

The following list indicates important policy language changes or other procedures required in some states. Please access [www.standard.com/di](http://www.standard.com/di) for copies of miscellaneous notices and outlines of coverage, if applicable.

State	Procedure or Language Change	Miscellaneous Requirements
Alabama	Generic language.	
Alaska	<ul style="list-style-type: none"> <li>• Rehabilitation Benefit – Removed “in our sole discretion.”</li> <li>• Contestable Period – 3 years</li> <li>• Claim Forms – Send within 10 working days (generic 15 days)</li> <li>• Premiums – Added language that we will notify the insured at least 45 days prior to any change in premium.</li> <li>• Conformity With State Statutes – Amended to state provisions will comply with the laws of the state in which the <i>insured resides</i> (generic states where the application was taken).</li> <li>• Misstatements – added: Any statement made in the application for the policy or for reinstatement of the policy is a representation and not a warranty.</li> </ul>	
Arizona	<ul style="list-style-type: none"> <li>• Claim Forms - send within 10 working days (generic 15 days).</li> <li>• ERISA Endorsements - Notice of Decision on Claim - within 15 working days (generic 45 days).</li> </ul>	
Arkansas	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years</li> <li>• ERISA Endorsement – No Allocation of Authority provision.</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Replacement Notices 10033(5/06) and 7640(8/95)AR - required with application if applicable. Return signed forms to home office with application.</li> </ul>
California	<p>Policy:</p> <ul style="list-style-type: none"> <li>• Right to Return Policy (Free Look Period)- 30 days (generic 20 days).</li> <li>• Continuous Disability Definition – Separated by a period of six (6) months or less (generic is 12 months).</li> <li>• Regular Occupation – includes statement <i>Regular Occupation is not necessarily limited to the specific job you are performing when the disability begins.</i></li> <li>• Substantial and Material Acts – New definition added, meaning those acts normally required for the performance of your Own Occupation and which cannot be reasonably omitted or modified.</li> <li>• Survivor Benefit – Not available.</li> </ul>	<ul style="list-style-type: none"> <li>• 365-day and 730-day Waiting Periods not available.</li> <li>• Outline of Coverage 9145(2/10)CA required at time of application.</li> <li>• Base application includes HIV Consent and Information packet – must be give to applicant</li> </ul>

State	Procedure or Language Change	Miscellaneous Requirements
<p><b>California, continued</b></p>	<ul style="list-style-type: none"> <li>• Total Disability – Reference to regular care of a physician removed. Includes statement that if the insured chooses to work at any job, they may qualify for the partial disability benefit, a mandatory rider, per California law.</li> <li>• Exclusions/Limitations – (1) “Assault” and “violent disorder” and “Disability while confined to a correctional institution” removed from list of excluded disabilities; (2) Includes a modified definition of war.</li> <li>• Pre-Existing Conditions – We will pay benefits only if the policy has been continuously in force for 24 consecutive months. “Self-administered/prescribed treatment or procedures” was removed from the definition.</li> <li>• Time Limit on Certain Defenses – 2-year period cannot restart from reinstatement date/reinstatement application.</li> <li>• Proof of Loss – Authorization to obtain records for determining eligibility of benefits must be on <i>our</i> form (rather than a form satisfactory to us).</li> <li>• Payment of Claims – Benefit payments will be paid to the <i>insured</i> rather than the owner.</li> <li>• Conformity with State Laws – Amended to state provisions will comply with the laws of the state in which the <i>insured resides</i> (generic states where the application was taken).</li> </ul> <p>Riders:</p> <ul style="list-style-type: none"> <li>• Catastrophic Disability Benefit – Not available.</li> <li>• Partial Disability Rider: <b>Mandatory</b> issue with all Protector Essential issues. Replaces Residual Disability Rider. Definition amended to state “. . . as a result of your injury or sickness you are unable to earn 80% or more of your indexed prior monthly earnings.” Physician’s care requirement removed.</li> <li>• Own Occupation Rider – reference to Regular Care of a Physician removed.</li> <li>• GI Pre-existing Conditions Amended – “Self-administered/prescribed treatment or procedures” and “reasonably prudent person” language removed from the definition.</li> </ul>	

