

For Use In California Only



**The Protector<sup>SM</sup>**  
Sample Individual Disability Income Insurance Policy



**The Standard<sup>®</sup>**  
Positively different.



Standard Insurance Company

INSURED:

POLICY NUMBER:

### DISABILITY INCOME INSURANCE POLICY

We, Standard Insurance Company, a stock life insurance company, agree with the Owner of this policy to pay the benefits of this policy according to its provisions.

This is a Disability Income Insurance Policy. We issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. The application is part of the policy.

**GUARANTEED RENEWABLE** to the Termination Date, shown on the data page. As long as the premium is paid by the end of each grace period, We cannot change any part of the policy, except its premium, until the Termination Date. The policy will end on that date, except as provided by the Renewable Option After The Termination Date provision. **We can change the premium only after the policy is three years old and only if the change applies to all policies with like benefits insuring the same Risk Class.**

**RENEWABLE OPTION AFTER THE TERMINATION DATE – SUBJECT TO CHANGE IN PREMIUM RATES.** You may ask Us to continue this policy beyond the Termination Date, subject to the terms of the Renewable Option After The Termination Date provision.

**RIGHT TO RETURN POLICY.** If not satisfied with this policy, the Owner may return it for cancellation within **20 days** after receipt by the Owner. The policy must be returned to the agent who sold it, to any Standard agency office, or to Our home office. The policy will be void from the beginning. Any premium paid for it will be refunded to the Owner.

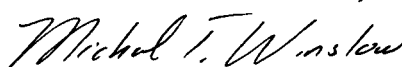
Signed at our Home Office  
1100 S.W. Sixth Avenue Portland, Oregon 97204  
800.247.6888

STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

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## DEFINITIONS

**BENEFIT AMOUNT** – The Benefit Amount is shown on the data page.

**COMMENCEMENT DATE** – The first day immediately following the completion of the Waiting Period. This date is shown on the data page.

**CONCURRENT DISABILITY** – If a Disability is caused by more than one Injury or Sickness, or from a combination, it is a Concurrent Disability. We will pay benefits for a Concurrent Disability as if there was only one Injury or Sickness. [In no event will You be considered to have more than one Disability at the same time.](#) Once a continuous period of Disability starts, it will be one period of Continuous Disability no matter what Injuries or Sicknesses, or how many, cause the Disability or cause it to continue.

**CONTINUOUS DISABILITY/CONTINUOUSLY DISABLED** – Recurrent periods of Disability from the same cause or causes are [one period of Continuous Disability if separated by Your Recovery of six full months or less.](#)

**DISABILITY/DISABLED** – Total Disability, as defined below.

**DISABILITY BENEFIT/DISABILITY BENEFITS** – Any payment or payments for Disability that are made under this policy.

**EFFECTIVE DATE** – The date on which this policy becomes effective. This date is shown on the data page.

**FAMILY MEMBER** – Your spouse, parent, son, daughter, brother or sister.

**HOSPITAL** – A legally operated hospital providing full-time medical and/or psychiatric care and treatment under the direction of a full-time medical director who is also a Physician. Rest homes, nursing homes, convalescent homes, homes for the aged and facilities primarily affording custodial, educational or rehabilitative care are not considered to be Hospitals under this definition.

**INJURY** – Accidental bodily Injury sustained by You:

1. After the Effective Date; and
2. While this policy is in force.

**INSURED** – The Insured under this policy, as shown on the data page.

**ISSUE AGE** – The Insured's Issue Age, as shown on the data page.

**LOSS** – This means the same as Disability, defined above.

**MAXIMUM BENEFIT PERIOD** – The longest continuous period of time We will pay Disability Benefits during each Continuous Disability. This period is shown on the data page. Regardless of this policy's Maximum Benefit Period, in no event will We pay Disability Benefits for more than 24 months beyond the Termination Date.

**MENTAL DISORDER** – This means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of the cause (including any biological or biochemical disorder or imbalance of the brain) and regardless of the presence of physical symptoms. Mental Disorder includes but is not limited to bipolar affective

disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression, depressive disorders, anxiety and anxiety disorders. We may consult the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders in determining whether a condition is a Mental Disorder as defined. (If this publication is no longer available, We reserve the right to use another nationally published manual of similar scope and purpose.) [Dementia resulting from stroke, trauma, infectious conditions or degenerative changes such as Alzheimer's Disease, is not considered to be a Mental Disorder for the purpose of this definition.](#)

**OWNER** – The Owner of this policy is shown on the data page, unless later changed under GENERAL PROVISIONS.

**PHYSICIAN** – Any licensed medical professional, other than You, the Owner, or a Family Member. The Physician must be practicing and diagnosing within the scope of his or her medical or professional license.

**POLICY ANNIVERSARY** – The anniversary of the policy's Effective Date occurring each year the policy remains in force.

**POLICY MONTH** – A month measured from the same date in a month as the policy's Effective Date.

**POLICY NUMBER** – The Policy Number is shown on the data page.

**PRESUMPTIVE DISABILITY** – Your total and permanent loss, because of Your Injury or Sickness, of one of the following:

1. Speech;
2. Hearing in both ears, not restorable by hearing aids;
3. Sight in both eyes (see below);
4. Use of both hands;
5. Use of both feet; or
6. Use of one hand and one foot.

Total and permanent loss of sight in both eyes means that both eyes must measure at or below 20/200, after reasonable efforts are made to correct their vision, using the most advanced medically acceptable procedures and devices available.

**RECOVERY/RECOVERED** – This means You are no longer Disabled from the same cause or causes that caused the most recent Disability.

**REGULAR OCCUPATION** – [Your occupation at the time Disability begins.](#) If You have limited Your practice to a professionally recognized specialty in medicine or law, the specialty will be deemed to be Your Regular Occupation.

**REHABILITATION PROGRAM** – [A written plan, program or course of vocational training or education, approved by Us, that is intended to prepare You to return to work in Your Regular Occupation](#) (also known as "Program"). A Rehabilitation Program may include assistance for such items or services as vocational and employment assessment, purchasing adaptive equipment, educational expenses, and evaluation of necessary work site modifications.

**REINSTATEMENT DATE** – The date the policy is made effective when reinstated.

**RISK CLASS** – The Risk Class is shown on the data page. It includes the occupation class and sex shown on the data page.

