



*The Protector*SM *Series*

*A Sample Policy of
Disability Income Insurance*

Standard Insurance Company

INSURED:

POLICY NUMBER:

DISABILITY INCOME INSURANCE POLICY

We, Standard Insurance Company, a stock life insurance company, agree with the Owner of this policy to pay the benefits of this policy according to its provisions.

This is a Disability Income Insurance Policy. We issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. The application is part of the policy.

GUARANTEED RENEWABLE to the Termination Date, shown on the data page. As long as the premium is paid by the end of each grace period, We cannot change any part of the policy, except its premium, until the Termination Date. The policy will end on that date, except as provided by the Renewable Option After The Termination Date provision. **We can change the premium only after the policy is three years old and only if the change applies to all policies with like Benefits insuring the same Risk Class.**

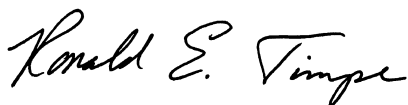
RENEWABLE OPTION AFTER THE TERMINATION DATE — SUBJECT TO CHANGE IN PREMIUM RATES. You may ask Us to continue this policy beyond the Termination Date, subject to the terms of the Renewable Option After The Termination Date provision.

RIGHT TO RETURN POLICY. If not satisfied with this policy, the Owner may return it for cancellation within **20 days** after receipt by the Owner. The policy must be returned to the agent who sold it, to any Standard agency office, or to Our home office. The policy will be void from the beginning. Any premium paid for it will be refunded to the Owner.

Signed at our Home Office
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888

STANDARD INSURANCE COMPANY

By



Ronald E. Timpe
President



Dwight L. Cramer
Corporate Secretary

B130.2(6/00)

This is a specimen of our Protector policy. It is not an issued contract. Some provisions may vary in some states.

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DEFINITIONS

BASIC MONTHLY BENEFIT – The Basic Monthly Benefit is shown on the data page.

COMMENCEMENT DATE – The first day immediately following the completion of the Waiting Period. This date is shown on the data page.

CONCURRENT DISABILITY – If a Disability is caused by more than one Injury or Sickness, or from a combination, it is a Concurrent Disability. We will pay benefits for a Concurrent Disability as if there was only one Injury or Sickness. [In no event will You be considered to have more than one Disability at the same time.](#) Once a continuous period of Disability starts, it will be one period of Continuous Disability no matter what Injuries or Sicknesses, or how many, cause the Disability or cause it to continue.

CONTINUOUS DISABILITY/CONTINUOUSLY DISABLED – Recurrent periods of Disability from the same cause or causes are [one period of Continuous Disability if separated by Your Recovery of less than twelve full months.](#)

DISABILITY/DISABLED – Total Disability, as defined below.

DISABILITY BENEFIT/DISABILITY BENEFITS – Any payment or payments for Disability that are made under this policy.

EFFECTIVE DATE – The date on which this policy becomes effective. This date is shown on the data page.

FAMILY MEMBER – Your spouse, parent, son, daughter, brother or sister.

HOSPITAL – A legally operated hospital providing full-time medical and/or psychiatric care and treatment under the direction of a full-time staff of Physicians. Rest homes, nursing homes, convalescent homes, homes for the aged and facilities primarily affording custodial, educational or rehabilitative care are not considered to be Hospitals under this definition.

INJURY – Accidental bodily Injury sustained by You:

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

INSURED – The Insured under this policy, as shown on the data page.

ISSUE AGE – The Insured's Issue Age, as shown on the data page.

LOSS – This means the same as Disability, defined above.

MAXIMUM BENEFIT PERIOD – The longest continuous period of time We will pay Disability Benefits during each Continuous Disability. This period is shown on the data page. For any Maximum Benefit Period We will not pay Disability Benefits beyond the later of:

1. The Termination Date; or
2. The date on which 24 months of Disability Benefits have been paid for any Continuous Disability.