State	Procedure or Language Change	Miscellaneous Requirements
<b>California, continued</b>	<p>Endorsements:</p> <ul style="list-style-type: none"> <li>ERISA Claims Procedure – Allocation of Authority Provision removed. Payment of Claims made to <i>insured</i> (rather than owner).</li> <li>Mental Disorder/Substance Abuse – Definition of Hospital modified to state ‘a legally operated hospital under the direction of a full time medical director who is also a physician (generic states a ‘staff of physicians.’). Mental Disorder and Substance Abuse provisions separated out. Definition of Substance Abuse modified.</li> </ul> <p>Data Pages: Premium for Partial Disability Rider included in base policy premium.</p>	
<b>Colorado</b>	<p>Policy:</p> <ul style="list-style-type: none"> <li>Review Procedure (claims) – Includes state required language regarding right to trial by jury for disputed claims.</li> <li>Time Limit on Certain Defenses – Includes statement that policy cannot be terminated except for fraud or intentional misrepresentation.</li> </ul> <p>ERISA Endorsement:</p> <ul style="list-style-type: none"> <li>Review Procedure (claims) – Includes state required language regarding right to trial by jury for disputed claims.</li> <li>Allocation of Authority provision removed.</li> </ul>	<ul style="list-style-type: none"> <li>Replacement Notice 6457(5/05)CO, if applicable. Return signed form to home office with applications</li> <li>Other Insurance Application Supplement, 12290(5/05)CO, required with base app, DIAPP(5/05)CO, GI app, 11360(5/05)CO, and FPO app, 11357(5/05)CO. Return signed form to home office with application.</li> </ul>
<b>Connecticut</b>	<ul style="list-style-type: none"> <li>Survivor Benefit - Not available.</li> <li>Catastrophic Disability Benefit Rider - Not available.</li> <li>Cosmetic Surgery benefit deleted. Transplant surgery resulting in disability is covered if, more than 30 days after the Effective Date, the insured meets the definition of Disability as a result of having surgery to transplant part of his body to someone else.</li> <li>Rehab Program - Requires agreement, in writing, by the insured’s physician before Rehab Benefit is paid.</li> <li>Exclusions - (1) “Assault” and “violent disorder” are removed from the list of causes of excluded disabilities. “Participating” and “riot” are defined in the provision.</li> <li>Pre-existing Conditions - Added: “Denial of any claim based on disability</li> </ul>	<ul style="list-style-type: none"> <li>730 day Waiting Period not available.</li> <li>365 day Waiting Period with 2 year Benefit Period not available.</li> <li>Replacement Notice 10013(12/00), if applicable. Return signed form to home office with application.</li> </ul>

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Connecticut, continued</b>	<p>contributed to or caused by a pre-existing condition is subject to the Time Limit On Certain Defenses provision, below.”</p> <ul style="list-style-type: none"> <li>• Time Limit on Certain Defenses - References to fraudulent misstatements removed.</li> <li>• Written Proof Of Loss – The phrase, “at your expense,” is removed from the statement that we will require additional documentation of claim at reasonable intervals while insured is receiving benefits.</li> </ul> <p>Note: Significant revisions were required by CT to the MDSA Endorsement in 2013-14; however that endorsement is not available with Protector Essential. Those changes are shown on the Protector+ State-Specific Information chart.</p>	
<b>Delaware</b>	Generic language.	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>District of Columbia</b>	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years</li> <li>• Pre-existing Condition – Reasonably prudent person language removed.</li> </ul>	
<b>Florida</b>	<ul style="list-style-type: none"> <li>• Three-year rate guarantee for guaranteed renewable policy – language.</li> <li>• Total Disability - 12 month Regular Occ definition.</li> <li>• Survivor Benefit – Subject to a \$1,000 maximum.</li> <li>• Exclusions/Limitations - May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy.</li> <li>• Payment of Claims – Payment to the relative of the Owner limited to \$3,000.</li> <li>• Premiums – We must notify the Owner at least 45 days prior to any change in premium.</li> <li>• Legal Action – Legal action may not be brought against Us after the applicable statute of limitations (3 years in generic).</li> </ul>	<ul style="list-style-type: none"> <li>• Statutes provide specific language and time restrictions for Exclusions and Limitation endorsements due to breast cancer/tumors.</li> <li>• Replacement Notice 9919(11/00)FL. Return signed form to home office with application.</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>• Exclusions – Assault deleted; “violent disorder” changed to “act of civil disobedience.”</li> <li>• Claim Forms – Send within 10 (not 15) business days.</li> <li>• Written Proof of Loss – Language regarding</li> </ul>	<ul style="list-style-type: none"> <li>• Outline of Coverage 9145(5/05)GA required at time of application. Indicate selected riders on page 5</li> </ul>