**SICKNESS** – Your Sickness or disease which first **manifests** itself:

1. After the Effective Date; and
2. While this policy is in force.

**TERMINATION DATE** – The policy ends on this date, unless it ended earlier. This date is shown on the data page.

**TOTAL DISABILITY/TOTALLY DISABLED** – Because of Your Injury or Sickness:

1. You are unable to perform the substantial and material duties of Your Regular Occupation; and
2. You are not engaged in any other gainful occupation in which You could reasonably be expected to perform satisfactorily in light of Your education, training, experience, and physical and mental capacity.

**WAITING PERIOD** – That period, measured from the first day of Your Disability, during which You must be Disabled before Disability Benefits become payable. The Waiting Period is shown on the data page. More information on the Waiting Period is provided under EXCLUSIONS AND LIMITATIONS.

**WE/US/OUR** – Standard Insurance Company.

**YOU/YOUR** – The Insured under this policy.

## **BENEFITS**

**TOTAL DISABILITY BENEFIT** – You will be eligible for the Total Disability Benefit during Your Continuous Total Disability. We will pay the Benefit Amount, shown on the data page. The Total Disability Benefit will begin on the Commencement Date. This benefit will continue while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month We will pay a pro rata portion of this benefit for each day of Total Disability.

**PRESUMPTIVE DISABILITY BENEFIT** – We will pay the Total Disability Benefit during Your Presumptive Disability, but not beyond the Maximum Benefit Period. **The Commencement Date for any Presumptive Disability will be the first day of that Presumptive Disability.**

**PREMIUM WAIVER BENEFIT** – **We will waive all premiums due under this policy while benefits are payable.** If the Waiting Period is greater than 90 days, We will waive all premiums due and payable after the 90th day of Continuous Disability, up to the Commencement Date, as long as You remain Continuously Disabled. On and after the Commencement Date, policy benefits must be payable for premiums to be waived. On the Commencement Date, **We will refund to the Owner any premium paid after the date Your Disability began.**

**COSMETIC AND TRANSPLANT SURGERY BENEFIT** – We will consider You as Totally Disabled due to Sickness if, **more than six months after the Effective Date**, You become Totally Disabled from surgery to:

1. Improve Your appearance;
2. Prevent Your disfigurement; or
3. Transplant part of Your body to someone else.

**REHABILITATION BENEFIT** – We will pay the reasonable costs associated with a Rehabilitation Program, not otherwise covered by workers compensation or any other public fund or program, if You actively participate in the Program while You are receiving the Total Disability Benefit. For such costs to be paid, You must do the following before joining the Program:

1. Apply for the Program in writing to Us (unless We propose a Program to You); and
2. Accept in writing the terms, conditions and goals of the Program We approve.

We will periodically review the Program and Your progress, and We will continue to pay the reasonable costs of the Program as long as We determine that it is helping You to return to work in Your Regular Occupation. If You leave the Program, We will continue paying the Total Disability Benefit for up to the number of months remaining in Your Maximum Benefit Period, if any, as long as You remain Totally Disabled. This policy does not require You to apply for or join any Program.

## EXCLUSIONS AND LIMITATIONS

**EXCLUSIONS FROM COVERAGE** – We will not pay benefits for:

1. Disability due to war. War means any:
  - a. War, declared or undeclared, whether civil or international;
  - b. Act of war;
  - c. Act incident to war;
  - d. Insurrection; and
  - e. Substantial armed conflict with organized forces of a military nature.
2. The first 90 days of Your Disability due to pregnancy or childbirth.
3. Disability caused or contributed to by Your:
  - a. Committing or attempting to commit a felony; or
  - b. Actively participating in a riot. “Actively participating” does not include Your being at the scene of a riot while performing Your official duties.

**LIMITATION FOR MENTAL DISORDER** – Except as noted below, payment of Disability Benefits is limited to a total of 24 months during Your entire lifetime for Disability caused or contributed to by a Mental Disorder, or by medical or surgical treatment for a Mental Disorder. This limitation does not apply to any period during which You are confined in a Hospital solely because of a Mental Disorder.

**LIMITATION FOR SUBSTANCE ABUSE** - Payment of Disability Benefits is limited to a total of 24 months during Your entire lifetime for any Loss sustained or contracted in consequence of Your being intoxicated or under the influence of any controlled substance. The proper use of intoxicants and/or controlled substances administered on the advice of a Physician is not included within this limitation.

**WAITING PERIOD LIMITATION** – The Waiting Period is that period, measured from the first day of Your Disability, during which You must be Disabled before Disability Benefits become payable. No Disability Benefits are payable for any Disability experienced during this period. Disability Benefits start after the Waiting Period ends, on the Commencement Date, if You are Totally Disabled on that date. The Waiting Period and Commencement Date are shown on the data page.



Regardless of the number or length of any periods of Recovery that may occur during Your Disability, for any Disability Benefit to become payable, [the Waiting Period must be satisfied within the total number of consecutive days](#) which equals:

1. [Two times](#) the Waiting Period shown on the data page for Waiting periods of 180 days or less; or
2. [One and one-half times](#) the Waiting Period shown on the data page for Waiting Periods longer than 180 days.

**PRE-EXISTING CONDITIONS** – For Disabilities contributed to or caused by a [Pre-existing Condition](#), [We will pay benefits only if:](#)

1. The Pre-existing Condition [is not specifically excluded](#); and
2. The Pre-existing Condition [is fully disclosed](#) on the policy's application.

A Pre-existing Condition is any mental or physical condition for which:

1. You sought medical advice, treatment or services; or
2. You took prescribed drugs or medications; or
3. [A reasonably prudent person would have sought medical advice, care or treatment;](#)

during the [365 day period](#) ending the day [before this policy's Effective Date](#).

**TIME LIMIT ON CERTAIN DEFENSES** – After two years from the later of:

1. This policy's Effective Date; or
2. Its most recent Reinstatement Date;

no misstatements, [except fraudulent misstatements](#), made by You or the Owner, in the application for the policy or for reinstatement, shall be used to:

1. Rescind the policy; or
2. Deny a claim

for Disability starting after the end of such two year period.

