Read your policy carefully. This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

Renewability. Your policy is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your policy is designed to provide coverage for disabilities that result from covered accidents or covered sicknesses subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided by the Policy. We will pay the total disability benefit shown in the Policy Schedule if you become totally disabled and are totally disabled longer than the elimination period as the result of a covered accident or covered sickness while the policy is in force.

If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

If you do not have a job when you become totally disabled, we will pay the total disability benefit only as long as your disabling condition, as confirmed by your doctor, requires you to remain at home, you are under the care of a doctor and, in fact, are not working at any job for pay or benefits. At home means in your house or yard. However, you can follow your doctor’s orders even if it means leaving home. Under the care of a doctor means you are being cared for by a doctor.

Recurrent Disability: A recurrent disability will be treated as:
• a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
• a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
• a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
• a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown in the Policy Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:
• they are separated by a minimum of 10 calendar days;
• during such time you returned to work performing the material and substantial duties of your job; and
• during such time you are no longer qualified to receive total disability benefits.

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This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Policy Schedule.

Time Limits
After the policy has been in force for 12 months from the effective date of the policy, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations
If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical area and you are totally disabled longer than the elimination period shown in the Policy Schedule, your maximum benefit period for total disability while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally disabled as defined in the policy when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit
After you have been totally disabled as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown in the Policy Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:
• You do not send us satisfactory proof of loss when we request it; or
• You notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally disabled due to an accident or condition not excluded by name or specific description in the policy.

Important Words in the Policy
A covered accident is an accident which:
• occurs after the effective date of the policy;
• is of a type listed on the Policy Schedule;
• occurs while the policy is in force; and
• is not excluded by name or specific description in the policy.

A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury, which:
• occurs after the effective date of the policy;
• is of a type listed on the Policy Schedule;
• occurs while the policy is in force; and
• is not excluded by specific name or specific description in the policy.

A doctor means a person, other than you or a family member, who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For the purposes of this definition, family member means your spouse, son, daughter, mother, father, sister or brother.

Elimination period means the period of time during which no benefits are payable, as shown in the Policy Schedule.

Material and substantial duties of your job are defined as those job duties which:
• are normally required to perform your regular job; and
• cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different work site or in a different building.

Off-job accident means an accident that occurs while you are not working at any job for pay or benefits.

Off-job sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-job accident means an accident that occurs while you are working at any job for pay or benefits.

On-job sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Pre-existing condition means your having a condition for which medical advice or treatment or medication was recommended by a physician or received from a physician within 12 months before the effective date of this policy.

Recurrent disability means your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition. The latter disability will be considered a recurrent disability.

Totally disabled means you are:
• unable to perform the material and substantial duties of your job;
• not in fact, working at any job; and
• under the care of a doctor.

What Is Not Covered by the Policy
We will not pay benefits for losses that are caused by or are the result of your:
• addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor;
• operating, learning to operate, or serving as a crew member of or jumping or falling from any aircraft or hot air balloon, including those which are not motor-driven, or engaging in hang-gliding, parasailing, sailgliding or parakiting. This does not include flying as a fare paying passenger;
• giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
• participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
• having a pre-existing condition as described and limited by the policy;
• having a psychiatric or psychological condition including, but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
• committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
• being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

On-job accident means an accident that occurs while you are working at any job for pay or benefits.

On-job sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Pre-existing condition means your having a condition for which medical advice or treatment or medication was recommended by a physician or received from a physician within 12 months before the effective date of this policy.

Recurrent disability means your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition. The latter disability will be considered a recurrent disability.

Totally disabled means you are:
• unable to perform the material and substantial duties of your job;
• not in fact, working at any job; and
• under the care of a doctor.

What Is Not Covered by the Policy
We will not pay benefits for losses that are caused by or are the result of your:
• addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor;
• operating, learning to operate, or serving as a crew member of or jumping or falling from any aircraft or hot air balloon, including those which are not motor-driven, or engaging in hang-gliding, parasailing, sailgliding or parakiting. This does not include flying as a fare paying passenger;
• giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
• participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
• having a pre-existing condition as described and limited by the policy;
• having a psychiatric or psychological condition including, but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
• committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
• being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.
This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Policy Schedule.

Time Limits
After the policy has been in force for 12 months from the effective date of the policy, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations
If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical area and you are totally disabled longer than the elimination period shown in the Policy Schedule, your maximum benefit period for total disability while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally disabled as defined in the policy when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit
After you have been totally disabled as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in force, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown in the Policy Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- whichever is greater:
  - you are no longer disabled for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule,
  - you are no longer disabled for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

The Waiver of Premium Benefit does not apply to any period that you are totally disabled due to an accident or condition you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally disabled due to an accident or condition which is excluded by specific name or specific description in the policy.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

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- not in fact, working at any job; and
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- giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- having a pre-existing condition as described and limited by the policy;
- having a psychiatric or psychological condition including, but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
- committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.
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• a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
• a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
• a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more:
• a continuation of the previous disability for any circumstances not specifically listed above.

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• they are separated by a minimum of 10 calendar days;
• during such time you returned to work performing the material and substantial duties of your job; and
• during such time you are no longer qualified to receive total disability benefits.