MENTAL DISORDER – Any mental, emotional or behavioral disorder or condition regardless of the cause (including biological or biochemical disorder or imbalance of the brain) and regardless of the presence of physical symptoms. Except as excluded below, for purposes of this definition, mental disorder includes any diagnosis or condition listed in the most current publication of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychological Association. If this publication is no longer available, We reserve the right to use another nationally published manual of similar scope and purpose. [Dementia resulting from stroke, trauma, infectious conditions or degenerative changes such as Alzheimer's Disease, is not considered to be a Mental Disorder for the purpose of this definition.](#)

OWNER – The Owner of this policy is shown on the data page, unless later changed under GENERAL PROVISIONS.

PHYSICIAN – Any licensed medical professional, other than You, the Owner, or a Family Member. The Physician must be practicing and diagnosing within the scope of his or her medical or professional license.

POLICY ANNIVERSARY – The anniversary of the policy's Effective Date occurring each year the policy remains in force.

POLICY MONTH – A month measured from the same date in a month as the policy's Effective Date.

POLICY NUMBER – The Policy Number is shown on the data page.

PRESUMPTIVE TOTAL DISABILITY – Your total and permanent loss, because of Your Injury or Sickness, of one of the following:

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

Total and permanent loss of sight in both eyes means that both eyes must measure at or below 20/200, after reasonable efforts are made to correct their vision, using the most advanced medically acceptable procedures and devices available.

RECOVERY/RECOVERED – This means You are no longer Disabled from the same cause or causes that caused the most recent Disability.

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.

REINSTATEMENT DATE – The date the policy is made effective when reinstated.

RISK CLASS – The Risk Class is shown on the data page. It includes the occupation class and sex shown on the data page.

SICKNESS – Your Sickness or disease which first manifests itself:

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

SUBSTANCE ABUSE – This means any abusive use of, dependence on, intoxication from, or withdrawal from alcohol or drugs in any form, including but not limited to a "controlled substance" as defined in Schedules I through V of, and a "counterfeit substance" as defined in, the Federal Controlled Substances Act or in any successor statute in effect as of the date Your Disability starts. Abusive use includes the excessive use of alcohol, the use of illegal drugs, or the use of any drugs short of dependence, without legal or medical supervision, and includes taking drugs in excess of the prescribed dosage. Dependence/dependency means physical dependence, where the body requires a continuing supply of alcohol or drugs to avoid withdrawal symptoms, and/or psychological dependence, involving a compelling or overwhelming mental desire for the continued use of alcohol or drugs, whether or not the use is under legal or medical supervision and whether or not a medical diagnosis of dependence has been made.

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

TOTAL DISABILITY/TOTALLY DISABLED – 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 appropriate for Your Injury or Sickness. This Physician's care requirement will be waived when We receive written proof, satisfactory to Us, that further care would be of no benefit to You.

WAITING PERIOD – That period, measured from the first day of Your Disability, throughout which You must be Disabled before Disability Benefits become payable. The Waiting Period is shown on the data page. More information on the Waiting Period is provided under EXCLUSIONS AND LIMITATIONS.

WE/US/OUR – Standard Insurance Company.

YOU/YOUR – The Insured under this 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.

The Benefit For Total Disability will begin on the Commencement Date. This benefit will continue while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month We will pay a pro rata portion of this benefit for each day of Total Disability.

BENEFIT FOR PRESUMPTIVE TOTAL DISABILITY – We will pay the Benefit For Total Disability during Your Presumptive Total Disability, but not beyond the Maximum Benefit Period. [The Commencement Date for any Presumptive Total Disability will be the first day of that Presumptive Total Disability.](#)

WAIVER OF PREMIUM – During Your Continuous Disability, while benefits are payable, 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.

SURVIVOR BENEFIT – If You die [while the Benefit For Total Disability is being paid](#) under this policy, We will pay a benefit to the Owner or the Owner's estate. In this event, We will pay the Basic Monthly Benefit for the [lesser](#) of:

1. [Three months](#) beyond the month of Your death; or
2. The number of months remaining in the Maximum Benefit Period as of the date of Your death.

