

SHORT-TERM DISABILITY INCOME INSURANCE – OUTLINE OF COVERAGE

For Policy Form D82-20898 and D82-20899

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 your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

DISABILITY INCOME INSURANCE COVERAGE

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

TOTAL DISABILITY BENEFITS

If you are totally disabled because of a sickness or injury, we will pay the Total Disability Monthly Benefit. Total disability benefits begin after the elimination period has been satisfied. Benefits are payable while you remain totally disabled for as long as the benefit period.

PARTIAL DISABILITY BENEFITS

If you are partially disabled because of a sickness or injury, we will pay 50% of the Total Disability Monthly Benefit. Partial disability benefits begin after the elimination Period has been satisfied. Benefits are payable while you remain partially disabled for the lesser of six months or the balance of the benefit period.

PRESUMPTIVE TOTAL DISABILITY BENEFITS

We will automatically pay total disability benefits for the full length of the Benefit Period upon proof of your presumptive total disability. Benefits are payable even if you return to work at any occupation. The elimination period will be waived. Regular medical care will not be required. You will be presumed to be permanently totally disabled if sickness or injury results in the complete and irrecoverable loss of your:

- (a) speech;
- (b) hearing in both ears;
- (c) sight in both eyes; or
- (d) the use of both hands, both feet or one hand and one foot.

TRANSPLANT DONOR BENEFITS

If you become totally disabled or partially disabled as the result of a transplant of part of your body to the body of another person, we will pay benefits on the same basis as any other sickness.

TERMINAL ILLNESS BENEFIT

If you are diagnosed with a terminal illness, you can elect to receive an accelerated payment of the remaining total disability monthly benefits due in a lump sum amount. This Terminal Illness Benefit may accelerate up to 12 months of the current benefits payable under your policy.

SURVIVOR BENEFIT

Upon your death, we will pay a survivor benefit to your designated Beneficiary, if Total or proportionate disability benefits were payable; and the benefit period was not exhausted.