For Disability starting after two years from the later of:

1. The policy's Effective Date; or
2. Its most recent Reinstatement Date;

no claim will be reduced or denied because a disease or physical condition existed before such date, unless it is specifically excluded or there was a [fraudulent misstatement](#) in the application for the policy or for reinstatement.

## CLAIMS

**TIME OF LOSS** – We will pay benefits under this policy only for a Loss which occurs while this policy is in force. Except as noted in the definition of Maximum Benefit Period (see Definitions), termination of the policy will not affect any claim for Disability, provided that:

1. Your Disability begins within 30 days after the date of the Injury or Sickness causing Your Disability; and
2. Your Injury or Sickness occurs while this policy is in force.

**WRITTEN NOTICE OF CLAIM** – We [must be given Written Notice Of Claim](#) by You or the Owner:

1. Within 30 days after a Loss starts; or
2. As soon as is reasonably possible.

Written notice must be given:

1. To Us at Our home office; or
2. To any of Our authorized agents.

Written notice must include Your name and the Policy Number.

**CLAIM FORMS** – We will send the Owner a claim statement within 15 days after We receive Written Notice Of Claim. If You do not receive Our forms within 15 days after You ask for them, You will be deemed to have complied with the requirements of this policy as to Written Proofs of Loss upon submitting to Us, within the time period for filing Written Proofs of Loss, written proof covering:

1. The occurrence; and
2. The character and extent of the Loss for which claim was made.

The time period for filing Written Proofs of Loss is shown in the Written Proofs of Loss provision, below.

**WRITTEN PROOFS OF LOSS** – We [must receive Written Proofs Of Loss](#) within 90 days after the end of any period for which benefits are being claimed. If that is not reasonably possible, the claim will not be affected, provided written proof is furnished as soon as is reasonably possible. However, unless You lack legal capacity, We must be given written proof within one year after the 90th day referred to above, for that claim to be valid.

**DOCUMENTATION OF LOSS** – Proof of each of the following elements of Written Proofs Of Loss must be provided to Us at Your expense. We will not pay any Disability Benefits until We receive satisfactory written proof of all of the following:

1. You became Disabled while insured under this policy and while it was in force;
2. Your Disability was a Continuous Disability through the Waiting Period and the Commencement Date;
3. We receive such additional information as We may require in connection with Your claim, including but not limited to:
  - a. Information as outlined under Income Documentation, below;
  - b. Vocational data such as documentation of work duties and activities. Examples might include Your job description and appointment calendar, and documentation of Your court appearances or medical services You provided; and

- c. Supplementary claims questionnaires and forms, such as pre-existing condition and vocational statements, and special authorizations for obtaining certain information, such as medical, financial and benefits records.

You must also submit all of the following documents at Your expense:

1. A completed claim statement signed by You;
2. A completed claim statement signed by Your Physician;
3. A written authorization, signed by You on Our form, for Us to obtain records and information needed to determine Your eligibility for Disability Benefits; and
4. Such other documents as We may reasonably require.

Once Your claim is approved, no Disability Benefits will be continued beyond the end of the period for which You have provided Us with satisfactory Written Proofs Of Loss. We will require You to submit additional documentation of Your claim at Your expense at reasonable intervals while You are receiving Disability Benefits.

**INCOME DOCUMENTATION** – We can require proof to establish Your current and prior incomes. We have the right to examine Your financial records, including Your tax returns, as often as We may require. These financial records may cover any period for which You claim to be Disabled.

**INVESTIGATION OF YOUR CLAIM** – We may conduct an Investigation Of Your Claim at any time. We will not pay any Disability Benefits until We have had a reasonable time to conduct any Investigation Of Your Claim and We have determined that Disability Benefits are payable.

**NOTICE OF DECISION ON CLAIM** – We will evaluate Your claim promptly after You file it. Within 30 days after We receive Your claim We will send You: (a) a written decision on Your claim; or (b) a notice that We are extending the period to decide Your claim by 30 days. By the end of the extension We will send You: (a) a written decision on Your claim; or (b) a notice that We are extending the period to decide Your claim for another 30 days.

If We extend the period to decide Your claim, We will notify You of the following: (a) the reasons for the extension; (b) when We expect to decide Your claim; (c) an explanation of the standards on which entitlement to benefits are based; (d) the unresolved issues; and (e) any additional information We need to resolve those issues. If We request additional information, You have 45 days to: (a) provide the information; or (b) otherwise respond to Our request.

If an extension is due to Your failure to provide necessary claim information, the extended time period for deciding Your claim will not begin until You: (a) provide the information; or (b) otherwise respond. However, if You do not provide the requested information within 45 days, We may decide Your claim based on the information We have received.

If We deny any part of Your claim, You will receive a written notice of denial containing:

1. The reasons for Our decision;
2. Reference to the parts of the Policy on which Our decision is based;
3. A description of any additional information needed to support Your claim;
4. Reference to any internal rule or guideline relied upon in making Our decision; and
5. Information concerning Your right to:
  - a. A review of Our decision.
  - b. Bring a civil action for benefits under section 502(a) of ERISA if Your claim is denied on review, provided Your claim is subject to that law.

**REVIEW PROCEDURE FOR DENIED CLAIMS** – If all or part of Your claim is denied, You may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

Our review will be subject to the following:

1. The review will not give deference to the initial decision;
2. The person conducting the review (the Reviewer) will be someone other than the person who denied Your claim;
3. The Reviewer will not be subordinate to the person who denied Your claim;
4. If the denial was based on a medical judgement, the Reviewer will consult with another qualified health care professional; and
5. The other health care professional will not be subordinate to the person who made the original medical judgement.

You may:

1. Send Us written comments or other items to support Your claim;
2. Review and receive copies of any non-privileged information that relates to Your request for review. There will be no charge for such copies; and
3. Request the names of medical or vocational experts who provided advice to Us about Your claim.

We will review Your claim promptly after We receive Your request. Within 45 days after We receive Your request for review We will send You: (a) Our written decision; or (b) a notice that We are extending the review period for no more than 45 days. Our review will include any written comments or other items You submit to support Your claim.

If Our review is extended, We will notify You of the following: (a) the reasons for the extension; (b) when We expect to decide Your claim on review; (c) the unresolved issues; and (d) any additional information We need to resolve those issues.

If We request additional information, You have 45 days to: (a) provide that information; or (b) otherwise respond to Our request.