[However](#), We will first apply the Survivor Benefit to reduce any overpayment that may have been made on Your claim. This policy, and any Disability Benefits being paid under it, end at Your death. (See Policy Termination.) While this policy is in force, the Owner may name a payee, or change a previously named payee, to receive this Survivor Benefit. We will pay the named payee, if living, instead of the Owner or Owner's estate. The designation or change must be made on a form satisfactory to Us and is subject to Our approval. Once approved, the designation or change will take effect as of the date the Owner signed the request. If the payee is not living at Your death, We will pay this benefit to the Owner or the Owner's estate.

TOTAL DISABILITY DUE TO COSMETIC OR TRANSPLANT SURGERY – We will consider You as Totally Disabled due to Sickness if, [more than six months after the Effective Date](#), You become Totally Disabled from surgery to:

1. Improve Your appearance;
2. Prevent Your disfigurement; or
3. Transplant part of Your body to someone else.

REHABILITATION BENEFIT – While receiving the Benefit For Total Disability, You may join a vocational rehabilitation program. We will continue to pay the Benefit For Total Disability while:

1. You actively participate in a rehabilitation program approved by Us; and
2. You continue to be Totally Disabled.

While You participate in a program under this section, 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.

If We approve the program, We will also pay any reasonable costs for the program not covered by any other plans, policies or programs.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE – We will not pay benefits for:

1. Disability due to war. War means any:
 - a. War, declared or undeclared, whether civil or international;
 - b. Act of war;
 - c. Act incident to war;
 - d. Insurrection; and
 - e. Substantial armed conflict with organized forces of a military nature.
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 an assault or felony; or
 - b. Actively participating in a violent disorder or riot. "Actively participating" does not include Your being at the scene of a violent disorder or riot while performing Your official duties.
4. Disability while You are confined for any reason to a penal or correctional institution.

LIMITATION FOR MENTAL DISORDER AND/OR SUBSTANCE ABUSE – Except as noted below, payment of Disability Benefits is limited to a total of 24 months during Your entire lifetime for 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.

This limitation does not apply to any period during which You are confined in a Hospital solely because of a Mental Disorder.

WAITING PERIOD LIMITATION – The Waiting Period is that period, measured from the first day of Your Disability, throughout which You must be Disabled before Disability Benefits become payable. No Disability Benefits are payable for any Disability experienced during this period. Disability Benefits start after the Waiting Period ends, on the Commencement Date, if You are Totally Disabled on that date. The Waiting Period and Commencement Date are shown on the data page.

Regardless of the number or length of any periods of Recovery that may occur during Your Disability, for any Disability Benefit to become payable, the Waiting Period must be satisfied within the total number of consecutive days which equals the lesser of:

1. Two times the Waiting Period shown on the data page; or
2. 365 days.

PRE-EXISTING CONDITIONS – We will pay benefits for a Pre-existing Condition only if:

1. The Pre-existing Condition is not specifically excluded; and
2. The Pre-existing Condition is fully disclosed on the policy's application.

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

1. You have consulted a Physician; or
2. You have received medical treatment or services; or
3. You have taken prescribed 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.

TIME LIMIT ON CERTAIN DEFENSES – After two years from the later of:

1. This policy's Effective Date; or
2. Its most recent Reinstatement Date;

no misstatements, except fraudulent misstatements, made by You or the Owner, in the application for the policy or for reinstatement, shall be used to:

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

for Disability starting after the end of such two year period.

For Disability starting after two years from the later of:

1. The policy's Effective Date; or
2. Its most recent Reinstatement Date;

no claim will be reduced or denied because a disease or physical condition existed before such date, unless it is specifically excluded or there was a fraudulent misstatement in the application for the policy or for reinstatement.

CLAIMS

TIME OF LOSS – We will pay benefits under this policy only for a Loss which occurs while this policy is in force. Termination of the policy will not affect any claim for Disability, provided that:

1. Your Disability begins within 30 days after the date of the Injury or Sickness causing Your Disability; and
2. Your Injury or Sickness occurs while this policy is in force. (See Policy Termination.)

