is made and all other etiologies have been ruled out.

We will not pay benefits for a Diagnosis of Alzheimer's Disease for: other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, normal-pressure hydrocephalus);

- systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis);
- substance-induced conditions; or
- any form of dementia that is not diagnosed as Alzheimer's Disease.

To apply for this benefit, you must submit to the claim processor proof that you've been diagnosed with a Severe Condition and the date of such diagnosis, and this proof must be signed and certified by your treating board-certified physician certified in the appropriate medical specialty applicable to your Severe Condition. You may also be asked to have your physician submit copies of his/her clinical records of your diagnosis and treatment for your Severe Condition, including one or more of the following:

- **Cancer:** Pathology reports confirming the diagnosis.
- **Heart Attack:** Proof of inpatient hospitalization, laboratory reports of elevated cardiac enzymes, troponins or cardiac markers, EKG changes reflecting an acute myocardial infarction, cardiac imaging studies reflecting an acute myocardial infarction.
- **Kidney Failure:** Nephrologist's confirmed diagnosis of kidney failure.
- **Recipient of Major Organ Transplant:** Specialist's confirmation of major organ failure, proof that patient has been placed on the transplant list, documentation that the transplant has occurred.
- **Paraplegia:** Successive neurological examinations with demonstrations of weakness of both lower limbs, usually accompanied by impairment of bladder/bowel control, motor weakness, muscle atrophy, abnormal deep tendon reflexes, radioimaging confirmation of neurological deficit.
- **Quadriplegia:** Successive neurological examinations with demonstrations of weakness of all four limbs, usually accompanied by impairment of bladder/bowel control, motor weakness, muscle atrophy, abnormal deep tendon reflexes, radioimaging confirmation of neurological deficit.

- **Stroke:** Clinical confirmation of the diagnosis of Stroke based on clinical evidence of significant neurological impairment that is functional, measureable, and permanent based on MRI, CT or other reliable imaging techniques demonstrating the affected areas of the brain. Such neurological impairment must be documented in the clinical records 30 or more days after the cerebrovascular accident/incident by the neurologist, and be based on clinical evidence of significant neurological, motor or sensory impairment.
- **Alzheimer's:** formal neuropsychological testing performed by a Neuropsychologist confirming dementia; laboratory tests have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease; and magnetic resonance imaging, computerized tomography or other reliable imaging techniques that have been completed as part of the evaluation to rule out etiologies other than Alzheimer's Disease.

The claim processor will review your claim, and if approved, will make the \$5000 SCB payment to you, in one lump sum. This SCB is paid *in addition to* your monthly LTD Plan benefit.

Benefits will not be paid for any Severe Condition that is:

- Caused by, contributed by or resulting from your voluntarily taking or using any drug, medication, sedative or other substance unless it is:
 - Taken or used as prescribed by your physician, or
 - An 'over the counter' drug, medication, sedative or other substance taken according to package directions.
- One for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States.
- Does not first occur while you are covered under this LTD Plan.
- A diagnosis of stroke for cerebral symptoms due to migraine; cerebral injury resulting from hypoxia or trauma; or vascular disease affecting the eye, optic nerve, middle or inner ear or vestibular function.
- Cancer classified by the TNM Staging classification as less than T1N0M0, papillary tumor of the bladder classified as Ta, tumors of the prostate classified as T1N0M0 or T1aN0M0 or papillary tumors of the thyroid classified as T1N0M0 or less and are one centimeter or less in diameter.
- Tumor(s) in the presence of the human immunodeficiency virus.
- Any non-melanoma skin cancer unless there is metastasis or melanoma *in situ* classified as T1sN0M0.
- Chronic Lymphocytic Leukemia, classified by RAI classification as less than Stage III.
- Melanoma in situ classified by the TNM Staging classification as TisN0M0.

LTD Benefit Elimination Period

The elimination period is the waiting period before LTD Plan benefits are payable. It extends until the later of the date you have been continuously totally disabled for 180 days or the end of STD.

Duration of LTD Benefits

After you qualify for LTD Plan benefits, if you remain disabled, you receive a monthly benefit for the following maximum period:

- Your Normal Retirement Age defined by the federal Social Security Administration on the date Your Disability starts; or
- the period shown below:

Age on Date of Your Disability	Benefit Period
Less than 61	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

* The Maximum Benefit Period is subject to the Limited Disability Benefits and DATE BENEFIT PAYMENTS END sections.