If an extension is due to Your failure to provide necessary claim review information, the extended time period for claim decision review will not begin until You: (a) provide the information; or (b) otherwise respond. However, if You do not provide the requested information within 45 days, We may decide Your claim based on the information We have received.

If We deny any part of Your claim on review, You will receive a written notice of Our denial. It will contain:

1. The reasons for Our decision.
2. Reference to the parts of the Policy on which Our decision is based.
3. Reference to any internal rule or guideline relied upon in making Our decision.
4. Information concerning Your right to:
  - a. Review and receive free of charge copies of documents and records relevant to Your claim.
  - b. Bring a civil action for benefits under section 502(a) of ERISA, provided Your claim is subject to that law.

The policy does not provide voluntary alternative dispute resolution options.

**MEDICAL EXAM** – We can have Physicians or vocational specialists examine You, [at Our expense](#), as often as reasonably necessary while You claim to be Disabled. Any such examination will be conducted by one or more Physicians or vocational specialists We choose. We may defer or suspend payment of benefits if You fail to attend an examination or fail to cooperate with the person conducting the examination. Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable.

**TIME OF PAYMENT OF CLAIM** – After We receive Written Proofs Of Loss:

1. We will immediately pay any benefits then due that are not payable periodically; and
2. We will pay any benefits due that are payable periodically at the end of each month of Disability. Each month of Disability will be measured from the Commencement Date. Payment will be subject to Our receipt of continuing Written Proofs Of Loss.

Any benefits that may remain due and unpaid after Our liability ends for that Disability will be paid immediately upon Our receipt of Written Proofs of Loss for such remaining benefits.

**PAYMENT OF CLAIMS** – We will pay the Insured all benefits due under this policy (except for any premium returned as a result of the Insured's death), unless the Owner names a payee to receive such benefit payments. Designation of a payee, or change of a previously named payee, must be made in writing and signed by the Owner. The designation must clearly identify the policy and the payee, and the payee must be legally capable of receiving payments as of the date the designation is signed. At the Owner's request, We will provide a form for naming or changing a payee.

We can pay total benefits of up to \$1,000 to any relative of the Insured or any relative of a named payee, if the Insured or that payee lacks legal capacity to give a valid release, or if the benefits are otherwise payable to the Insured's estate.

We will not be liable to anyone to the extent We make payments in good faith.

**OUR DISCRETIONARY AUTHORITY** – If Your claim is subject to the federal Employee Retirement And Income Security Act of 1974, as amended (ERISA), this provision will affect the way a court will review Our decision if a legal dispute were to arise concerning Your claim. If Your claim does not fall under ERISA, this provision will not affect the court's review of Our decision in regard to Your claim.

We have discretionary authority to administer claims, including requests for review, to interpret the policy and to resolve questions arising in the administration of claims and interpretation of the policy. This authority includes the right:

1. To establish and enforce rules and procedures for the administration of the policy and applications for benefits; and
2. To decide eligibility for insurance, entitlement to benefits, and the amount of benefits payable, and the sufficiency and amount of information We may reasonably require to make such decisions.

We will exercise Our discretionary authority in a reasonable and good faith manner. In exercising Our discretionary authority, We will provide an explanation of Our decision, and construe policy provisions in a way that does not conflict with the plain language of the policy. Further, in making benefit determinations We will not rely on clearly erroneous findings of fact.

## PREMIUMS AND REINSTATEMENT

**PREMIUMS** – The premium, shown on the data page, is the amount We charge at regular intervals to keep this policy in force. We can change the premium only after this policy is three years old and only if the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at Our home office. The first premium is due on the Effective Date. If the first premium is not paid, the policy is never in force.

Premiums may be paid on an annual, semi-annual or quarterly basis. Also, the Owner may request a special monthly premium mode, subject to Our rules and approval. We may terminate this special mode at any time by writing to the Owner.

The Owner may request a change of premium mode by writing to Us. The change is subject to Our rules and approval. No change of premium mode will be allowed while You are Disabled.

**GRACE PERIOD** – A 31-day grace period to pay premiums follows the due date of all premiums except the first. The policy will continue in force during the grace period. If a premium is not paid by the end of its grace period, the policy will end. If You become Disabled during the grace period, We will deduct any due and unpaid premiums from any benefits paid. (See UNPAID PREMIUM.) If this policy is being renewed under the Renewable Option After The Termination Date provision, and We have notified the Owner within at least five days before the due date of the unpaid premium of Our intent not to renew this policy, this provision will not apply to this policy. Our notice of nonrenewal under this provision must be in writing and delivered or mailed to the Owner at the Owner's last address in Our records.

**UNPAID PREMIUM** – Upon the payment of a claim under this policy, any premium then due and unpaid, or covered by any note or written order, may be deducted from the payment.

**REINSTATEMENT** – If this policy ends because a premium is not paid by the end of the grace period, the Owner may ask that it be reinstated. If Our requirements for reinstatement are met, the policy will be reinstated as follows:

1. If We receive the required premium and if We do not require a reinstatement application, reinstatement will be effective on the later of the date the premium and the Owner's signed request are received at Our home office.
2. If We receive the required premium and the Owner's signed request, but We require a reinstatement application and issue a conditional receipt, reinstatement will be subject to Our approval and will be effective on the date We approve the application. However, if We disapprove the application, We must mail notice of Our disapproval to the Owner within 45 days after the date of the conditional receipt. If We do not mail notice of Our disapproval, the policy will be reinstated as of the 45th day after the date of the conditional receipt.

The reinstated policy will not cover any Disability except Disability due to:

1. Injury sustained after the Reinstatement Date; or
2. Sickness that began more than ten days after the Reinstatement Date.

A new period for contesting the policy or a claim will apply to the reinstated policy if We require and approve an application for reinstatement. See Time Limit On Certain Defenses under EXCLUSIONS AND LIMITATIONS. In all other respects, You and Standard Insurance Company will have the same rights under this policy as were had under the policy immediately before the due date of the unpaid premium, subject to any provisions endorsed on or attached to the policy in connection with the reinstatement.

**PREMIUM REFUND AT DEATH** – After We receive notice of Your death, We will refund to the Owner or the Owner’s estate any premium paid beyond the Policy Month of Your death. This policy ends at your death.

