

Administrative Guide

Your Income Protection Questions Answered



Standard Insurance Company | The Standard Life Insurance Company of New York

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.



For producer use only. Not for use with consumers.

Contents

New Business

Quotes.....	3
Applications and Forms	3
Discounts	4
Electronic Medical Questionnaire*.....	5
TeleApp	5
Simplified Underwriting.....	5
Electronic Signatures	6
Medical Underwriting.....	6
Financial Underwriting	7
Questionnaires and Authorizations via DocuSign	7
Underwriting Inquiries	8
Premium Payment.....	8
Policy Delivery.....	9

In Force Policies

Policy Changes	11
Policy Lapse and Reinstatement	12
Military Suspension.....	13
Policy Summary and Duplicate Policy Requests.....	13
Policy and Benefit Assignment	14
Releasing Information	14
Terminating a Policy	14
Servicing Agent Changes	15
Billing.....	15

Future Increase Options

Increase Quotes.....	16
Increase Applications and Forms	16
Benefit Increase Rider	17
Automatic Increase Benefit.....	18
Increase Options	19
Increase: New Policy or Added to an Existing Policy?	20
Removing and Adding Riders on an Increase	20
Increase Minimums and Maximums	21

For GSI and GME inquiries, please contact your GSI account manager.

New Business

Quotes

Agencies and producers approved by agencies may use The Standard's Illustration Software to create illustrations. You can find written instructions on the [illustration software web page](#) on standard.com. Producers may request illustration software access from their agencies.

Applications and Forms

The Standard's website offers a streamlined approach to help you quickly find the forms you need. On the [Applications and Forms web page](#) on standard.com, choose the state in which the applicant or policyowner lives and the type of form needed — new business, increase options or service — to quickly see a short list of forms.

The forms displayed can be further narrowed down by choosing the product under "Filter by Product," found in the right column. After choosing your filters, required forms that must be turned in with the application are pre-selected for download. To merge all selected documents into one PDF that can be downloaded, scroll to the bottom of the list and click the "Download PDF" button.

Send the completed application to diapplications@standard.com or:



The Standard
PO Box 711
Portland OR 97201-0711

Applications sent via email must be encrypted to protect the applicant's personal information.

Please ensure text and form numbers on all forms are clearly legible. Forms that are faded, blurred or otherwise difficult to read cannot be accepted.

Who Can Apply?

The Standard is licensed to sell individual disability insurance in the United States only. Our products are available to U.S. citizens and others with Permanent Resident Cards (Green Cards) who live full time within the U.S.¹

Coverage is also available to non-immigrant visa holders who have been continuously employed in a gainful occupation in the U.S. for at least 12 months and have one of the following visas: H, J, L, O or TN.

The Standard's IDI products are not available to residents of other countries or U.S. citizens living outside of the U.S.

U.S. citizens working in Canada or Mexico may apply if they live full time in the U.S. In this case, all parts of the transaction must be completed in the U.S., including policy acceptance. Canadian and Mexican citizens with a U.S. Permanent Resident Card and no plans to return to reside in their country of origin may apply.

FAQ: FedEx, UPS and Other Shipping Services

Q: I'd like to overnight the application via a shipping service. What address should I use?

A: Please use the below address and telephone number if using a shipping service:

The Standard
1100 SW Sixth Ave, P7C
Portland, OR 97204
800.247.6888

The Standard is licensed to sell individual disability insurance in the United States only.

¹ Our products are not available to residents of U.S. territories, such as Puerto Rico.

Discounts

Employer Multi-Life Discount¹

The Employer-Based Multi-Life Discount provides a 10% discount on Platinum Advantage or Business Overhead Protector® policies.² To establish the discount, three or more individuals working for the same employer must apply within a six-month period. The discount is also available to contract (1099) workers sharing a common worksite.

As few as two business owners may establish the discount. In this case, each applicant must own at least 20% of the business, and the combined pre-discount annual premium must be at least \$5,000 (or less if both applicants buy the maximum benefit offered on the policies).

When submitting applications, please provide the name and address of the employer, as well as the names of the other applicants or policyowners. You must have the names of other insureds. If the discount was previously established, we require two active policies to consider the discount active.

If you submit an application for a third policy to establish a discount, we'll add the discount to the existing eligible policies on the next premium due date after underwriting has reached a final decision on the third qualifying application.

Preferred Occupation Discount

The Preferred Occupation Discount provides a 20% discount³ on Platinum Advantage to several 5A occupations. Eligible occupations for the Preferred Occupation Discount are:

- Actuaries (Fellow or MAAA)
- Architects
- Attorneys (including judges with a law degree)
- Consultants and other office workers with no manual duties, earning at least \$150,000 each of the last two years. The following occupations are excluded:
 - Sales
 - Computer science or information technology
 - Insurance producers, financial advisors and financial planners
- CPAs
- Data scientists (advanced data analytics) with master's degree or doctorate degree
- Engineers with professional engineering license issued by a state licensing board (e.g., civil, mechanical, etc.)
- Executives, in office, earning at least \$75,000 per year over the last two years
- Other managers of people, in office, earning at least \$75,000 per year over the last two years. The following occupations are excluded:
 - Sales
 - Computer science or information technology
 - Insurance producers, financial advisors and financial planners
- Doctorate economists
- Doctorate scientists (office and laboratory duties only)

¹ This discount is not available for government employees.