During your disability, you may be required to provide additional medical information or submit to periodic physical exams to confirm your continuing disability. LTD Plan benefits end if you do not agree to undergo a physical exam or provide the required information.

For employees who become disabled, the maximum duration of benefits may allow your LTD Plan benefits to continue after you begin receiving your pension. If this occurs, your LTD Plan benefit will be offset by the amount of pension benefit you receive (or you are entitled to receive).

Filing a Claim for LTD Benefits

You should file LTD Plan claim as soon as you become disabled. Do not wait until your 180 day elimination period expires — file your claim immediately.

The latest you can file your LTD Plan claim is one year after your disability began. If you file your disability claim beyond this one-year deadline, your claim will not be accepted and you will not be eligible for LTD Plan benefits.

MetLife is the claims processor for the LTD Plan. The LTD Plan is funded and managed by the Company through a trust. Benefits are paid from trust assets.

The following is a summary of how you file a claim for disability benefits:

- You only need to file one claim to request benefits under the STD Insurance, state disability plans (other than California, Rhode Island and Hawaii, which have their own forms that must be filed directly with the respective states) and LTD Plan programs. You should submit your [Disability Claim Form](#) as soon as you become disabled.
- You, your supervisor and your attending physician must each complete part of the form:
- Disability Claim Employer Statement: Your supervisor completes this page.
- Disability Claim Employee Statement: You complete this page. Be sure to sign the Reimbursement Agreement on the back of the form (see Benefits from Other Sources).
- Disability Claim Attending Physician Statement: Your physician completes this page.
- Direct Deposit Agreement is required (Electronic Fund Transfer)

The completed sections may be mailed together or separately to the claims processor at the address on the form.

After the claims processor receives the form, your claim will be processed. Sometimes the claims processor may request additional information. You will be notified of the decision regarding your claim. Notification and/or payment is made directly to you.

When LTD Benefits Begin

Provided you qualify, LTD Plan benefits are payable at the end of the elimination period. The later of the date you are totally disabled for 180 consecutive days, or the end of STD.

If you return to work in a capacity comparable to your pre-disability status during the elimination period or after receiving LTD benefits, you are still considered continuously disabled if you become totally disabled again due to the same or related sickness or injury within 90 days after returning to work in your pre-disability occupation or other comparable work. However, days worked do not count toward your elimination period.

If you have received LTD Plan benefits for an earlier disability and become totally disabled again, your most recent disability is considered part of the previous disability. However, this provision does not apply if you have returned to work in a capacity comparable to your pre-disability status for at least three months or, if the cause of the later disability is totally unrelated to the earlier disability. If it is considered a separate period of disability, you must satisfy a new elimination period.

When LTD Benefits End

Your LTD Plan benefits automatically end on the earliest of the following dates:

- If capable of returning to work and limitations can be accommodated, and you choose not to, your benefit will cease;
- During the first 24 months of benefit payments, when You are able to work in Your Own Occupation by using adaptive equipment or a worksite modification that We consider appropriate for Your situation and that is approved by an independent Doctor, but You choose not to; after 24 months You are able to work in any Gainful Occupation using adaptive equipment or a worksite modification that We consider appropriate for Your situation and that is approved by an independent Doctor, but You choose not to.
- The date You cease or choose not to participate in a Rehabilitation Program that We consider appropriate for Your situation and is approved by an independent Doctor;
- The date your benefits expire, as explained in Duration of Benefits;
- The date you reach your maximum period, as explained in the Duration of LTD Benefits.
- The date you are no longer disabled (e.g., you no longer meet the definition of total disability, you are no longer receiving Appropriate Care and Treatment, etc.);
- The date you become gainfully employed in any type of job, except under the Return-to-Work Program;
- The date benefits end, if disability is due to a mental health disorder or neuromuscular, musculoskeletal or soft tissue disorder — see Exclusions and Limitations; or
- The date you die.

If and when you return to work, you or your supervisor must contact MetLife to stop benefit payments. This ensures proper closure of your claim and avoids possible overpayment. You are responsible for repaying any overpayments you receive.

If your employment terminates from a sickness or injury Leave of Absence and you are receiving LTD Plan benefits, these LTD Plan benefits will continue until you meet one or more of the conditions listed above. However, when you meet one or more of these conditions and your

LTD Plan benefits terminate, your LTD Plan coverage also terminates at the same time. After your LTD Plan benefits and LTD Plan coverage terminate, any later recurrence or relapse of your disabling condition or your development of any other disabling condition, will not reactivate your LTD Plan coverage, will not result in any reinstatement of LTD Plan benefits and will not cause any LTD Plan benefits to resume.

