

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

INSURED:

POLICY NUMBER:

**THE PROTECTOR POLICY
DISABILITY INCOME PROTECTION COVERAGE
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 COVERAGE

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

Date _____

Agent _____

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 Total Disability as defined below.

INJURY - Accidental bodily injury sustained by You:

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

REGULAR OCCUPATION - Your occupation at the time 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.

SICKNESS - Your Sickness or disease which first manifests itself:

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

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

TOTAL DISABILITY - Because of Your Injury or Sickness:

1. You are unable to perform the substantial and material duties of Your Regular Occupation; and
2. You are not engaged in any other gainful occupation; and
3. You are under the regular care of a Physician. The Physician must be appropriate for the Injury or Sickness.

YOU/YOUR - The Insured under the policy.

WE/OUR - Standard Insurance Company.

POLICY BENEFITS

BENEFITS PAYABLE FOR TOTAL DISABILITY - At the end of each month of Total Disability following the Commencement Date We will pay a benefit for up to the Maximum Benefit Period. The policy provides these terms:

Commencement Date: **Day of Disability**

(This is the date on which benefits begin during a continuous period of Total Disability.)

Total Disability Benefit (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, equaling or less than 20/200 after best correction;
4. Use of both hands;
5. Use of both feet; or
6. Use of one hand and one foot.

REHABILITATION BENEFIT - This benefit allows You to join a vocational rehabilitation program while receiving the Benefit For Total Disability. If You qualify, We will pay the Benefit For Total Disability for the lesser of:

1. 36 months; or
2. The number of months remaining in the Maximum Benefit Period.

SURVIVOR BENEFIT - If You die while receiving Total Disability Benefits, We will pay up to three months of Basic Monthly Benefits to the Owner or the Owner's estate. However, We will not pay beyond the number of months remaining in the Maximum Benefit Period.

WAIVER OF PREMIUM - During Your Continuous Disability and after the earlier of:

1. The Commencement Date; or
2. The 90th day of Your Continuous Disability;

We will:

1. Waive each future premium due; and
2. Refund to the Owner any premium due and paid after the date Your Disability began.

EXCLUSIONS AND LIMITATIONS

You must be under the regular care of a Physician to receive benefits. The Physician must be appropriate for Your Injury or Sickness.

We will not pay benefits for:

1. The first 90 days of Disability due to normal pregnancy or childbirth;
2. Disability due to declared or undeclared war; an act or incident to war; or insurrection;
3. Disability caused or contributed to by Your committing or attempting to commit a felony or participating in a riot;
4. Disability while You are confined for any reason to a penal or correctional institution; or
5. A pre-existing condition which:
 - a. Is specifically excluded; or
 - b. Is not disclosed on Your application.

If during the first two policy years, 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.

LIMITATION FOR MENTAL DISORDER AND/OR SUBSTANCE ABUSE - Payment of Disability Benefits is limited to 24 months during Your entire lifetime for a Disability caused or contributed to by one or both of the following, or by medical or surgical treatment for one or both of the following:

1. Mental Disorder; and/or
2. Substance Abuse.

The terms "Mental Disorder" and "Substance Abuse" are defined in the policy.

CLAIMS

ALLOCATION OF AUTHORITY - Except for those functions which the policy specifically reserves to the Owner, We have full and exclusive authority to control and manage the policy, administer claims, interpret the policy and resolve all questions arising in the administration, interpretation, and application of the policy.

POLICY RENEWABILITY

GUARANTEED RENEWABLE - If all required premiums are paid, the policy is guaranteed renewable to the Termination Date or until You reach age 65, whichever is later. This means that so long as the policy is kept in force, We cannot change any part of the policy terms, except its premium, until the Termination Date or until You reach age 65. We can change the premium only after the policy is three years old and then only 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 Renewable Option (below). The Termination Date is shown on the data page.

RENEWABLE 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. This special mode will continue at Our option, subject to written notice of termination. 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.

Standard Insurance Company
Home Office: P.O. Box 711, Portland Oregon 97207
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**Idaho
Acknowledgment of Receipt**

(Disability Income Protection Coverage, Outline of Coverage)

I have received a copy of Standard Insurance Company's Outline of Coverage in connection with my application for disability income insurance.

(Date)

(Applicant's Signature)

To Agent: You must return this signed form to the home office with all Idaho applications for disability income insurance (including business overhead expense insurance).