² Not available in all states, see [Product Availability by State](#).

³ 10% discount in SC.

FAQ: Employer-Based Multi-Life Discount

Q: How can I find out if there are one or two other lives that have been submitted from my applicant's employer that we can use for qualifying lives so my applicant can get a discount?

A: We don't track Employer-Based Multi-Life Discounts until we receive the last qualifying life and the producer notifies us of the intent to establish the discount. The producer must provide the names of the other applicants to be used as qualifying lives on the Producer Information Report. Those lives must meet the eligibility requirements to establish the discount.

For more information about discounts, including the Business Owner Discount and Multi-Product Discount, go to [The Standard's IDI Product Guide](#).

Residency Multi-Life Discount

The Residency Multi-Life Discount provides a 15% discount on Platinum Advantage for residents at ACGME, AOA and CODA institutions.

Make sure all eligible residents get the discount! Check the [Ineligible Institutions list](#) on standard.com. If your client's institution isn't on the list, choose "Residency Discount" and note the ACGME, AOA or CODA institution name on the Producer Information Report submitted with the application.

eApply Discount*

The eApply Discount provides a 5% discount for using **both** the eApp and Electronic Medical Questionnaire.

Electronic Medical Questionnaire*

The Electronic Medical Questionnaire — the Full Underwriting Application Supplement in our eApp system — is a convenient, secure platform for you to complete medical underwriting questions for the IDI application. This option allows clients to report employment, medical and other information at their convenience. The Electronic Medical Questionnaire can be used for Simplified Underwriting.

Agencies and producers with access to our eApp system can request an Electronic Medical Questionnaire for their clients. They can send an email or message with a unique link to the Electronic Medical Questionnaire for their clients. The questionnaire should take about 30-40 minutes for clients to complete. Once the questionnaire is ordered, the client has up to 30 days to finish and submit.

Help your clients know what to expect in the Electronic Medical Questionnaire with the [Getting Started Interactive Consumer Brochure](#).

TeleApp

Clients can also use TeleApp to complete the Full Underwriting Application Supplement.

See the [TeleApp Instructions](#) for easy steps to submit a TeleApp. Please note the questions to discuss with your applicant on the back of the flyer. It's important applicants are prepared to provide all information needed during the telephone interview. We also include a flyer for applicants, [What to Expect](#), in every application packet.

Simplified Underwriting

Simplified Underwriting streamlines the underwriting process and often results in quicker policy placement. It removes the requirement of lab tests and income documentation for qualified applications. Important: You must use the Electronic Medical Questionnaire or TeleApp application for Simplified Underwriting.

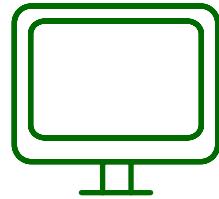
See the [Simplified Underwriting flyer](#) for details.

Please note The Standard's underwriters will continue to evaluate applications based on all information available, including pending or prior applications. The Standard reserves the right to rate, modify, exclude or decline coverage. A prescription check and MIB® will be conducted for each application. The Standard may also order medical records and other information based on admitted medical history, prescription check or MIB findings.

FAQ: TeleApp

Q: My applicant would prefer to not schedule a TeleApp telephone interview appointment but instead call to complete the interview when it's convenient. Is this possible?

A: No. There are two ways to schedule an appointment. First, by scheduling the appointment while completing the application with your applicant, either in person or on the telephone, by calling 844.276.1330. Or, once a TeleApp is ordered — via The Standard's eApp, or after you've submitted an application to your general agent — LTCG, our TeleApp vendor, will email the client with information and a [link](#) to schedule the telephone interview. LTCG will also call your client to attempt to schedule the interview.



*EMQ is not available in SC.

Electronic Signatures

The Standard's Electronic Signature Program allows you to work with clients to electronically complete, sign and submit all forms, including applications and service forms. After you've signed the short two-page Electronic Transaction Certification, you can simply download forms to use in your approved electronic signature accounts.



Approved Vendors

- DocuSign
- Adobe Sign (formerly EchoSign)
- OneSpan Sign (formally eSignLive)
- RightSignature

Eligible Documents

- Applications and authorizations
- Increase option applications and authorizations
- Service forms
- Policy change endorsements
- Policy delivery documents

The account holder that will send the documents for signing must sign the Electronic Transaction Certification. Additionally, each client must sign the electronic consent form. Lastly, a certificate of completion must be provided for the signatures to be valid.