### **RENEWABLE OPTION AFTER THE TERMINATION DATE**

**RENEWABLE OPTION** – The Owner may request in writing that Total Disability coverage under this policy continue beyond the Termination Date. The request is subject to Our approval. At the time of the request and after the Termination Date, to continue this policy We will require proof satisfactory to Us that:

1. You remain **actively** and **regularly employed** for at least **30 hours per week**; and
2. You are **not Disabled** at the time We receive the Owner’s written request at Our home office

If We approve the request and the policy is continued under this Option, You must remain actively and regularly employed for at least 30 hours per week for the policy to remain in force under the Option. We have the right to ask You at least once a year for proof satisfactory to Us that You are meeting this requirement. In addition, We have the right to ask for this information more often than once a year if We reasonably believe that such information is necessary for this policy to continue under this Option. You must notify Us as soon as is reasonably possible if at any time Your employment fails to satisfy this requirement, or if You cease employment altogether. This Option and policy, and all coverage, will end on the date You cease being actively and regularly employed at least 30 hours per week, unless You are Disabled on that date under the policy terms or unless the policy and Option ended earlier.

**OPTION REQUEST** – We must receive the Owner’s written request at Our home office at least 30 days prior to the Termination Date. The policy must be in force with all due premiums paid on the date We receive the request.

**RENEWABLE BENEFIT** – We will continue only the Total Disability Benefit beyond the Termination Date under the Renewable Option. All other benefits, riders and added benefits end at 12:01 a.m. on the Termination Date, regardless of whether the policy is continued under this Renewable Option. Except as shown below, the same provisions, exceptions, exclusions and limitations in this policy continue to apply if the Renewable Option is elected. Prior to the Policy Anniversary following Your 75th birthday, the Maximum Benefit Period under this option will be 24 months. For Total Disabilities with Commencement Dates after the Policy Anniversary following Your 75th birthday, Disability Benefits will be paid for no more than 12 months.

**INITIAL RENEWAL PREMIUM** – The Initial Renewal Premium to continue the policy under the Renewable Option will be based on the rate in effect for all policies with like benefits insuring the same Risk Class as of the Termination Date. We can change the Initial Renewal Premium at any time, but only if We change the Initial Renewal Premium for everyone in the state in which You live who:

1. Has this policy form;
2. Has like benefits; and
3. Is in Your Risk Class.

We will refund to the Owner any Initial Renewal Premium paid after the Termination Date, unless the policy is in force under the Renewable Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewable Option.



## GENERAL PROVISIONS

**THE CONTRACT** – This insurance is provided in consideration of Our receipt of the completed application and payment of all required premiums. This policy and all attachments, including any benefits, riders, endorsements and copies of the application and application supplements, make up the whole contract. No one, including Our agent, has the right to change or waive any part of this policy unless the change is approved in writing by Our President and Secretary.

**CONFORMITY WITH STATE LAWS** – Any provision in this policy which, on its Effective Date, conflicts with the laws of the state where the Insured resides as of such date, is amended to meet the minimum requirements of such laws.

**LEGAL ACTION** – Legal action cannot be brought against Us until at least 60 days following the date written proof is received by Us under Written Proofs Of Loss. Also, legal action may not be brought against Us after three years from the date written proof is required under Written Proofs Of Loss.

**MISSTATEMENTS** – If Your Issue Age or sex has been misstated, any benefits will equal those that the premiums paid would have purchased at Your correct Issue Age and sex.

**NOTICE** – Changes, assignments and requests will not affect Us until they have been signed by the Owner and We have received them at Our home office and, where required, We have approved them.

**ASSIGNMENT** – The Owner may assign ownership of this policy at any time while the policy is in force and while the Insured is not Disabled. We will be bound by an assignment only after it is received at Our home office and only if it meets these requirements:

1. It is in writing and is signed by the Owner; and
2. It clearly identifies the policy and the assignee.

On receipt at our home office, an assignment meeting the above requirements will take effect as of the date it was signed by the Owner, or if no date of execution is shown, as of the date it is received at Our home office. We are not responsible for the validity of an assignment, and We will not be liable for any action taken by Us, or for any payment We may make, before an assignment meeting the above requirements is received at Our home office.

**OWNER** – The Owner of this policy is the Insured unless stated otherwise in the application or later changed by the Owner under the Assignment section. The Owner may name a successor owner who will become the new owner if the Owner dies before You. If no named successor owner is living when the Owner dies, and if You are not the Owner, the Owner's estate will become the new owner.

**CHANGE OF PAYEE** – Unless the Owner makes an irrevocable designation of payee, the right to name or change the payee is reserved to the Owner, and the consent of the payee is not required to terminate or assign this policy or to change any payee, or to make any other changes in this policy.



## SUPPLEMENTAL SOCIAL INSURANCE BENEFIT RIDER

### DEFINITIONS

**LEGISLATED BENEFITS** – This term includes the following:

1. **Social Security Disability Benefit.** This includes primary or family disability benefits for which You may become eligible. These benefits include benefits payable under:
  - a. The U.S. Social Security Act;
  - b. A similar law of any other country; and
  - c. Optional Social Security Retirement provisions.
2. **Worker's Compensation.** This includes compensation benefits under any:
  - a. Worker's Compensation Act; and
  - b. Occupational Disease Law;

for which You may become eligible. It also includes insurance benefits provided under any similar law of: (i) any U.S. State; (ii) any U.S. Territory; and (iii) any other country.

3. **Federal, State and Local Retirement And Disability Fund Benefit.** This includes disability compensation under any governmental retirement and disability fund for which You may become eligible. Amounts for Your dependents are included. Any payment because of elective retirement will also be considered a Federal, State and Local Retirement And Disability Fund Benefit.
4. **Railroad Retirement Disability Income.** This includes these benefits under the federal Railroad Retirement Act:
  - a. Primary or family disability benefits for which You may become eligible; and
  - b. Payments under the retirement option.

### BENEFITS

**QUALIFICATION** – We will pay a benefit under this rider if:

1. A Total Disability Benefit is payable under this policy; and
2. You provide evidence satisfactory to Us that You are making a good faith effort to comply with the requirements under the Claims Procedure For Legislated Benefits section, below, and that You have complied with such requirements as reasonably as could be expected based on the Legislated Benefits involved. We may require such evidence as often as We think necessary to make payments under this rider, but in no event will We require such evidence more often than monthly.