WRITTEN NOTICE OF CLAIM – We [must be given Written Notice Of Claim](#) by You or the Owner:

1. Within 30 days after a Loss starts; or
2. As soon as is reasonably possible.

Written notice must be given:

1. To Us at Our home office; or
2. To any of Our authorized agents.

Written notice must include Your name and the Policy Number.

CLAIM FORMS – We will send the Owner a claim statement within 15 days after We receive Written Notice Of Claim. If You do not receive Our forms within 15 days after You ask for them, You may submit Your claim in a letter sent to Us at Our home office. The letter should include the date the Disability began and the cause and nature of the Disability.

WRITTEN PROOF OF LOSS – We [must receive Written Proof Of Loss](#) within 90 days after the end of any period for which 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.

Proof of each of the following elements of Written Proof Of Loss must be provided to Us at Your expense. We will not pay any Disability Benefits until We receive satisfactory written proof of all of the following:

1. You became Disabled while insured under this policy and while it was in force;
2. Your Disability was a Continuous Disability through the Waiting Period and the Commencement Date;
3. You are under the regular care of a Physician appropriate for Your Injury or Sickness; and
4. We receive such additional information as We may reasonably require in connection with Your claim.

You must also submit all of the following documents at Your expense:

1. A completed claim statement signed by You;
2. A completed claim statement signed by Your Physician;
3. A written authorization, signed by You on a form satisfactory to Us, for Us to obtain records and information needed to determine Your eligibility for Disability Benefits; and
4. Such other documents as We may reasonably require.

Once Your claim is approved, no Disability Benefits will be continued beyond the end of the period for which You have provided Us with satisfactory Written Proof Of Loss.

We will require You to submit additional documentation of Your claim at Your expense at reasonable intervals while You are receiving Disability Benefits.

PROOF OF INCOME – We can require any proof We consider necessary to establish Your current and prior incomes. We have the right to examine Your financial records, including Your tax returns, as often as We may reasonably require. These financial records may cover any period for which You claim to be Disabled.

INVESTIGATION OF YOUR CLAIM – We may conduct an Investigation Of Your Claim at any time. We will not pay any Disability Benefits until We have had a reasonable time to conduct any Investigation Of Your Claim and We have determined that Disability Benefits are payable.

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.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the policy and any claim under it; and
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. The amount of benefits payable; and
 - d. The sufficiency and amount of information we may reasonably require to determine a, b, and c, above.

Subject to the policy's Review Procedure, any decision We make in the exercise of Our authority is conclusive and binding.

MEDICAL EXAM – We can have Physicians or vocational specialists examine You, [at Our expense](#), as often as reasonably necessary while You claim to be Disabled. Any such examination will be conducted by one or more Physicians or vocational specialists We choose. We may defer or suspend payment of benefits if You fail to attend an examination or fail to cooperate with the person conducting the examination. Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable.

TIME OF PAYMENT – After We receive satisfactory Written Proof Of Loss:

1. We will pay any benefits then due that are not payable periodically; and
2. We will pay any benefits due that are payable periodically at the end of each month of Disability. Each month of Disability will be measured from the Commencement Date. Payment will be subject to Our receipt of continuing Written Proof Of Loss.

PAYMENT OF CLAIMS – We will pay all benefits to the Owner or the Owner's estate, unless the Owner tells Us otherwise in writing. We can pay total benefits of up to \$1,000 to any relative of the Owner We believe is entitled to them, if:

1. Any benefit is payable to the Owner's estate; or
2. The Owner or any payee lacks legal capacity to give a valid release.

We will not be liable to anyone to the extent We make payment in good faith.

REVIEW PROCEDURE – If We deny all or part of Your claim, You may request a review. You must request a review in writing within 60 days after receiving notice of the denial.

If We deny Your claim, You may send Us written comments or other items to support Your claim, and You may review any non-privileged information that relates to Your request for review.

We will review Your claim promptly after We receive Your request. We will send You a notice of Our decision within 60 days after We receive Your request. We will send it within 120 days if special circumstances require an extension. We will state the reasons for Our decision and refer You to the relevant parts of the policy.