How to Get Started

Agencies and producers can use accounts with any approved vendor. Go to standard.com and download [The Standard's Electronic Signature Program packet](#). Review the guidelines, and complete and submit The Standard's Electronic Transaction Certification to dichanges@standard.com to get started.

Medical Underwriting

Medical Labs

The required medical labs must be ordered through an approved paramedical vendor. See the [Medical Underwriting Requirements](#) to determine which labs to order for an applicant.

Approved Paramedical Vendors

- ExamOne
- APPS-Portamedic

The Standard may be able to use medical labs obtained for another insurance carrier within the last 12 months. However, some conditions may require new testing.

If requested, we'll review lab results from the prior 12 months to determine if they meet our requirements. Please provide the applicant name and lab slip number with the application so we can request the results.

If the labs were obtained through ExamOne, our preferred lab, the applicant can access results by visiting myexamone.com.

Medical Records

Medical records may be required to understand an applicant's medical history, including diagnoses and treatment plans. All records must be ordered through The Standard. We will not reimburse for records obtained by other means.

Financial Underwriting

Income Documentation

Income documentation is required for all applications not using Simplified Underwriting. Income documentation must represent current employment and expected future earnings.

Please see the [Income Documentation chart](#) to determine which forms to submit. Please note that a 1099 form won't be accepted in place of a complete 1040 form with all schedules and statements.

For newly self-employed business owners with work experience in the same profession, please see [The Standard's IDI Product Guide](#).

Questionnaires and Authorizations via DocuSign

For agencies that have elected to use The Standard's DocuSign account, we'll send questionnaires and/or authorization forms to the applicant if the underwriter requires more information.

Before sending the request, we'll notify the agency. Please ensure the producer contacts the applicant to inform them that The Standard will send a request via email.

It's important the applicant completes the forms quickly. Questionnaires can help an underwriter understand the applicant's medical history. It also may allow us to proceed with underwriting without requiring additional medical records.

The applicant will use an eight-digit password (last four digits of the applicant's Social Security number followed by the applicant's four-digit year of birth). The email provides instructions to the applicant.

Once complete, we'll send a copy of the completed questionnaire or authorization to the agency.

Why use DocuSign for questionnaires and authorizations? It saves time! DocuSign removes the back-and-forth communication between agencies, producers, applicants and The Standard's home office that's necessary with hard copy forms. This can help speed up the underwriting process.

Please note, questionnaires and authorizations may only be sent via The Standard's DocuSign account. If your agency isn't using The Standard's DocuSign account for questionnaires and authorizations, please contact your case manager to sign up.

FAQ: Tax Extension

Q: What should I send you if an applicant has not filed taxes and is on an extension?

A: If an employee has filed for a tax extension, please submit a current pay stub and the prior year's W-2.

If the applicant is a business owner, please submit the most recent tax return, a profit and loss statement from the year not yet filed and a copy of the tax extension paperwork. If the business has been operating for less than one year, please contact diunderwriting@standard.com.

The underwriter may request additional documentation. If you have any questions, feel free to contact diunderwriting@standard.com.

Underwriting Inquiries

We understand that some cases are complex. If you have questions about a potential applicant, please contact diunderwriting@standard.com.

Provide the applicant's name, age, occupational duties, income and other existing coverage. For medical conditions, be sure to include relevant dates, severity, medications and other treatment. You may also review potential underwriting outcomes for a variety of medical conditions using [The Standards Underwriting Guide](#).

For non-medical inquiries, provide the same demographic information and details about the situation, such as participation in hazardous sports, financial history or other information.

We strive to answer all emails promptly. We'll respond within 24 hours to inquiries without attachments and within 72 hours for inquiries with attachments. However, we are often able to respond more quickly.

Premium Payment



Premium Payment Frequency

Premiums may be paid monthly, quarterly, semi-annually or annually. The monthly payment option is available only with electronic funds transfer, or EFT payment or list bills.

If a billing frequency other than annual is chosen, a modal factor will be charged. To determine the approximate premium for different billing frequencies, multiply the annual premium by the billing frequency factor listed below.

Billing Frequency Factors

- Semi-Annual — 0.516
- Quarterly — 0.265
- Monthly EFT and List Bill — 0.0875

Each illustration report provides modal payment options and amounts for the applicant.

Method of Payment

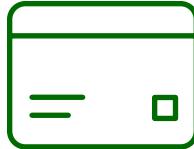
EFT is The Standard's preferred payment method. Premiums are paid by automatic funds withdrawal from a checking or savings bank account. Policyowners who choose the monthly payment option must use EFT by completing the [EFT Authorization](#) form ([New York version](#)). This payment method is also available for quarterly, semi-annual and annual premium payments. Other forms of accepted payment are check or money order.

Direct billing is available for quarterly, semi-annually and annually paid individual policies. The Standard sends billing notices to individual policyowners via the U.S. Postal Service 21 days before payment is due.