State	Procedure or Language Change	Miscellaneous Requirements
<b>Georgia, continued</b>	<p>denial of claim for not providing required documentation clarifies 45 days after (in addition to) the 90 days for written proof of loss for such requested information or documentation. While benefits payable, we may require additional documentation at least once every 6 months (instead of “at reasonable intervals.”)</p> <ul style="list-style-type: none"> <li>• Time of Payment – Language outlines specific notice and payment procedures if benefit payments do not begin 15 days after written proof of loss and 15 days after receipt of additionally requested documents. Requires interest payment (18% per annum) if benefits not paid within 15 days after all required documentation/information is received.</li> <li>• Premiums – Notification to owner 60 days prior to effective date of any premium increase.</li> <li>• Misstatement of Age – If, with correct age, policy would not have been effective or would have terminated before acceptance of premium, our liability is limited to refund of prem. paid for period not covered by policy.</li> <li>• FPO Rider – Language for amt of coverage and qualifying for coverage deletes reference to (other insurance issued by) “us and any other insurer and any government agency.” **</li> <li>• Cat Rider – The term, “catastrophic” is not allowed. Rider title and references use “Activities of Daily Living” or “ADL.”</li> </ul>	<p>** GA law prohibits reference to other insurers/insurance in policy and riders.</p>
<b>Hawaii</b>	<ul style="list-style-type: none"> <li>• Written Proof of Loss – We must be given written proof within <i>15 months</i> after the 90<sup>th</sup> day...</li> </ul>	
<b>Idaho</b>	<ul style="list-style-type: none"> <li>• Pre-existing Conditions – (1) Self-administered/prescribed treatment or procedures removed from the definition. (2) Six-month look- back period rather than 365 days.</li> <li>• Exclusions/Limitations – (1) May not exclude the first 90 days of disability due to pregnancy or childbirth if the disability is due to complications of pregnancy. (2) Disability caused by elective abortion is excluded unless the abortion is performed to preserve the life of the female upon whom the abortion is being performed.</li> <li>• Exclusions - (1) “Assault” and “violent disorder and riot” are removed from the list of causes of excluded disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Outline of Coverage 9145(3/06)ID and receipt, 12639(5/05) required at the time of application. Return signed receipt to the home office with the application.</li> <li>• Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.</li> </ul>

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Idaho, continued</b>	<ul style="list-style-type: none"> <li>• Cannot exclude or limit for hazardous sports or activities – application must be declined if hazardous activity is a concern.</li> </ul>	
<b>Illinois</b>	<ul style="list-style-type: none"> <li>• Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic 12 months).</li> <li>• Total Disability Definition – Included in definition the inability to do the normal activities of a retired person.</li> <li>• Time of Payment – Payments shall begin within 30 days from receipt of satisfactory proof of loss. If after 30 days, interest at 9% must be paid.</li> <li>• Pre-existing Conditions – Self-administered/prescribed treatment or procedures removed from the definition.</li> <li>• Allocation of Authority – Provision removed from ERISA Endorsement.</li> </ul>	<ul style="list-style-type: none"> <li>• Replacement Notice 10033(5/06) - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Indiana</b>	<ul style="list-style-type: none"> <li>• Definition of Sickness – Your illness or disease which causes You to become Disabled.</li> <li>• Exclusions - (added no. 6) Any Disability where the policy was not in force at the time You became Disabled.</li> </ul>	
<b>Iowa</b>	<ul style="list-style-type: none"> <li>• Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy uses 12 months).</li> <li>• Total Disability – Definition does not include “regular” care of a physician.</li> <li>• Exclusions/Limitations - May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy.</li> <li>• Exclusions from Coverage – Disability that begins while incarcerated.</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.</li> </ul>

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Iowa, continued</b>	<ul style="list-style-type: none"> <li>• Pre-existing Conditions – Self-administered/prescribed treatment or procedures removed from the definition.</li> </ul>	
<b>Kansas</b>	<ul style="list-style-type: none"> <li>• Exclusions/Limitations - No pregnancy/childbirth exclusion.</li> <li>• Clarification that contestable period is measured from reinstatement date only if an application for reinstatement was required.</li> <li>• Additional Cancellation By Owner provision - Under this required provision, policy terminates on date owner’s written request is received by home office, or on the date requested in the notice. Prompt premium refund using pro rata method.</li> <li>• Policy Termination provision - Added item for cancellation by owner under the above provision.</li> <li>• Legal Action - Five years (rather than 3) allowed for legal action.</li> </ul>	<ul style="list-style-type: none"> <li>• 730 day Waiting Period not available.</li> <li>• 365 day Waiting Period with 2 year Benefit Period not available.</li> <li>• Policy fee cannot be displayed on Data Pages or in Illustrations. Instead it is included in the base policy premium. Note, however, that any discounts are not applied to the policy fee “portion” of the base premium.</li> </ul>
<b>Kentucky</b>	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years.</li> <li>• Written Notice of Claim – We must receive notice within 60 days after loss (generic 30 days).</li> </ul>	<ul style="list-style-type: none"> <li>• Replacement Notice 6462(1/91)KY - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Louisiana</b>	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years.</li> </ul>	
<b>Maine</b>	<ul style="list-style-type: none"> <li>• Regular Occupation – language regarding retired person removed.</li> <li>• Sickness defined as “an illness or disease of an insured person.”</li> <li>• Pre-existing Conditions - Benefits for a Disability caused or contributed to by a Pre-existing Condition are excluded for only 12 months measured from the Effective Date if the application does not seek disclosure of prior or current medical conditions, or medical care or treatment and it is not specifically excluded from coverage.</li> <li>• Contestable Period – 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Outline of Coverage 9145(1/13)ME and Receipt 12639(5/05) must be provided at the time of application. Return Receipt to the Home Office.</li> <li>• Replacement Notice 12410(11/04)ME – required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Maryland</b>	<ul style="list-style-type: none"> <li>• Change in definition of Total Disability - ...1. You are unable to perform <i>each and every</i> substantial and material <i>duty</i> of ...</li> <li>• Exclusions/Limitations - May not exclude</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> </ul>