**WHEN PAYABLE** – If You qualify, this benefit will begin on its commencement date. This date is shown on the data page.

**AMOUNT PAYABLE** – If You are receiving a [Total Disability Benefit under](#) this policy, We will pay:

1. The [amount of benefits](#) for this rider; [less](#)
2. [Any Legislated Benefits](#) paid to You for the same period.

We will pay this amount monthly. The amount of benefits for this rider is shown on the data page. This payment is in addition to any other benefits payable under the policy, except that no benefits will be payable under this rider if You are receiving benefits under the Residual Disability Rider. In that event, the amount that [would have been payable under this rider if You had been Totally Disabled will be used in calculating Your Residual Disability Benefit.](#)

[While You are Disabled, a cost of living adjustment may be made to the Legislated Benefits for which You are eligible. These adjustments will not reduce benefits under this rider.](#)

If You receive an award for Legislated Benefits in a lump sum for a period covering more than a month, We will do the following to figure the monthly amount payable under this rider. We will divide the award into equal monthly amounts. The number of monthly amounts will be based on the period the award covers. If this period is not shown in the award notice, We will consider the award to have been paid in 60 equal monthly payments. If the award is for a period for which We have already paid You benefits under this rider, You must reimburse Us immediately for any overpayment. If the award is for a future period, We will reduce future benefits that may be due You under this rider.

If the Legislated Benefits paid to You or calculated as described above for a month are greater than the amount of benefits for this rider, no benefit will be paid under this rider for that month.

If any Legislated Benefits are not paid because of the benefits provided by this rider, We will pay benefits under this rider as if those Legislated Benefits had been paid.

**HOW LONG WE WILL PAY** – We will pay this benefit until the earliest of the following:

1. The date the policy benefit for Your Disability ends;
2. The Termination Date; or
3. The date this rider ends.

**CLAIMS PROCEDURE FOR LEGISLATED BENEFITS** – In order to receive any benefits, [You must do all of the following:](#)

1. Apply in a proper and timely manner for any and all Legislated Benefits for which You may be eligible;
2. Furnish Us proof of any application;
3. Authorize Us to receive information about the status of Your application;
4. Give Us proof of any award or payment of any Legislated Benefits as soon as You receive them;
5. Give Us proof of any denial of Legislated Benefits;
6. Following Our review and upon Our request, appeal any denial of Legislated Benefits and provide Us with evidence of the final decision or ruling on that appeal;
7. Give Us proof of any retroactive payments as soon as You receive them;
8. Notify Us within 30 days of any change in Your eligibility for, entitlement to, or receipt of any Legislated Benefits; and
9. Reapply for Legislated Benefits, if We ask You to do so.

You must satisfy all of the above. If You do not, We will estimate Legislated Benefits for which, in Our opinion, You are eligible. Any incorrect estimate will be adjusted if You then satisfy all of the above. Any proof submitted must be satisfactory to Us. We will not require You to appeal a denial of Legislated Benefits beyond the last administrative hearing level available to You in regard to those Legislated Benefits.

### GENERAL PROVISIONS

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy’s Effective Date, unless a different effective date has been given to this rider.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy’s Time Limit On Certain Defenses provision will apply to this rider as of this rider’s effective date.

**TERMINATION** – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date we receive the Owner’s written request to terminate the policy or this rider.

**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

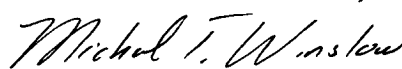
1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

## INDEXED COST OF LIVING INDEMNITY BENEFIT RIDER

### DEFINITIONS

**CPI-W** – The Consumer Price Index For Urban Wage Earners And Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, We may use a comparable index. Where required, We will obtain prior state approval of the new index.

### BENEFITS

We will pay an **added benefit amount** under this rider during Your Continuous Disability if:

1. Your Disability begins before the Termination Date;
2. Your Disability continues for more than 365 days; AND
3. Either a. or b., below, applies:
  - a. The Total Disability Benefit is payable under the policy during the period for which this benefit is claimed; or
  - b. The Residual Disability Benefit is payable under the Residual Disability Rider during the period for which this benefit is claimed, if that rider is attached to and made part of this policy.

This benefit **will begin on the 366th day of Your Disability**. The monthly benefit amount We will pay under this rider during the second year of Your Disability is a percentage of the base amount. The base amount is the Benefit Amount payable under the policy, **plus any benefit payable under a Supplemental Social Insurance Benefit Rider and/or Residual Disability Rider** added to the policy. **The percentage for the second year is the rate of increase in the CPI-W for the prior calendar year**. For each year of Continuous Disability after the second, the monthly benefit amount We will pay under this rider is determined by increasing the previous year's benefit amount by the rate of increase in the CPI-W for the prior calendar year. **The maximum adjustment in any year is 6%**. **The benefit amount will not decrease even if the CPI-W decreases.**

### GENERAL PROVISIONS

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy’s Time Limit On Certain Defenses provision will apply to this rider as of this rider’s effective date.

**TERMINATION** – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner’s written request to terminate the policy or this rider.

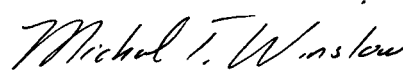
**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions which have not been changed by, or do not conflict with, this rider will apply to this rider.

STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

## FUTURE PURCHASE OPTION RIDER

### DEFINITIONS

**ATTAINED AGE** – The age of the Insured on the Insured’s birthday nearest the Option Date.

**EXPIRATION DATE** – The date this rider ends. This date is shown on the data page.

**ISSUE AND PARTICIPATION LIMITS** – The **maximum amount** of insurance coverage We will issue **in relation to Your income**, taking into account all other disability income coverage in force with Us and any other company.

**OPTION DATE** – **Each Policy Anniversary** after the policy Effective Date, on or before this rider’s Expiration Date, and while this rider is in force.

**OPTION POOL AMOUNT** – The **total increase in Benefit Amount** that can be **purchased** under this rider while it is in force. The Option Pool Amount is shown on the data page.

**OPTION POOL BALANCE** – On any Option Date, this is the Option Pool Amount less the sum of all purchases made under this rider on all prior Option Dates.