List billing is available for groups of three or more policies that are paid by the same entity. Billing frequency must be monthly and the premium each month must total \$200 or more. Please submit the [List Bill Agreement](#) form ([New York version](#)).

Conditional Receipt Payment

Applicants may pay for conditional receipt by check, credit card or EFT.



If the applicant would like to pay via credit card or EFT, be sure to submit the [One-Time Premium Payment for Use With Conditional Receipt](#) form with the application. Applicants can pay by credit card in all states except New Jersey and New York.

If credit card payment is selected, The Standard will send an email directly to your applicant within two business days of receiving the application in the home office. Simple instructions direct the applicant to complete their one-time payment online. For detailed instructions on how to pay for conditional receipt by credit card or EFT, please see the [Conditional Receipt Instructions](#).

Tips for Paying by Credit Card

- Applicants must respond by clicking the “Start Payment” button in the payment notification email within 72 hours of receipt.
- Payment must cover at least one month’s premium. This amount is pre-populated in the “Payment Amount” field (from the “Premium Paid With Application” section of the Disability Insurance Conditional Receipt form).
- Underwriting approval is still required. Please read the Conditional Receipt for terms and conditions of conditional coverage.

Be sure to include the payment amount on the Conditional Receipt. Also, the Conditional Receipt form must be signed and dated on the same date as the application.

Policy Delivery

The agency will receive an email via DocFast when the policy is available for delivery. The agency will review the policy in DocFast and assign it to the producer in DocFast, who will receive an email with a link to access the policy.

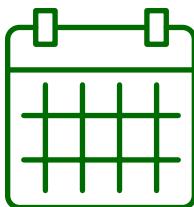


Please see the [DocFast Agent Instructions](#) and [DocFast FAQ](#) for more information on how to deliver the policy to the applicant electronically.

The policy will be placed in force within two business days of the home office receiving all delivery requirements such as the Policy Acceptance form, premium and any other requirements.

Premium to pay the policy to the next billing or draft date will be required. The amount due on delivery depends on the selected effective date and premium mode chosen.

All delivery requirements must be in the home office by 2 p.m. Pacific on the commission cut-off date in order for the producer to be paid on the next commission date. See the [Commission Calendar](#).



Policy Effective Dates

The policyowner selects a policy effective date on the Policy Acceptance form at the time of delivery. There are two rules:

Requested effective dates can't be after the date the Policy Acceptance form is signed.

The policyowner can't choose the 29th, 30th or 31st day of the month. If the policyowner chooses one of these dates, the effective date will be changed to the first day of the following month.

[Policy Effective Date Choices if No Conditional Receipt](#)

The policy effective date may be as early as the application date or as late as the date the policyowner signs the Policy Acceptance form. If no effective date is chosen, the effective date will be the date the Policy Acceptance form was signed.

[Policy Effective Date Choices With Conditional Receipt](#)

If a conditional receipt is in effect at the time the applicant accepts the policy, the effective date will be the date the conditional receipt was signed.

If the applicant no longer wishes to have the conditional receipt, the applicant can choose a date between the day the conditional receipt was signed and the day they sign the Policy Acceptance form. This will void the conditional receipt and any coverage provided under it. Premium paid with the conditional receipt will be applied as of the requested effective date. The applicant must notify the producer of any change in health, employment or occupation (as stated in the application). Note: If there is a change, don't deliver the policy until The Standard's home office can review the new information.

[Policy Effective Dates and Age Changes](#)

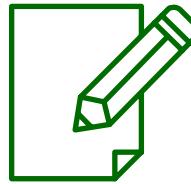
If the applicant's birthday was 29 or fewer days before the date the application was signed, the applicant may select an effective date as early as the 30th day before the application date. Be sure to not choose the 29th, 30th or 31st day of the month.

FAQ: Choosing an Effective Date

Q: Can my applicant choose an effective date in the future?

A: Effective dates can't be future dated. If the applicant enters an effective date after the policy acceptance date, we will change the effective date to the date the policy was accepted.

In Force Policies



Policy Changes

Some policyowners may wish to reduce or increase benefits on an existing policy.

Reduce Policy Benefits

To request a policy change that doesn't represent an increase in risk to The Standard, complete and email a [Policy Change Request](#) form ([New York version](#)) to dichanges@standard.com. The policyowner's signature is required.

The policyowner may request to:

- Reduce the monthly benefit amount
- Reduce the benefit period
- Increase the waiting period
- Reduce or remove benefit riders

These changes do not represent additional risk, so no underwriting is required.

Increase Policy Benefits

Aside from coverage increases exercised as part of the policy — such as through FPO, AIB or BIR riders — increases in policy benefits are generally not available. There is one exception: originally modified policies.