State	Procedure or Language Change	Miscellaneous Requirements
<b>Maryland, continued</b>	<p>first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy.</p> <ul style="list-style-type: none"> <li>• Exclusions - (1) “Assault” and “violent disorder and riot” are removed from the list of causes of excluded disabilities.</li> <li>• Time Limit on Certain Defenses - References to fraudulent misstatements removed.</li> <li>• Six month period for requesting reinstatement removed (no limitation on period to request reinstatement).</li> </ul>	
<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>• Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy uses 12 month separation).</li> <li>• Time Limit on Certain Defenses - 2-yr contestable period cannot (re)start from reinstatement date / reinstatement application.</li> </ul>	<ul style="list-style-type: none"> <li>• Outline of Coverage is issued with the policy.</li> <li>• Replacement Notice 9948(3/01)MA - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Michigan</b>	<ul style="list-style-type: none"> <li>• ERISA Claims Procedures Endorsement – policies with effective dates of 3/1/07 and <i>after</i> include endorsement 5084 which removes the Allocation of Authority provision.</li> </ul>	
<b>Minnesota</b>	<ul style="list-style-type: none"> <li>• Survivor Benefit Not Available.</li> <li>• Right To Return Policy replaced by Right To Cancel - must return premium within 10 days after receipt of request; if request by mail, cancellation effective on postmark.</li> <li>• Basic Monthly Benefit – paragraph added stating benefit may not be reduced by or in proportion to any increase in federal or state disability benefits (social security, veteran’s compensation, workers’ comp, etc.)</li> <li>• Sickness definitions changed from first manifested to first diagnosed or treated.</li> <li>• Exclusions/Limitations – Assault and confinement in penal/correctional institution are deleted from exclusions.</li> <li>• Pre-Existing Conditions definition – Self-administered/prescribed treatment or procedures removed from the definition; prudent person language also removed.</li> <li>• Claim Forms – if not provided within 15 days after Insured gives written notice of claim, written proof of the occurrence, character and extent of disability fulfills</li> </ul>	<ul style="list-style-type: none"> <li>• Guaranty Association Notice 7127(11/10)MN must be provided at time of application. Delivery Receipt 8770(11/10)MN must be signed by producer and returned with application.</li> </ul>



<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Minnesota, continued</b>	<p>written proof of loss requirement.</p> <ul style="list-style-type: none"> <li>• Time of Payment (Claims) – statement added that upon termination of our liability, any balance due and unpaid will be paid immediately upon receipt of due written proof of loss.</li> <li>• Review Procedure (Claims) – MN Dept of Commerce contact info added for assistance with claims disputes or complaints.</li> <li>• Premiums – Statement added that we will notify owner at least 30 days before effective date of any premium increase.</li> <li>• ERISA Claims Procedures provisions, when required, are incorporated into the base policy and not in a separate endorsement form. Policy form number will be B152-E. State-specific provisions are as outlined above.</li> </ul>	
<b>Mississippi</b>	Generic language	
<b>Missouri</b>	<ul style="list-style-type: none"> <li>• Policy Definition of Total Disability - Gainful occupation removed; ability to perform in regular occ split into two periods (first 12 months and after the first 12 months. Regular care of a physician moved to Benefit For Total Disability.</li> <li>• Rehab Benefit –Rehab Program will be approved by Us (“in our sole discretion” is deleted) and accepted by the insured...</li> <li>• Exclusions/Limitations - May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy.</li> <li>• Overpayment of Benefits – Our right to reimbursement is limited to the 12-month period following an overpayment, except for fraud.</li> <li>• Grievance Procedure – added, with state address.</li> <li>• Reinstatement - Six month period for requesting reinstatement removed (no limitation on period to request reinstatement).</li> <li>• ERISA Claims Procedure Endorsement- Allocation of Authority removed; Overpayments of Benefits: right to reimbursement limited to 12 month period, except for fraud.</li> <li>• Residual Rider changes policy’s definition of Total Disability/Totally Disabled to include inability to perform substantial/ material duties of Regular Occ; and not</li> </ul>	

