

Standard Insurance Company

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

**Request for Military Suspension
of Disability Income Policy**

NAME OF INSURED

POLICY NUMBER(S)

DATE ACTIVE DUTY STARTS

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE ZIP

By my signature below, I am requesting that the above referenced disability insurance policy(s) be suspended under the "Suspension During Military Service" provision in my policy(s)*. I am on full-time active duty in the military service of the United States as of the date written above and wish to suspend my policy(s) as of that date. I understand that, while the policy(s) is suspended, no premiums are due, and I have no coverage under the policy(s).

I understand that if my active duty ends within 5 years from the date of suspension, and before the policy's Termination Date, I may provide written request to The Standard that coverage under the policy(s) be resumed, without providing evidence of insurability, as long as the request is made within 90 days of the date my active duty ends and the required premium is paid. I also understand that, if my coverage is not resumed within 5 years from the date of suspension, the policy will terminate.

SIGNATURE OF INSURED

CITY

STATE

DATE

*Please see your policy(s) for further details of the Suspension During Military Service provision.