Some policies are issued with modifications. A modification may mean we removed or reduced a benefit applied for or added an exclusion endorsement to the policy. We may reconsider a modification on an in force policy, subject to underwriting. Changes may include:

- Increase benefit period
- Decrease waiting period
- Add benefit riders
- Remove an exclusion

To request any of these changes, complete an Application for Reinstatement or Policy Change packet. You can find this packet on the [Applications and Forms web page](#) on standard.com. Choose the state the policyowner lives in and the type of form needed — in this case, **service** — to find the necessary application. Additional documentation may be requested by the underwriter.

If we are able to reconsider the modification, we'll review all risk factors present at the time of the review. We reserve the right to decline a request if there are any new risk factors, regardless of if the change is directly related to the cause of the original modification.

If we approve the change, we'll cancel the existing policy and issue a new policy on the product currently available in the policyowner's state. The policy will be issued at the applicant's attained age. However, if an exclusion is removed, a new policy isn't needed.

FAQ: Reducing a Student Loan Rider Term

Q: Can my client reduce their 15-year student loan term?

A: Yes, they can reduce to the ten-year term. Keep in mind that the rider will automatically terminate ten years after the policy effective date. Example: If the policy — and Student Loan Rider — was effective June 1, 2017, the 15-year term will terminate June 1, 2032. If we change the rider to a ten-year term, the rider and reimbursement benefits paid under the rider will terminate in 2027.

Have a modified policy?
We may reconsider a modification on an in force policy, subject to underwriting.

Reduce Premiums

Some policyowners may apply to reduce their premium rates. The following changes are subject to proper forms, documentation and underwriting approval:

- Reduce or remove substandard premium rating
- Change occupation class to reflect new profession
- Change to non-tobacco premium rates

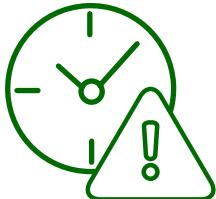
To apply for a premium reduction, the applicant must complete a Reinstatement or Policy Change Application Packet and provide required income documentation.

To apply to change to non-tobacco rates, the policyowner must have abstained from any nicotine use during the prior 12 months. The policyowner must also provide a urine specimen in addition to other requirements for the underwriting review.

We will review all risk factors present at the time of review. We reserve the right to decline to reduce premiums if any risk factor has adversely changed, regardless if the change is directly related to tobacco use, a reason for the original substandard premium rating and/or a change in occupation class.

Policy Lapse and Reinstatement

If premium is past due more than the grace period of 31 days, we'll send a lapse notice via U.S. Postal Service to the policyowner. We'll reinstate the policy with no gap in coverage if we receive the premium within 15 days of the lapse notice date.



If we don't receive the premium within 15 days of the lapse notice date, the policyowner must apply for policy reinstatement. To apply, a complete Reinstatement or Policy Change Application Packet and required income documentation must be provided. Additional evidence of insurability may be requested by the underwriter.

If The Standard approves the reinstatement, the policy reinstatement date will be the policy anniversary prior to the day the reinstatement is approved by our underwriter. We'll send the policyowner an endorsement to review and sign. The policyowner must return the signed endorsement and any premium due within three weeks or the offer to reinstate the policy will be withdrawn.

The policyowner will have no insurance between the dates the policy lapsed and was reinstated. This means The Standard will deny a claim for an injury or sickness that began between the lapse and reinstatement dates.

We'll accept an application for reinstatement for six months after the policy lapse date. After six months, the policyowner must submit a new application packet for a new policy, which will be issued on the currently available product at attained age.

Military Suspension

Military Suspension Eligibility

Individuals insured under Platinum Advantage or any IDI product in New York who are actively serving in the military may suspend their coverage for up to five years. These military service members must be on full-time active duty and can't suspend the policy during active military training lasting 90 days or less.

Suspending Coverage Due to Active Military Duty

The policyowner can request to suspend coverage due to active military service by submitting a written request to The Standard, Attn: IDI Policy Administration, PO Box 711, Portland, OR, 97207. Policyowners may also scan and email the written request to dichanges@standard.com. Coverage will be suspended starting the first day of active duty.

Reactivating Coverage After Military Suspension

If active duty ends within five years of the policy suspension date, the policyowner may submit a written request to reactivate the policy to dichanges@standard.com. Premium must be submitted to reactivate the policy. The request must occur within 90 days after active duty ends. Coverage will be reactivated and premium must be paid as of the date active duty ends.

Late Reactivation

If active duty ends within five years of the date the policy is suspended and the request to reactivate is not submitted to us within 90 days of the end of active duty, the policy is no longer eligible for reactivation under the Military Suspension provision. If the policy is eligible for consideration for reinstatement under the policy's Reinstatement provision, the policyowner may submit a reinstatement application.

We will terminate policies that have been suspended more than five years due to active military duty.