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Missouri, continued</b>	engaged in any other gainful occ. Regular Care of a Physician removed.	
<b>Montana</b>	<ul style="list-style-type: none"> <li>• Gender neutral rates only. All references to gender are removed from policy.</li> <li>• Rehab Benefit – Pays reasonable costs of a Rehab Program. Rehab Program will be approved by Us (“in our sole discretion” is deleted) and accepted by the insured...</li> <li>• Physician includes osteopaths, chiropractors, optometrists, chiropractists and psychologists.</li> <li>• No pre-existing conditions provision in policy.</li> <li>• No pregnancy/childbirth exclusion in policy.</li> <li>• Listed exclusions include “Any condition which We have excluded by name or specific description in an endorsement attached to and made part of the policy.”</li> <li>• Written Notice of Claim – We must be given notice within 180 days after loss begins (generic – 30 days).</li> <li>• Payment of Claims – Additional language: “The right to change a payee is reserved to the Owner. Consent of the payee shall not be requisite to surrender or assignment of this policy or to any change of payee or to any other changes in this policy.”</li> <li>• Overpayment of Benefits – Offset of unreimbursed overpayment against benefit payment is deleted. Additional language: states we have 180 days after claim payment to review validity of the claim and request reimbursement of overpayment; our right to request reimbursement begins with actual knowledge of overpayment, but we cannot request reimbursement more than 24 months after claim payment.</li> <li>• ERISA Claims Procedures Endorsement - No Allocation of Authority provision. Payment of Claims and Overpayment of Benefits provisions are revised to reflect those provisions in the base policy (above).</li> </ul>	<ul style="list-style-type: none"> <li>• Gender neutral rates.</li> <li>• Outline of Coverage 9145(8/13)MT required at time of application.</li> </ul>
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>• Exclusions from Coverage- (1) Assault and (2) while confined for any reason to a correctional institution removed from the list of causes of excluded disabilities.</li> <li>• Time of Payment – Accrued benefits will be paid within 15 days of benefit determination.</li> <li>• Overpayment of Benefits – We will notify the Owner within six months upon discovery of an overpayment.</li> </ul>	

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Nevada</b>	<ul style="list-style-type: none"> <li>Contestable Period – 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>Outline of Coverage 9145(5/05)NV required at time of application.</li> </ul>
<b>New Hampshire</b>	<ul style="list-style-type: none"> <li>Refund Upon Cancellation provision added: cancellation effective upon receipt of written notice from owner/insured or on later date specified in notice; premium refund within 30 days to owner.</li> <li>Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic 12 months).</li> <li>Exclusions – assault and violent disorder are removed from list of exclusions</li> <li>Reinstatement - Administratively reinstated policy covers Disability due to injury sustained or sickness that began on or after the Reinstatement Date.</li> <li>Catastrophic Disability Rider - Uses the term “catastrophic injury or sickness” throughout rider.</li> <li>ERISA Endorsement - Allocation of Authority language removed from ERISA Endorsement and placed in separate ERISA Allocation of Authority Endorsement form.</li> </ul>	<ul style="list-style-type: none"> <li>730 day Waiting Period not available.</li> <li>365 day Waiting Period with 2 year Benefit Period not available.</li> <li>Outline of Coverage 9145(5/05) and Receipt 12639(5/05) must be provided at the time of application. Return signed Receipt to the home office.</li> <li>Replacement Notice 10033(5/06). Return signed form to home office with application.</li> <li>ERISA Allocation of Authority Policy Endorsement, 12663(8/05)NH attached to policy whenever ERISA Claims Endorsement 12611 is issued.</li> </ul>
<b>New Jersey</b>	<p>Policy:</p> <ul style="list-style-type: none"> <li>Separate policy available for insureds age 61 and over: “Non-Renewable For Stated Reasons Only Insurance.”</li> <li>Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy 12 months).</li> <li>Sickness Definition – Expanded to state sickness or disease commencing more than 30 days after the effective date and which is not excluded under the pre-existing condition limitation.</li> <li>Cosmetic/Transplant Surgery – Benefit not available.</li> <li>Exclusions/Limitations - (1) May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy. (2) “Assault” and “violent disorder” removed from exclusions. (3) Correctional institution removed.</li> <li>Data pages – May not reference discount</li> </ul>	<ul style="list-style-type: none"> <li>730-day Waiting Period not available.</li> <li>365-day Waiting Period with 2 year Benefit Period not available.</li> <li>180-day Waiting Period with 1 year Benefit Period not available.</li> <li>Producer Information Report 11302(10/05)NJ used with base application.</li> <li>Producer Information Report 11361(10/05)NJ used with GI application.</li> <li>Replacement Notice 9949(12/00)NJ - required with application if applicable. Return signed form to home office with application.</li> </ul>

