

ACCIDENT-ONLY SHORT-TERM DISABILITY INCOME INSURANCE COVERAGE – OUTLINE OF COVERAGE

THIS POLICY COVERS ACCIDENTS ONLY

IT DOES NOT PAY BENEFITS FOR LOSS RESULTING FROM SICKNESS

For Policy Form D83-20900 and D83-20901

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!**

ACCIDENT DISABILITY INCOME INSURANCE COVERAGE

Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident **ONLY**, 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 an 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 an 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 an 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.

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.

GUARANTEED RENEWABLE TO AGE 67

You are guaranteed the right to continue your coverage until Age 67. During that time, we cannot cancel your policy as long as you pay the required premium when it is due.

PREMIUM CHANGES

Your policy's premium may change, but only if the same change is made to all policies of this form issued to persons of the same Class. We will give you at least 45 days advance written notice before any premium change. In no event will the premium increase during the first 12 months following the Policy Date.

EXCLUSIONS

We will not pay benefits for:

- (a) loss that begins while this policy is not in force;
- (b) loss resulting from an act of declared or undeclared war;
- (c) loss sustained while serving in the armed forces (upon notice to us of entry into the armed forces, the unearned portion of the premium will be refunded);
- (d) loss caused by intentionally self-inflicted injury (while sane in Colorado);
- (e) loss resulting from commission or attempted commission of a felony;
- (f) loss caused by suicide or attempted suicide, while sane or insane (sane only in Colorado and Missouri);
- (g) loss resulting from your being legally intoxicated or under the influence of an illegal substance or a narcotic (except for narcotics given on the advice of and taken as prescribed by a Physician); or
- (h) loss resulting directly or indirectly from disease or bodily infirmity;

BENEFITS REDUCTION WHEN ASSOCIATION GROUP MEMBERSHIP OR SELF-EMPLOYMENT ENDS (Policy Form D83-20901 Only)

This policy form was issued to you because you are self-employed or a member of a franchise/association group. If your franchise/association membership ends, the organization ceases to endorse this product, or you stop being self-employed, you may continue this coverage. Premiums will not increase as a result of this change. However, all benefits payable for loss beginning after such time will be reduced by 15%.

WORKERS' COMPENSATION LIMITATION

Benefits payable for loss for which benefits are provided under any state or federal workers' compensation, employer's liability, or occupational disease law will be reduced by 50%.