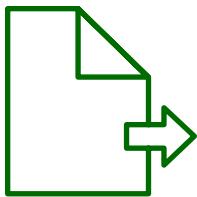
Policy Summary and Duplicate Policy Requests

A policyowner, current servicing agent or agency may request a duplicate policy or policy summary for no charge by emailing dichanges@standard.com. A duplicate policy is a copy of the entire policy, including all riders. A policy summary is a one-page document that lists key information such as effective date, premium, basic monthly benefit, waiting period, benefit period and types of riders and endorsements added to the policy.

FAQ: Military Suspension

Q: What coverage does the policy provide while it is on military suspension?

A: None. There is no coverage under the policy while suspended during military service. If the coverage is resumed, the policy will not cover disability due to an injury that was sustained or a sickness that first manifested itself while the policy was suspended.



Policy and Benefit Assignment

There are four policy and benefit assignment options:

- An **absolute assignment** of a policy transfers ownership from the current policyowner to a new owner. This type of assignment transfers all rights to the policy. The policyowner must complete the [Absolute Assignment for Change of Ownership of Individual Disability Income Policy form \(New York version\)](#).
- A **collateral assignment** assigns a policy's benefits to a creditor as security for a debt. Only one collateral assignment per policy can be made, and the full benefit will be paid to the assignee. Partial assignments are not available. Changes to the policy will remain the sole right of the policyowner.
- To assign a policy as collateral, the policyowner must complete the [Collateral Assignment of Disability Income Policy form \(New York version\)](#). The Standard will not accept assignment forms other than our own. The assignee may verify the policy status and coverage in force by emailing dichanges@standard.com.
- A **benefit assignment** pays policy benefits to another person or entity. Only one person may be assigned to receive benefits. Partial assignments are not available. The policyowner must complete the [Disability Income Benefits Payment Designation form \(New York version\)](#).
- A **survivor benefit payment** will be paid to the policyowner or the policyowner's estate if an insured dies while total disability benefits are payable. Use the [Survivor Benefit Payment Designation form \(New York version\)](#) to choose another payee. Please note, not all policies provide a survivor benefit.

Releasing Information

Insured individuals may ask The Standard to release information to another person or entity. The types of information that may be released include medical information, non-medical information — such as income documentation or earnings history — and policy and benefit information. To release information, the insured individual must complete the [Authorization to Release Information form \(New York version\)](#). The authorization will be in effect for one year.

Terminating a Policy

Policyowners may terminate a policy by submitting a [Policy Change Request form \(New York version\)](#) to dichanges@standard.com. Alternatively, the policyowner can submit a signed letter to The Standard, Attn: IDI Policy Administration, PO Box 711, Portland, OR, 97207, or scan and email the letter to dichanges@standard.com.

The termination takes effect on the date the request is received in The Standard's home office. A policy termination date up to 30 days in the future may be requested as long as the premium is paid through that date. If the policy is not paid through the requested termination date, the policy will terminate the date the policy is paid to. A policyowner cannot backdate a policy termination.

Servicing Agent Changes

Servicing agents are responsible for maintaining their designated policies. These agents receive policy correspondence and can access policy information. A producer is automatically the servicing agent for any policies sold. A policyowner may ask to change the agent at any time during the life of the policy.

If a writing agent is no longer appointed to conduct business with The Standard, an agency may request to assign another agent. However, a request from the policyowner will override an agency's request.

To change a servicing agent, complete and email a [Policy Change Request](#) form ([New York version](#)) to dichanges@standard.com.

Only the writing agent will receive renewal commission on a policy. If the policyowner buys additional coverage, such as a Benefit Increase Rider or Future Purchase Option increase, with the new agent, the new agent will receive that commission.

Billing

We accept payment via check, money order or electronic funds transfer. We don't accept credit card payments for initial or ongoing premium. To set up EFT to have funds drafted from a checking or savings account, please complete the [EFT Authorization](#) form ([New York version](#)).



Changing Billing Frequency

The policyowner may choose to pay premium annually, semi-annually, quarterly or monthly. To change the billing frequency, please email a [Policy Change Request](#) form ([New York version](#)) to dichanges@standard.com. If paying via EFT, billing frequency may be changed using the [EFT Authorization](#) form ([New York version](#)).

Please note that the policyowner may need to pay the premium due until the next policy anniversary date to change the billing frequency.

Changes will be completed within three business days. We'll send confirmation of the change via the U.S. Postal Service.

For billing questions, please contact the billing department at 800.247.6888 or dibilling@standard.com.



Future Increase Options

Increase Quotes

Agencies and producers assigned by agencies may use IDI's Illustration Software to create illustrations for increases. Check out the [Increase Illustrations User Guide](#) for tips on how to create quotes.

Why create your own quotes? It removes any time lag because you won't have to wait for the home office. You'll also have access to all illustrations run in the previous three years and seven months. This makes it simple to make quick changes. Plus, we've built in a number of system validations so you can be confident your quotes are accurate.

Increase Applications and Forms

Two options are available to complete and submit increase option applications.