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>New Jersey, continued</b>	<p>applied.</p> <p>Riders/Endorsements:</p> <ul style="list-style-type: none"> <li>• Catastrophic Disability Rider – The amount of the Catastrophic disability benefit may not be more than the policy’s basic monthly benefit amount.</li> <li>• Mental Nervous Endorsement – Definition of Substance Abuse revised.</li> <li>• ERISA Claims Procedures Endorsement – Allocation of Authority provision removed and replaced with a Grant of Discretion provision.</li> </ul>	
<b>New Mexico</b>	<ul style="list-style-type: none"> <li>• Pre-existing Conditions – Six month look back period rather than 365 days.</li> <li>• Reinstatement – Notice of disapproval must be mailed to insured within 30 days (generic 45 days). If not submitted within 30 days, reinstatement will be effective on the 30<sup>th</sup> day.</li> <li>• Premiums – We must notify the insured/owner at least 60 days prior to any premium increase.</li> </ul>	
<b>New York</b>	<p>Two policy versions:</p> <p>B152: Individual direct sales  B152-AMR: Associations, Multi-life groups, and Resident Program sales</p> <ul style="list-style-type: none"> <li>• Cosmetic/Transplant Benefit – ‘Surgery to prevent your disfigurement’ is removed from provision. State does not allow insurers to impose an <i>additional</i> waiting period for disability as a result of this type of surgery.</li> <li>• Exclusions/Limitations – War is redefined; Complications of pregnancy or childbirth and Disability while confined to a penal or correctional institution are removed from the list of exclusions.</li> </ul>	<ul style="list-style-type: none"> <li>• 365 and 730-day Waiting Periods not available.</li> <li>• Underwriting limitations regarding hazardous sports</li> <li>• List Bill called “Multi-Account Bill” in New York.</li> </ul> <p>Individual Direct Sales policy version:</p> <ul style="list-style-type: none"> <li>• Premium discounts not available.</li> <li>• Employer contributions not allowed.</li> <li>• List bill not available. (only available with AMR version).</li> </ul>
<b>North Carolina</b>	<ul style="list-style-type: none"> <li>• Exclusions from Coverage – Disability due to non-elective cesarean is covered. Exclusion while confined to a correctional institution is not allowed.</li> <li>• Written Proof of Loss – Must be provided to the insurer within 180 days of loss (generic 90 days).</li> <li>• Pre-existing Conditions - Reasonably prudent person language removed.</li> </ul>	

State	Procedure or Language Change	Miscellaneous Requirements
<b>North Dakota</b>	<ul style="list-style-type: none"> <li>Exclusions from Coverage – Exclusion while confined to a correctional institution not allowed.</li> <li>Pre-existing Condition – Reasonably prudent person language removed.</li> <li>Policy Termination – After we receive notice of death, <i>within 30 days</i> we will refund any premium paid beyond the date of death.</li> </ul>	
<b>Ohio</b>	<p>No substantive state-specific language.  ERISA Endorsement allowed only on GI and franchise IDI policies.</p>	
<b>Oklahoma</b>	<ul style="list-style-type: none"> <li>Right to Return – Refund premium within 30 days of cancellation or we will pay interest on amount to be refunded.</li> <li>Exclusions – “Assault” and “violent disorder” removed. Declared or undeclared war or act of war while serving in military or auxiliary unit attached to military, or working in an area of war...</li> <li>Time Limit on Certain Defenses and Reinstatement – 2-yr period cannot (re)start from reinstatement date / reinstatement application.</li> <li>Overpayment of Benefits – Our right to reimbursement limited to the 24-month period following overpayment, unless payment made as result of fraud or claimant/payee has agreed to refund overpayment.</li> </ul>	<ul style="list-style-type: none"> <li>730 day Waiting Period not available.</li> <li>365 day Waiting Period with 2 year Benefit Period not available.</li> <li>Replacement Notice 10013(12/00). Return signed form to home office with application.</li> </ul>
<b>Oregon</b>	<ul style="list-style-type: none"> <li>If policy is replacing other coverage, free look period is 30 days instead of 20.</li> <li>ERISA Endorsement - Language incorporated into base policy as “variable.” Allocation of Authority provision is removed (see “Policy Administration” provision, below).</li> <li>Claims - Notice of Decision on Claim required within 30 (not 45) days after we receive claim. Extension periods are changed from 30 to 45 days.</li> <li>Regular Occupation (definition) - This means any employment, business, trade, profession, calling or vocation that involves material duties of the same general character as the usual occupation You are ordinarily performing for Your employer when Disability begins. In determining Your Regular Occupation, We are not limited to looking at the way You perform Your job for Your employer, but We may also look at the way the occupation is generally</li> </ul>	