### BENEFITS

**FUTURE PURCHASE BENEFIT** – On any Option Date, subject to the limitations below, the Owner may apply for the purchase of up to:

1. The **full** Option Pool Amount, if Your Attained Age is **41** or under on that Option Date; or
2. One **half** of the Option Pool Amount, if Your Attained Age is **42** through **45** on that Option Date; or
3. One **third** of the Option Pool Amount, if Your Attained Age is **46** through **50** on that Option Date.

No purchase on any Option Date can exceed the Option Pool Balance as of that Option Date. The minimum purchase made under this rider must equal at least \$100. If, on any Option Date, the requested purchase will result in an Option Pool Balance of \$100 or less, the entire Option Pool Balance may be purchased. However, if at any time the Option Pool Balance is less than \$100, any future purchase must equal that remaining amount. **Once the entire Option Pool Amount has been purchased this rider ends.** (See Termination Of Rider, below.)

**You must qualify for each purchase** under the requirements outlined below. We will issue additional disability income coverage under this rider to the Owner for the amount applied for, up to the amount You qualify for. The purchase will be in the form of: an increase to this policy; an increase to a policy issued under this rider; or a new policy, as determined by Us. Each purchase made under this rider will be effective on its Option Date. However, **if You are Disabled on the applicable Option Date, no benefits will be payable in regard to that purchase while You remain Disabled.** “Disabled” for purposes of this section means the same as it does under this policy, to which this rider is attached.

**QUALIFYING AND APPLYING FOR THE PURCHASE** – The Owner must apply for the purchase in writing, on a form approved by Us, **within 60 days before** the next Option Date. At the time the Owner applies for a purchase, the amount applied for, when added to all existing and applied for disability income and business overhead insurance coverage on You with Us, any other insurer, and any government agency, **may not exceed Our limits.** By “Our limits,” we mean Our Issue And Participation

Limits in effect when applying for the purchase. [We will require income documentation and financial information. Evidence of Your health will not be required.](#)

**PREMIUM FOR EACH PURCHASE** – The premium for each purchase will be based on the rate for Your Attained Age on the applicable Option Date. We will figure the rate by [using that Risk Class below which is more favorable to You:](#)

1. Your class of risk for this policy; or
2. Your class of risk on the applicable Option Date.

The first premium for each purchase must be paid when the purchase is applied for. Payment may be made at Our home office or to an authorized agent.

### GENERAL PROVISIONS

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy’s Effective Date, unless a different effective date has been given to this rider.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy’s Time Limit On Certain Defenses provision will apply to this rider as of this rider’s effective date.

**TERMINATION OF RIDER** – This rider will end on the earliest of:

1. The Expiration Date;
2. The Option Date on which the Option Pool Balance equals zero.
3. The date the policy ends for any reason; or
4. The date We receive the Owner’s written request to terminate the policy or this rider.

**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions which have not been changed by, or do not conflict with, this rider will apply to this rider.

### STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



MICHAEL I. WINSLOW  
Corporate Secretary

## RESIDUAL DISABILITY RIDER

### DEFINITIONS

For purposes of this rider, the definition of Disability/Disabled in the policy is changed to read:

**DISABILITY/DISABLED** – Total Disability, as defined in the policy, and Residual Disability, as defined below.

When used in this rider, these terms are defined as follows:

**CPI-W** – The Consumer Price Index For Urban Wage Earners And Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, We may use a comparable index. Where required, We will obtain prior state approval of the new index.

**INDEXED PRIOR MONTHLY EARNINGS** – Indexed Prior Monthly Earnings means Prior Monthly Earnings adjusted by the applicable rate of increase in the CPI-W. During Your first year of Disability, Indexed Prior Monthly Earnings is the same as Prior Monthly Earnings. Thereafter, Indexed Prior Monthly Earnings is determined on each anniversary of Your Commencement Date by [increasing the previous year's Indexed Prior Monthly Earnings by the rate of increase in the CPI-W](#) for the prior calendar year. The [maximum](#) adjustment in any year is [6%](#). If there is no increase in the prior year's CPI-W, there will be no increase in the Indexed Prior Monthly Earnings for the current year. However, Indexed Prior Monthly Earnings [will not decrease even if the CPI-W decreases](#).

**LOSS OF INCOME** – Your Indexed Prior Monthly Earnings less Your Monthly Disability Earnings. Loss Of Income is determined for each month for which a Residual Disability Benefit is claimed.

**MONTHLY DISABILITY EARNINGS** – This means all income received by You in the particular month for which You are claiming the Residual Disability Benefit. [Monthly Disability Earnings includes all gross income from any vocational activity](#) of Yours, including salary, fees, commissions, bonuses and all income from all of those sources of income used to determine Prior Monthly Earnings, as defined in this rider. We will subtract from Monthly Disability Earnings all business expenses which You are allowed to deduct for federal income tax purposes. However, We will not deduct any expenses shown on Your federal income tax return as IRC Section 179 expenses. Monthly Disability Earnings [does not include income](#) from any of the following:

1. Rent, royalties, annuities, savings or investments; or
2. Deferred compensation or retirement plans, or disability income policies; or
3. Your nonvocational activities.

We will use the [accounting method](#) used on Your federal income tax return for Your tax year immediately prior to Your tax year in which the Disability began. We will use the same method throughout the duration of Your claim. If the [cash method is used, income earned prior to the date Your Disability began, but received after the date Your Disability began, will be excluded from Monthly Disability Earnings](#). If You receive any income in a lump sum or on a basis other than monthly, We will prorate that income over the period of time to which it applies. If an appropriate period of time is not provided, We will use what We consider to be a reasonable period, based on the circumstances involved.

**PRIOR MONTHLY EARNINGS** – Your highest annual earnings [for any two tax years falling within the three years](#) just before Your Disability began, [divided by 24](#). Prior Monthly Earnings is determined by adding the following amounts as reported on the applicable Form W-2 and on the applicable Partnership



Schedule K-1, Schedule C, and S-Corporation Schedule K-1 of Your federal income tax return, and dividing by 12 (or by the number of months You were a partner, P.C. partner, owner-employee, sole proprietor, or S-Corporation shareholder, if fewer than 12):

1. Your ordinary income (loss) from trade or business activity(ies);
2. Your guaranteed payments, if You are a partner;
3. Your net profit from business;
4. Your compensation (as an officer), salary, or wages, if You are an S-Corporation shareholder;
5. Other Income as reported on Your 1040, Partnership Schedule K-1 or S-Corporation Schedule K-1, except that income excluded under Monthly Disability Earnings; and
6. Amounts deducted on Your federal income tax return as Section 179 Expenses.

