

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 - Accidental bodily 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. 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.

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.

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.

SURVIVOR BENEFIT - If You die while the benefit for Total Disability is being paid, We will pay a benefit. Payment will be made to the Owner or the Owner's estate. We will pay the Basic Monthly Benefit for the lesser of:

1. Three months; or
2. The number of months left in the Maximum Benefit Period.

PREMIUM WAIVER BENEFIT - We will waive all premiums due under this policy while benefits are payable. 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 declared or undeclared war; an act of war or act incident to war; or insurrection;
2. The first 90 days of Your Disability due to pregnancy or childbirth;
3. Disability caused or contributed to by You: (a) committing or attempting to commit an assault or felony; or (b) actively participating in a violent disorder or riot;
4. Disability while You are confined for any reason to a penal or correctional institution; or
5. Intentionally self-inflicted injury.

We will pay benefits for a Disability caused or contributed to by a Pre-existing Condition only if:

1. It is fully disclosed on Your application; and
2. It is not specifically excluded.

A Pre-existing Condition is any mental or physical condition for which:

1. You have consulted a Physician;
2. You have received medical treatment or services or undergone diagnostic procedures, including those that are self-administered or self-prescribed;
3. You have taken prescription drugs or medications; or
4. A reasonably prudent person would have sought medical advice, care or treatment;

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

If during the first three 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 three year period.

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.