Increase Option eApp

Increase Option eApp is a convenient online platform to submit applications for benefit increases or renewals through The Standard's eApp platform. You can start increase applications, send them to clients to provide personal and employment information and sign and submit them electronically.

The Increase Option eApp can be used to apply for one or more increase or renewal options in the same application. Agents and producers can also upload an illustration quote or income documentation, when needed, directly to Increase Option eApp.

Download an Application

Applications and forms for increase options can be found on the [Applications and Forms web page](#) on standard.com. Choose the state the base policy was issued in and the type of form needed — in this case, increase options — to quickly see a short list of forms.

Submit the Application for Policy Increase and Benefit Renewal Packet for the appropriate state with income documentation to dichanges@standard.com. Please see the [Income Documentation Requirements](#).

For increase applications, the state of application should be the state of the base contract. If needed, the application may be signed in another state. The producer must be licensed in the state of the increase application to receive compensation for the increase.

The Business Equity ProtectorSM and Business Overhead Protector[®] require an application supplement form in addition to the Application for Policy Increase and Benefit Renewal Packet.¹

¹ Not available in all states, see [Product Availability by State](#).

Benefit Increase Rider

The Benefit Increase Rider allows Platinum Advantage policyowners to apply to purchase additional coverage every three years, without medical underwriting. This rider is included with eligible policies for no additional premium.

Applicants ages 50 or younger who accept 75% or more of the offered base-contract coverage for which they qualify may be eligible for this no-cost rider.

Rider Features

- Provides option to apply to increase coverage every three years to keep pace with rising income
- Boosts first-year commissions with each increase in premium
- No medical underwriting required
- Proactive support from The Standard helps agencies manage increase opportunities

Maintaining the Rider

To keep this rider in force, the policyowner must submit an application and income documentation during each benefit increase application period. The policyowner must accept 50% or more of the increase offered.

In addition, the policyowner can't reduce the basic monthly benefit at any time over the life of the policy. If the basic monthly benefit is reduced, the rider will be terminated.

There is one exception. While an application must be submitted during each benefit increase application period, income documentation is not necessary if the following three conditions are met:

- The insured individual is not a business owner or 1099 employee
- The insured individual's income has increased less than 10% since the last option date
- The amount of other disability insurance in force hasn't changed

However, income documentation is always required for California applications.

Policyowners ages 50 or younger may apply to reinstate a BIR that has lapsed. We'll accept an Application for Reinstatement or Policy Change if it has been fewer than three years since the rider terminated. Medical and financial underwriting will be required and the policyowner must accept at least 50% of the increase offer. The BIR can be reinstated only once per policy.

Note for medical residents and fellows: We'll waive the requirement to submit an application and income documentation at the first three-year anniversary date for policyowners still in training in any graduate medical education program. To waive these requirements, the policyowner or producer may email The Standard to state that the policyowner is still in residency or fellowship. Please include the planned training completion date and applicable policy number.

FAQ: Increases for Products Not Listed on standard.com.

Q: What application do I use to apply for an increase on a base policy not listed under "Product" on the Applications and Forms site?

A: The application is the same for increases on all IDI products sold and serviced by The Standard. Go to the [Applications and Forms web page](#), select the state of the base policy, Increase Options and one of the non-business products listed to find the right Application for Policy Increase and Benefit Renewal Packet.

Accelerated Benefit Increases

Accelerated increases are available before the three-year anniversary when eligible:

Eligibility Rules for Accelerated Benefit Increases

Age 50 or younger,

AND in the prior 90 days:

Earnings have increased by at least 30% since the policy effective date or the last option date, whichever is most recent

OR

Involuntary loss of group long term disability insurance

Accelerated Benefit Increases can be executed only once in any three consecutive years.

Special BIR Accelerated Option Rules for Medical Residents and Fellows

Medical residents and fellows can apply for an accelerated benefit increase during the 12 months after they complete their training. They can apply for an increase up to Issue and Participation limits with proof of income or up to new-in-practice limits without income documentation.

They can also apply before they complete their training if they have a signed employment contract in place. In this case, the application date must be within six months of starting employment.

Please note, this special accelerated option will count as the one accelerated option allowed every three years.

Automatic Increase Benefit

Platinum Advantage and Protector Platinum policies may have an Automatic Increase Benefit. This benefit automatically raises the policy's basic monthly benefit by 4% each year during the increase period without evidence of insurability. Automatic benefit increases occur on the policy's anniversary. The increase period lasts for up to five consecutive years for Protector Platinum and up to six years for Platinum Advantage.