<b>State</b>	<b>Procedure or Language Change</b>	<b>Miscellaneous Requirements</b>
<b>Oregon, continued</b>	<p>performed in the national economy.</p> <ul style="list-style-type: none"> <li>• Conformity With State Laws - if any provisions conflict, policy amended to meet requirements of state in which the policy was issued for delivery (not state where application was taken).</li> <li>• Policy Administration provision added (to replace Allocation of Auth) – describes The Standard’s authority and provides that in disputes of meaning of terms or provisions, The Standard and the policyowner have equal interpretive persuasion.</li> </ul>	
<b>Pennsylvania</b>	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years.</li> <li>• Pre-existing Conditions – Reasonably prudent person language is removed.</li> <li>• Reinstatements – Conditional receipt must be given when a reinstatement application is required.</li> <li>• Exclusions/Limitations – Complications of pregnancy or childbirth covered (not excluded).</li> </ul>	<ul style="list-style-type: none"> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Replacement Notice 6836(4/01)PA - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Rhode Island</b>	<ul style="list-style-type: none"> <li>• Contestable Period – 3 years.</li> <li>• Written Proof Of Loss(in base policy and in ERISA Endorsement) – The 45-day limit for providing documents/information we request is removed. Instead, “If such information or documentation is not provided, we may decide Your claim based on the information we have received.”</li> <li>• Allocation of Authority provision is deleted in its entirety from the ERISA endorsement.</li> </ul>	<ul style="list-style-type: none"> <li>• Replacement Notice 10013(12/00). Returned signed form to home office with the application.</li> </ul>
<b>South Carolina</b>	<ul style="list-style-type: none"> <li>• Exclusions – Exclusion for disability caused while confined to a penal or correctional institution not allowed.</li> <li>• Legal Action – Six years (generic shows 3) allowed for legal action.</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not allowed.</li> <li>• 365-day Waiting Period with 2 year benefit period not allowed.</li> <li>• For applicants age 65 and over, Duplication of Coverage, form 12845(5/05)SC, required at time of app.</li> </ul>
<b>South Dakota</b>	<ul style="list-style-type: none"> <li>• Physician – Definition was revised to exclude Family Member restrictions for those rural areas where the only available physician may be a family member.</li> <li>• Total Disability – Definition revised to state ...<i>all of</i> the substantial and material duties...</li> <li>• Pre-existing Conditions – A pre-existing</li> </ul>	<ul style="list-style-type: none"> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Outline of Coverage 9145(2/06)SD and Receipt 12639(5/05) must be provided at the time of application. Return signed Receipt to the home office.</li> </ul>

State	Procedure or Language Change	Miscellaneous Requirements
South Dakota, continued	<p>condition can only be excluded for the first 12 policy months. After 12 months, it must be covered even if the pre-existing condition was specifically excluded.</p> <ul style="list-style-type: none"> <li>ERISA Endorsement – Allocation of Authority provision was removed.</li> </ul>	
Tennessee	<ul style="list-style-type: none"> <li>Exclusions/Limitations – Complications of pregnancy covered.</li> <li>Pre-existing Conditions – (Added) Denial of claim limited to 24 months if application does not seek disclosure of pre-x condition and the condition is not specifically excluded; and denial is subject to Time Limit On Certain Defenses provision.</li> <li>Overpayment of Benefits (policy and ERISA Endorsement) – If overpayment is due to our error, our right to reimbursement is limited to the 18-month period following an overpayment.</li> <li>ERISA Endorsement – “full and exclusive” and “binding” deleted with regard to company authority and decision.</li> </ul>	
Texas	<ul style="list-style-type: none"> <li>Two versions of policy (one includes list bill language on face page).</li> <li>Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic 12 months).</li> <li>Exclusions/Limitations – The first 90 days ...due to <i>normal</i> pregnancy.</li> <li>Reinstatement – If an application is required for reinstatement a new period for contesting the <b>statements in the application for reinstatement</b> will apply to the reinstated policy.</li> </ul>	<ul style="list-style-type: none"> <li>730-day Waiting Period not available.</li> <li>Outline of Coverage, 9145(5/05)TX1 (for list bill cases) or 9145(5/05)TX2, and Receipt 12639(5/05) are required at application. Return signed receipt to home office.</li> <li>Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application. <b>Notice not required if policy being replaced was part of association group.</b></li> </ul>
Utah	<ul style="list-style-type: none"> <li>Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic 12 months).</li> <li>Total Disability – gainful occupation - added: "for which you are or may become qualified by reason of education, training, or experience."</li> <li>Premium – We must notify the owner at least 45 days prior to a rate increase.</li> </ul>	<ul style="list-style-type: none"> <li>730 day Waiting Period not available.</li> <li>365 day Waiting Period with 2 year Benefit Period not available.</li> <li>Replacement Notice 10122(5/06)UT. Return signed form to home office with application.</li> </ul>
Vermont	Not Available	