LTD Exclusions and Limitations

The LTD Plan has the following exclusions and limitations:

- If you become disabled before the effective date, you are not covered under the LTD Plan until you return to work.
- If you are disabled due to a mental health disability (this includes mental health disorders, emotional disease and/or alcohol/chemical/substance abuse/dependency), disability benefits under this coverage will end when you have received a maximum of 24 months of LTD Plan benefits for the entire time you are covered under the LTD Plan. This maximum benefit applies to the duration of your participation in this coverage. As part of a mental health disability, chemical abuse/dependency includes, but is not limited to, both prescription and over-the-counter medications, as well as illicit/illegal drugs; substance abuse/dependency includes, but is not limited to, any other non-drug substances such as aerosol propellants, glue, etc. This 24-month maximum disability benefit applies whether or not you have been hospitalized, with the following exceptions:
 - If you are confined in a hospital at the end of this 24-month maximum benefit period, benefits continue as long as you are confined.
 - To enable a necessary recovery period, benefits also continue for up to 90 days following your release from hospital confinement, provided you were confined for at least 14 consecutive days.
 - If you are reconfined during this 90-day recovery period, benefits continue during your reconfinement, together with another 90-day recovery period, provided you are reconfined for at least 14 consecutive days.
- Benefits are not payable unless you are receiving Appropriate Care and Treatment for your disabling conditions from a duly-qualified physician.
- Benefits are not payable if the Plan Administrator determines in its sole discretion that you are disabled as a direct or indirect result of committing or trying to commit a felony, assault or other serious crime or are engaged in an illegal occupation, regardless of whether or not you are ever charged with a crime or for engaging in an illegal occupation.
- Benefits are not payable if you are disabled as a result of intentionally self-inflicted injuries or an attempted suicide.
- Benefits are not payable if you are disabled as a result of a declared or undeclared act of war.
- Benefits are payable only to employees. Dependents are not eligible for this benefit.
- Pre-existing Conditions Exclusion: **Pre-existing Condition Exclusion** means a Sickness or accidental injury for which You:
 - received medical treatment, consultation, care, or services; or
 - took prescribed medication or had medications prescribed;in the 3 months before Your insurance, or any increase in the amount of insurance under this plan takes effect. However, a Pre-existing Condition does not include any condition for which You had tests if the condition was found not to exist.

We will not pay benefits for a Disability that results from a Pre-existing Condition if You have been Actively at Work for less than 12 consecutive months after the date Your Disability insurance takes effect under this plan.

If you were hired on or after January 1, 2015, the pre-existing provision will apply to your LTD coverage, and it is waived for all covered employees hired prior to January 1, 2015.

- If you are disabled due to a neuromuscular, musculoskeletal and/or soft tissue disorder disability, the disability benefits under the LTD Plan will end when you have received a maximum of 24 months of disability benefits for the entire time you are covered under the LTD Plan. This 24-month maximum benefit applies to the duration of your participation in this coverage. Neuromuscular, musculoskeletal and/or soft tissue disorders include, but are not limited to any disease, injury or disorder of the spine, the vertebrae, their supporting structures, muscles and/or soft tissue; bones, nerves, supporting body structures, muscles and/or soft tissue of all joints, extremities and/or major body complexes of movement; sprains/strains of all joints and muscles. This 24-month maximum benefit does not apply to disabilities, if such disabilities have documented objective clinical evidence of:
 - Seropositive arthritis (inflammatory disease of the joints), supported by clinical findings of arthritis and positive serological tests for connective tissue disease;
 - Spinal (referring to the bony spine and/or spinal cord tumor(s) — abnormal growths — whether benign or malignant), malignancy or vascular malformations (abnormal development of blood vessels);
 - Radiculopathies (disease of the peripheral nerve roots) supported by objective clinical evidence of nerve pathology;
 - Myelopathies (disease of the spinal cord and/or nerves) supported by objective clinical evidence of spinal cord/nerve pathology;
 - Traumatic spinal cord necrosis (injury or disease of the spinal cord) resulting from traumatic injury with paralysis; or
 - Musculopathies (disease of the muscle/muscle fibers) supported by objective pathological evidence on muscle biopsy or electromyography.
 - Disabilities caused by the aforementioned conditions — provided objective evidence confirms the diagnosis — will not be subject to the 24-month limitation, but will be benefited according to all other applicable LTD Plan provisions.
- The Plan Administrator in its sole discretion shall determine whether any exclusion or limitation applies.