If You are paid a salary, We will include Your gross salary when determining Prior Monthly Earnings

**RESIDUAL DISABILITY/RESIDUALLY DISABLED** – Residual Disability means You are not Totally Disabled, but because of Your Injury or Sickness:

1. Your Monthly Disability Earnings are **reduced by 20%** or more of Your Indexed Prior Monthly Earnings; and
2. You are able:
  - a. **To do some**, but not all, of the **substantial and material duties** of Your Regular Occupation; or
  - b. To do all of the substantial and material duties of Your Regular Occupation, but not **for as long a time** or as **effectively** as You did immediately prior to Your Injury or Sickness.

## BENEFITS

**RESIDUAL DISABILITY BENEFIT** – You will be eligible for the Residual Disability Benefit during Your Residual Disability if Your Residual Disability begins before the Termination Date. The amount of Disability Benefit We will pay under this section for each month is determined as follows:

1. The sum of the **Benefit Amount plus any amount that would have been payable under the Supplemental Social Insurance Benefit Rider** (if part of the policy) if You had been Totally Disabled during the month for which this Residual Disability Benefit is being determined; times
2. The **Loss Of Income** for that month divided by Indexed Prior Monthly Earnings.

If You are unable to earn at least **20%** of Your Indexed Prior Monthly Earnings, We will pay the Benefit Amount. For any one Continuous Disability, each of the **first six monthly payments will not be less than 50%** of the Benefit Amount.

The Residual Disability Benefit will begin on the later of:

1. The Commencement Date; or
2. The day after Your Total Disability ends.

This benefit will continue while You remain Residually Disabled. We will not pay this benefit beyond the Maximum Benefit Period. We also will not pay this benefit beyond the Termination Date unless the Residual Disability begins within three months prior to the Termination Date. If this occurs, We will pay the Residual Disability Benefit for up to three months while You remain Residually Disabled. For periods

of less than a month, We will pay a pro rata portion of this benefit for each day of Residual Disability.

**RECOVERY BENEFIT** – We will pay a [lump sum Recovery Benefit](#) if, immediately after Your Disability ends:

1. You are not eligible for a Disability Benefit; and
2. You are engaged at least 30 hours per week in Your Regular Occupation or in any other occupation immediately following a Disability for which Residual Disability Benefits under this policy were paid.

The amount of the Recovery Benefit is a lump sum equal to the [lesser](#) of:

1. [Four times](#) the Benefit Amount; or
2. The total amount of Residual Benefits paid during the Continuous Residual Disability preceding this benefit; or
3. The number of months remaining in the Maximum Benefit Period as of the time of Your Recovery times the Benefit Amount.

Only one Recovery Benefit will be paid for each period of Continuous Disability.

## CLAIMS

For purposes of this rider, the INCOME DOCUMENTATION provision under CLAIMS in the policy is changed to read as follows:

**INCOME DOCUMENTATION** – We can require proof to establish Your current and prior incomes. We have the right to examine Your financial records, including Your tax returns, as often as We may require. These financial records may cover:

1. Any period for which You claim to be Disabled; and
2. Any period needed by Us to determine Your Prior Monthly Earnings.

## GENERAL PROVISIONS

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

**TERMINATION** – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

## NONCANCELABLE POLICY RIDER

This rider changes the policy and all riders made part of the policy from [Guaranteed Renewable to Noncancelable and Guaranteed Renewable](#).

The entire paragraph on the policy face page, starting with “GUARANTEED RENEWABLE to the Termination Date,” is replaced with the following paragraph:

[NONCANCELABLE AND GUARANTEED RENEWABLE](#) to the Termination Date, shown on the data page. [NO CHANGE IN PREMIUM RATES](#). As long as the premium is paid by the end of each grace period, We cannot change the policy or its premium until the Termination Date. The policy will end on that date, except as provided by the Renewable Option After The Termination Date provision.

The first paragraph of the Premiums provision in the policy under PREMIUMS, REINSTATEMENT, AND POLICY TERMINATION is replaced with the following:

**PREMIUMS** – The premium, shown on the data page, is the amount We charge at regular intervals to keep this policy in force. We cannot change premium rates while this policy is in force, prior to the Termination Date. Premiums are payable at Our home office. The first premium is due on the Effective Date. If the first premium is not paid, the policy is never in force.

The [Presumptive Disability Benefit](#) provision located under BENEFITS in the policy is changed to read as follows:

**PRESUMPTIVE DISABILITY BENEFIT** – For Maximum Benefit Periods of 5 years or less, We will pay the Total Disability Benefit during Your Presumptive Disability but not beyond the Maximum Benefit Period. [For Maximum Benefit Periods longer than 5 years, We will pay the Total Disability Benefit during your lifetime so long as Your Presumptive Disability continues. The Commencement Date for any Presumptive Disability will be the first day of that Presumptive Disability.](#)

On any riders issued with this policy, other than this rider, the Rider Premium provision under GENERAL PROVISIONS is changed to read:

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We cannot change the premium rates.

## GENERAL PROVISIONS

**RIDER PREMIUM** – The annual premium for this rider is included on the data page as part of the base policy premium.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy’s Effective Date.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy’s Time Limit On Certain Defenses provision will apply to this rider as of this rider’s effective date.

**TERMINATION** – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

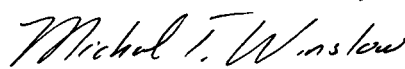
1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

**OWN OCCUPATION BENEFIT RIDER**

This rider changes the definition of Total Disability/Totally Disabled in the policy's DEFINITIONS provision to read as follows:

**TOTAL DISABILITY/TOTALLY DISABLED** – Because of Your Injury or Sickness, You are unable to perform the substantial and material duties of Your Regular Occupation.

**GENERAL PROVISIONS**

**RIDER PREMIUM** – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

**RIDER EFFECTIVE DATE** – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

**TIME LIMIT ON CERTAIN DEFENSES** – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

**TERMINATION** – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

**PART OF POLICY** – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY



Eric E. Parsons  
President



Michael T. Winslow  
Corporate Secretary

By





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