The policyowner may apply to renew the Automatic Increase Benefit at the end of each increase period, subject to financial underwriting. To be eligible, the policyowner:

- Must be under age 60 and work at least 30 hours per week
- Must not have exceeded issue and participation limits for occupation class or income level (for Platinum Advantage and Protector Platinum, the 4% increase period cannot result in exceeding Issue and Participation limits)
- Submit the Application for Policy Increase and Benefit Renewal Packet for the appropriate state with income documentation and non-medical authorization to dichanges@standard.com before the final increase in the existing increase period takes effect

Issue and Participation limits for Platinum Advantage are published in the Product Guide. Issue and Participation limits for Protector Platinum are:

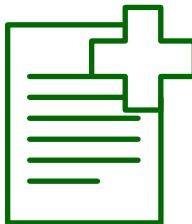
Occupation Classes	Age	Monthly Coverage		
		Maximum Issue From The Standard	With Other Carriers' IDI Coverage	With Group LTD From Other Carriers and/or The Standard ¹
5A, 4A		\$20,000	\$30,000	\$35,000
3A	18 – 59	\$15,000	\$25,000	\$25,000
2A		\$10,000	\$10,000	\$15,000
5P, 4P, 4S, 3P, 3D, 2P	18 – 55	\$20,000	\$30,000	\$35,000
	56 – 59	\$15,000	\$25,000	\$30,000
A, B	18 – 59	\$8,000	\$8,000	\$10,000

¹ When LTD is employer paid, it may net a higher participation amount than published.

The policyowner may refuse automatic increases. However, two consecutive refusals will result in termination of the benefit. For more information about the Platinum Advantage Automatic Increase Benefit, please refer to [The Standard's IDI Product Guide](#).

Increase Options

A Future Purchase Option rider added to a Protector SeriesSM policy allows a policyowner to apply for benefit increases on any policy anniversary until the rider's expiration date. Increases require no medical underwriting and are subject only to financial underwriting and policy requirements.



Off-Anniversary Increases

There are two situations in which The Standard may approve an off-anniversary FPO increase:

- Applicants with fully underwritten base policies issued under the Student and New Professionals Guidelines may request one off-anniversary increase within 36 months following graduation with a professional degree or completion of a residency or fellowship, whichever comes later. Approval of the increase is subject to The Standard's usual financial underwriting.

This option is not available to policyowners with a Graduate Medical Education policy. Please see the GME website for more details.

- In the 90 days before the request for additional coverage, the policyowner must experience at least one of the following events. Proof of the event will be required.

If the base policy is Protector Platinum:

- Insured qualifies for at least \$500 of FPO increase
- Insured loses employer-paid disability income insurance

If the base policy is The ProtectorSM or Protector+:

- There is a significant increase in earned income due to events such as a job change, promotion or establishment of a medical practice
- There is a loss of group long term disability coverage

Please note that off-anniversary FPO exercises are not available with Protector EssentialSM.

Increase: New Policy or Added to an Existing Policy?

We issue increases at attained age on the product available in the state at the time of the increase.

If the product issued for the base contract is still available in that state, we'll add the coverage to the existing policy. Or, if we issued an earlier increase on the currently available product, we may add the new increase to the previous increase policy.

If the currently available product wasn't used for the base contract or an earlier increase, we'll issue a new policy using the available product in that state. If the increase is issued in a state different than the base policy, we'll issue a new policy.

There are some circumstances that would result in a new policy. For example, an off-anniversary increase, or an increase that removes riders from the base contract, would result in a new policy.

Removing and Adding Riders on an Increase

Riders that are not on the original base policy cannot be added to an increase. Additionally, some riders that are issued on a base policy will not be issued on an increase. Riders not issued on an increase include Catastrophic Disability Rider, Supplemental Social Insurance and any increase riders, such as FPO, AIB and BIR.

A policyowner may choose to remove riders from an increase. Also, a policyowner with a base policy with unlimited Mental Disorder/Substance Abuse coverage may choose the 24-month limitation for the increase. Please contact dichanges@standard.com to request to remove riders. We must receive the request before the increase is issued for delivery.

Removed riders may be added back on a subsequent increase if the rider is still active on the base policy.

Increase Minimums and Maximums

Rider	Protector Essential, Protector+	Protector Platinum	Platinum Advantage
Minimum Increase	FPO	FPO	BIR ¹
Maximum Increase	All ages	\$100	\$200
	Age 18 – 41	Full Pool Amount	Full Pool Amount
	Age 42 – 44	1/2 Pool Amount	Full Pool Amount
	Age 45	1/2 Pool Amount	1/3 Pool Amount
	Age 46 – 50	1/3 Pool Amount	100% of offer
	Age 51 – 55	N/A	1/3 Pool Amount
			100% of offer ²

¹ An increase offered under the Benefit Increase Rider offer is based on Issue and Participation limits and will not be less than \$400. The policyowner must accept at least 50% of the offer to keep the BIR rider on the policy.

² The Benefit Increase Rider Accelerated Option is only available to ages 50 or younger.





Standard Insurance Company | The Standard Life Insurance Company of New York | standard.com/di

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

IDI Administrative Guide

20194 (10/24) SI/SNY