Benefits from Other Sources

If you qualify for disability benefits from other sources, your LTD Plan benefits are reduced by the amount of the following periodic benefits. Your LTD Plan benefits are reduced if you are either receiving these other benefits or are entitled to receive these benefits upon your timely filing of respective claims:

Periodic benefits for loss of time because of this disability under:

- Any employee benefit coverage for which the Company has paid any part of the cost or made payroll deductions, including a Company-sponsored annuity contract or disability retirement benefits plan
- Any government law including no-fault motor vehicle insurance, other than a law providing benefits for military services.
- Periodic benefits for loss of time due to a work-related injury or illness or by reason of any Workers' Compensation, occupational disease law or other similar law.

- Unemployment benefits.
- Social Security Disability Benefits (SSDB) based on the amount of SSDB in effect as of the LTD Plan benefit start date. This includes SSDB benefits for You, your spouse or children that you receive because of Your disability. This may not apply if your disability is a result of a pregnancy or if your disability lasts less than one year. Periodic increases in monthly SSDB income (through cost-of-living increases) and survivor benefits are not subtracted from LTD Plan benefits.
- The gross amount that You, Your spouse and/or children receive as retirement payments because You are receiving payments under the United States Social Security Act (Social Security Retirement/Old Age Benefits)
- Earnings from employment activity not approved under the return-to-work guidelines.
- Any LTD Plan benefit a participant receives while disabled may be offset by the amount of Retiree Benefit Plan pension benefits the participant is receiving (or is entitled to receive).
- Third Party Recovery: Recovery amounts that you receive from loss of income as a result of claims against a third party by judgment, settlement or otherwise including future earnings.

To alleviate potential financial hardship while waiting for a determination on a claim for Social Security, Workers' Compensation or other such benefits described above, you may request that such benefits not be deducted from your LTD Plan benefits. The Reimbursement Agreement is in the [Disability Claim Form](#). It states that you agree to reimburse the appropriate amount of LTD Plan benefits paid if Social Security, Workers' Compensation or other such benefits are later payable.

Social Security Disability Benefits

Because the amount of LTD Plan benefits you receive is influenced by Social Security Disability Benefits (SSDB), you must apply for SSDB as soon as possible.

Within six months after your LTD Plan claim is approved, you must provide evidence to the claims processor that you have filed for SSDB or that your application has been denied. This does not apply if your disability is the result of pregnancy or is expected to last less than one year. Otherwise, your SSDB benefits will be estimated and your LTD Plan benefits will be reduced by the estimated amount.

Evidence may include a denial of benefits by the Social Security Administration, failure to qualify because of the length of your disability or a copy of the Receipt of Claim Form given to you by the Social Security Administration at the time of application. Please note that if your initial application is denied, you must file for reconsideration and/or appeal to the Social Security Administration.

Single Sum Payment

If You receive Other Income in the form of a single sum payment, You must, within 10 days after receipt of such payment, give written proof satisfactory to MetLife of:

- the amount of the single sum payment;
- the amount to be attributed to income replacement; and
- the time period for which the payment applies.

When MetLife receives such Proof, they will adjust the amount of Your Disability benefit by pro-rating such single sum amount on a monthly basis over the time period for which the sum was given.

If they do not receive the written proof of the single sum amount as indicated above, They may reduce Your Disability benefit by pro-rating the sum over a 60 month period starting with the date Your Monthly Benefit is first payable.

If they adjust the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a benefit amount less than the minimum amount, except in the case of an Overpayment or additional income from other employment.

Former Pension Benefit Supplement

Effective January 1, 2004, the Pension Supplement Benefit in the Long Term Disability Plan Ended.

The Pension Benefit Supplement only applies to employees who are eligible to receive benefits from the defined benefit pension plan and were disabled prior to January 1, 2004. You are not accruing credited service toward your pension benefit. The LTD Plan pension supplement (also known as the "Deferred Benefit") makes up for this loss of credited service. Your pension supplement benefit is payable to you when you begin taking your pension. However, this benefit is paid separately from your pension benefit. If you choose to take your pension early, your pension supplement begins paying at the same time with the same reduction, if any, as your early pension benefit.

