

STANDARD INSURANCE COMPANY
Home Office: P.O. Box 711, Portland, Oregon 97207
800-247-6888

INSURED: _____

POLICY NUMBER: _____

**INDIVIDUAL DISABILITY INCOME INSURANCE
OUTLINE OF COVERAGE**

READ YOUR POLICY CAREFULLY

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Standard Insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

DISABILITY INCOME INSURANCE COVERAGE

This is an individual disability income insurance policy. This category of coverage is designed to provide benefits for Disability resulting from a covered Injury or Sickness, subject to any exclusions and limitations set forth in the policy. Benefits do not cover surgical, hospital, or medical expenses.

Date _____

Sales Representative _____

Address _____

Telephone _____

DEFINITIONS

The following definitions apply to both the policy and this outline of coverage. Other terms are defined in the policy.

DISABILITY - This means the same as Total Disability, defined below.

INJURY - Injury sustained by You:

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

REGULAR OCCUPATION - Your occupation at the time Disability begins. Regular Occupation is not necessarily limited to the job You are performing when the Disability begins. If You have limited Your practice to a professionally recognized specialty in medicine or law, the specialty will be deemed to be Your Regular Occupation. If you are retired at the time Disability begins, being retired will be deemed to be Your Regular Occupation.

SICKNESS - Your Sickness or disease which first manifests itself:

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

SUBSTANTIAL AND MATERIAL ACTS - This means those acts normally required for the performance of Your Regular Occupation and which cannot be reasonably omitted or modified.

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

TOTAL DISABILITY/TOTALLY DISABLED - Because of Your Injury or Sickness You are unable to perform with reasonable continuity the Substantial and Material acts necessary to perform Your Regular Occupation in the usual and customary way and You choose not to work in any occupation.

If You choose to work at any job, You will not be considered Totally Disabled under this policy. However, You may qualify for the benefit for Partial Disability found in the Partial Disability Rider. In compliance with California law, the Partial Disability Rider is mandatory and is attached to this policy

WAITING PERIOD - That period, measured from the first day of Your Disability, throughout which You must be Disabled before Disability Benefits become payable.

WE/OUR - Standard Insurance Company.

YOU/YOUR - The Insured under the policy.

POLICY BENEFITS

BENEFIT FOR TOTAL DISABILITY - You will be eligible for the benefit for Total Disability during Your Continuous Total Disability. We will pay the Basic Monthly Benefit. Benefits will begin on the Commencement Date. (This is the day immediately following completion of the Waiting Period.) We will pay the benefit for Total Disability for up to the Maximum Benefit Period, as long as You remain Continuously Disabled.

Commencement Date: _____ **Day of Disability**

Basic Monthly Benefit: \$ _____

Maximum Benefit Period: _____

PRESUMPTIVE TOTAL DISABILITY BENEFIT - We will consider You to be Totally Disabled if Your Injury or Sickness causes You to totally and permanently lose one of the following:

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

REHABILITATION BENEFIT - While Disability Benefits are being paid, You may participate in a Rehabilitation Program. We will pay:

1. The reasonable costs of the Program; and
2. The difference, if any, between:
 - a. The benefit You would be eligible for if You were Totally Disabled; and
 - b. The Disability Benefit for which You are eligible;

for up to 36 months. We will not pay this benefit beyond the Maximum Benefit Period.

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

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for:

1. Disability due to an act of War or act incident to War. War includes any declared or undeclared War, whether civil or international, involving nations and/or sovereign territories. Acts of War or acts incident to War do not include acts of terrorism, so long as such acts are isolated in nature and unrelated to and not arising from War, as defined above.
2. The first 90 days of Your Disability due to pregnancy or childbirth;
3. Disability caused or contributed to by Your: (a) committing or attempting to commit a felony; or (b) actively participating in a riot;
4. Intentionally self-inflicted injury; or
5. Any Disability or condition We have excluded by name or specific description in an endorsement made part of the policy.

PRE-EXISTING CONDITIONS – For Disabilities caused or substantially contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing condition, We will pay benefits only if, on the date You become Disabled, the policy has been continuously in force for 24 consecutive months.

A Pre-existing Condition is any physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your application, and for which:

1. You have received a Physician's advice, treatment or services; or
2. A reasonably prudent person would have sought medical advice, care or treatment for symptoms occurring;

during the 365 day period ending the day before this policy's Effective Date.

If during the first two policy years, we find that any answer in your application is misstated, incorrect or incomplete, we may:

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

for Disability starting within the two year period.

CLAIMS

WRITTEN NOTICE OF CLAIM – We must receive Written Notice of Claim from You or the Owner within 30 days after a Loss starts, or as soon as reasonably possible after that.

WRITTEN PROOF OF LOSS – We must receive written proof of Loss within 90 days after the end of any period for which Disability Benefits are being claimed. If that is not reasonably possible, the claim will not be affected, provided written proof is furnished as soon as is reasonably possible. However, unless You lack legal capacity, We must be given written proof within one year after the 90th day referred to above, for that claim to be valid.

PAYMENT OF CLAIMS - We will pay benefits to the Insured unless the Insured names a payee to receive them. We can pay benefits of up to \$1,000 to any relative of the Insured or named payee if the Insured or payee lacks legal capacity to give a valid release, or if any benefit is otherwise payable to the Insured's estate.

POLICY RENEWABILITY

GUARANTEED RENEWABLE - If all required premiums are paid, the policy is guaranteed renewable to the Termination Date. We cannot change any part of the policy, except its premium, until the Termination Date. We can change the premium only: (1) after the policy is three years old; and (2) if the change applies to all policies with like benefits insuring the same Risk Class. The policy ends on the Termination Date, except as provided by the Renewal Option (below). The Termination Date is shown on the data page.

RENEWAL OPTION - If You are not Disabled, Disability coverage may be continued beyond the Termination Date. Coverage will be for Total Disability only. There will be a limited benefit period. You must be actively and regularly employed for at least 30 hours per week. We may change premium rates.

PREMIUMS

Premiums may be paid under any of these modes: annual, semi-annual, or quarterly. We may allow for payment under a special monthly mode. The special mode premium is paid through Your bank. There is a 31-day grace period for all premiums due except the first.

The annual premium for this policy is \$ _____. If premiums are payable under a different mode, the premium for that mode is:

Special Monthly \$ _____

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE POLICY. THIS OUTLINE IS NOT THE CONTRACT AND IS NOT PART OF IT. SEE THE POLICY FOR THE ACTUAL CONTRACT PROVISIONS.