State	Procedure or Language Change	Miscellaneous Requirements
<b>Virginia</b>	<ul style="list-style-type: none"> <li>• Total Disability – gainful occupation - added: "for which you are or may become qualified by reason of education, training, or experience."</li> <li>• Continuous Disability – periods separated by recovery of less than 6 (not 12) months.</li> <li>• Exclusions from Coverage – Removed from War exclusion (definition of war): “Substantial armed conflict with organized forces of a military nature” Removed from exclusion list: assault, violent disorder, and disability while confined to a penal or correctional institution. May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy.</li> <li>• Pre-existing Conditions – Self-administered/prescribed treatment or procedures removed from the definition.</li> <li>• Time Limit on Certain Defenses – (1) Only applies to misstatements in initial application, not in the reinstatement application. (2) A claim cannot be denied on the basis of a pre-existing condition where the disability started after <u>one year</u> from the effective date, unless the condition is specifically excluded or there is fraud.</li> <li>• Claim Forms – if not received by Owner within 15 day, Owner meets proof of loss requirement with letter.</li> <li>• Medical exams may not be required more often than once every 6 months</li> <li>• Reinstatement – Notice of disapproval of application for reinstatement must be mailed within 45 days after date of conditional receipt if app is disapproved <i>or if we do not receive an application even though we require one.</i> Deleted statement that new period for contesting the policy or claim will apply to the reinstated policy.</li> <li>• Conformity With State Laws – based on state of residence (not state of application).</li> <li>• Misstatements – misstatement of sex deleted.</li> </ul>	<ul style="list-style-type: none"> <li>• 730 day Waiting Period not available.</li> <li>• 365 day Waiting Period with 2 year Benefit Period not available.</li> <li>• Replacement Notice 10013(12/00) required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Washington</b>	<ul style="list-style-type: none"> <li>• Total Disability – Definition does not include “regular” care of a physician.</li> </ul>	<ul style="list-style-type: none"> <li>• 730- day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year</li> </ul>



State	Procedure or Language Change	Miscellaneous Requirements
	<ul style="list-style-type: none"> <li>• Written Proof of Loss –“regular” removed from regular care of a physician requirement.</li> <li>• Misstatements – If there was a misstatement in age, we will pay the amount of any <i>underpayment</i>. We may also charge the amount of any <i>overpayment</i> against any payment due under the policy. Interest may be charged.</li> <li>• ERISA Claims Procedure Endorsement – Effective 9/5/09, newly issued policies include endorsement 5084 which removes the allocation of authority provision.</li> </ul>	<p>Benefit Period not available.</p> <ul style="list-style-type: none"> <li>• Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>West Virginia</b>	<ul style="list-style-type: none"> <li>• Pre-existing Condition language added to face page of policy.</li> </ul>	<ul style="list-style-type: none"> <li>• 730-day Waiting Period not available.</li> <li>• 365-day Waiting Period with 2 year Benefit Period not available.</li> <li>• Outline of Coverage 9145(5/05)WV and Receipt 12639(5/05) must be provided at the time of application. Return signed Receipt to the home office.</li> <li>• Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Wisconsin</b>	<ul style="list-style-type: none"> <li>• Time Limit on Certain Defenses and Reinstatement – 2-yr period cannot (re)start from reinstatement date / reinstatement application.</li> </ul>	<ul style="list-style-type: none"> <li>• Outline of Coverage 9145(5/05) required at the time of application.</li> <li>• Replacement Notice 6042(11/90)WI- required with application if applicable. Return signed form to home office with application.</li> </ul>
<b>Wyoming</b>	<ul style="list-style-type: none"> <li>• Pre-existing Conditions – (1) ‘self-administered or self-prescribed treatment and services language removed. (2) reasonably prudent person language removed; (3) Six-month look back period rather than 365 days.</li> <li>• Written Notice of Claim – We must receive notice within 60 days after loss (generic 30 days).</li> <li>• Contestable Period – 3 years</li> </ul>	