The amount of your pension supplement benefit is determined by placing the number of months of LTD Plan benefits you received before your 65th birthday into the applicable benefit formula under your Retirement Benefit Plan. No additional months will be credited after age 65. The formulas are:

- Minimum Benefit formula
- Career Average formula
- Final Average Salary formula
- Social Security Offset formula

If you elected an optional form of payment under your Retirement Benefit Plan, your pension supplement benefit is computed and paid the same way.

When your pension supplement benefit begins, if your monthly benefit is less than \$20, a lump sum payment may be made, rather than monthly benefit payments. The claims processor determines whether this is an option.

Freeze of Pension Supplement Benefit

As part of the Company's restructuring, American Airlines Inc. froze its defined benefit pension plans for all work groups. This freeze was effective November 1, 2012. This pension plan freeze prohibits participants from accruing additional Credited Service on or after November 1, 2012.

The LTD Plan's Former Pension Supplement Benefit calculation uses Credited Service and number of months the LTD benefit was paid. Because the defined benefit pension plans have been frozen, it is necessary to freeze this Former Pension Supplement Benefit as well. Therefore, employees who accrued this benefit will still be eligible, but the accrual of Credited Service and number of LTD payments made will cease on the earlier of the following:

- Your attaining age 65, or
- The date your LTD payments stop, or
- The date of the defined benefit pension plan freeze - November 1, 2012

Return-to-Work Program

The Return-to-Work Program, administered by MetLife, is a program that allows you, as a disabled employee collecting LTD Plan benefits, to work in an occupation or job for wage or profit without losing your LTD Plan benefits. Your return to work must be approved by the claims processor and may not exceed one year. The claims processor will monitor your progress under this program. If you fully recover and are no longer disabled before the end of that year, you will no longer be eligible for the program.

If You work while You are Disabled and receiving Monthly Benefits, including self-employment, Your monthly benefit will be adjusted as follows:

1. Add Your monthly Work Earnings to Your Gross Weekly Benefit payment.
2. Compare the answer in item 1 to your Pre-disability Base monthly Income

If the answer from item 1 is less than or equal to 100% of your Pre-disability Base monthly Income, We will not further reduce Your Net monthly Benefit payment. If the answer from item 1 is more than 100% of Your Pre-disability Base monthly Income, We will subtract the amount over 100% from Your Net monthly Benefit payment. We may require You to send Proof of Your monthly Work Earnings.

In addition, the Minimum monthly Benefit will not apply.

Employees who are participating in the Workers' Compensation Transitional Duty program are not eligible for this Return-to-Work Program and vice versa.

Following are the steps required to participate in the Return-to-Work Program:

- A request for consideration is initiated either by you, your supervisor, your physician or the claims processor.
- The request is distributed to all parties above and all must agree that you may return to work on a trial basis.
- When your return-to-work plan has been approved by all parties, MetLife will document the plan for signature. Documentation will include the following:
 - Written agreement from your physician, supervisor and you that you may return to work
 - Statement of approximate length of time for the trial work period
 - Statement of hours to be worked per day and rate of pay. (If hours per day vary, the claims processor will need regular bi-weekly or semi-monthly reports of earnings and hours worked.)
- The claims processor notifies you or your supervisor whether your return-to-work request has been approved.

If you are allowed to participate in the Return-to-Work Program, your supervisor must notify the claims processor of the date you return to work. In addition, if and when you can no longer work, both your supervisor and physician must send written notification to the claims processor of this change. If you return to work for the Company under this program, your supervisor should indicate "Returning to Work" on your Payroll Transaction Request (PTR).

Vocational Rehabilitation Program

If you are receiving LTD Plan benefits, you may be eligible to receive assistance through the Vocational Rehabilitation Benefit if approved by the claims processor. This benefit is not available for participants receiving STD.

Vocational Rehabilitation Benefits may cover expenses such as:

- Vocational counseling
- Job search assistance
- Occupational training
- Vocational education
- Prosthetic devices
- Psychotherapy
- Physiotherapy

You may request consideration for this benefit by writing to MetLife. See "[Contact Information](#)" in the *Reference Information* section.

After reviewing your request, the claims processor may require an in-depth field evaluation of your potential to return to work. If so, your supervisor will be notified with the necessary details. The claims processor may also request a complete job description and other documentation. After reaching a decision, the claims processor notifies you of the rehabilitation benefits to which you are entitled.