PREMIUMS, REINSTATEMENT, AND POLICY TERMINATION

PREMIUMS – The premium, shown on the data page, is the amount We charge at regular intervals to keep this policy in force. We can change the premium only after this policy is three years old and only if the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at Our home office. The first premium is due on the Effective Date. If the first premium is not paid, the policy is never in force.

Premiums may be paid on an annual, semi-annual or quarterly basis. Also, the Owner may request a special monthly premium mode, subject to Our rules and approval. We may terminate this special mode at any time by writing to the Owner.

The Owner may request a change of premium mode by writing to Us. The change is subject to Our rules and approval. No change of premium mode will be allowed while You are Disabled.

GRACE PERIOD – A 31-day grace period to pay premiums follows the due date of all premiums except the first. The policy will continue in force during the grace period. If a premium is not paid by the end of its grace period, the policy will end. The date the policy will end is the due date of the premium not paid. If You become Disabled during the grace period, We will deduct any due and unpaid premiums from any benefits paid.

REINSTATEMENT – If this policy ends because a premium is not paid by the end of the grace period, the Owner may ask that it be reinstated. If Our requirements for reinstatement are met, the policy will be reinstated as follows:

1. If We receive the required premium and if We do not require a reinstatement application, reinstatement will be effective on the later of the date the premium and the Owner's signed request are received at Our home office.
2. If We receive the required premium and the Owner's signed request, but We require a reinstatement application, reinstatement will be subject to Our approval and will be effective on the date We approve the application. However, if We disapprove the application, We must mail notice of Our disapproval to the Owner within 45 days after the later of the date We receive the premium at Our home office or the date We receive the reinstatement application. If We do not mail notice of Our disapproval, the policy will be reinstated as of the 45th day.

The reinstated policy will not cover any Disability except Disability due to:

1. Injury sustained after the Reinstatement Date; or
2. Sickness that began more than ten days after the Reinstatement Date.

A new period for contesting the policy or a claim will apply to the reinstated policy if We require and approve an application for reinstatement. See Time Limit On Certain Defenses under EXCLUSIONS AND LIMITATIONS. We may add or change provisions or limitations when We reinstate the policy. Except for the provisions that may be added or changed, the Owner's rights and Our rights will be the same as before the policy terminated.

PREMIUM REFUND AT DEATH – After We receive notice of Your death, We will refund to the Owner or the Owner's estate any premium paid beyond the Policy Month of Your death.

POLICY TERMINATION – This policy will end on the earliest of:

1. The due date of any unpaid premium that is not paid by the end of its grace period;
2. 12:01 a.m. on the Termination Date shown on the data page, unless this policy is being continued under the Renewable Option After The Termination Date provision;
3. The last day of the Policy Month in which We receive the Owner's written request to terminate this policy;
4. The date You are no longer actively and regularly employed for at least 30 hours per week, if this policy is continued under the Renewable Option, unless You are Disabled on that date under the policy terms; or
5. The date of Your death.

RENEWABLE OPTION AFTER THE TERMINATION DATE

RENEWABLE OPTION – The Owner may request in writing that Total Disability coverage under this policy continue beyond the Termination Date. The request is subject to Our approval. At the time of the request and after the Termination Date, to continue this policy We will require proof satisfactory to Us that:

1. You remain **actively** and **regularly employed** for at least **30 hours per week**; and
2. You are **not Disabled** at the time We receive the Owner's written request at Our home office.

If we approve the request and the policy is continued under this Option, You must remain actively and regularly employed for at least 30 hours per week for the policy to remain in force under the Option. We have the right to ask You at least once a year for proof satisfactory to Us that You are meeting this requirement. In addition, We have the right to ask for this information more often than once a year if We reasonably believe that such information is necessary for this policy to continue under this Option. You must notify Us as soon as is reasonably possible if at any time Your employment fails to satisfy this requirement, or if You cease employment altogether. This Option and policy, and all coverage, will end on the date You cease being actively and regularly employed at least 30 hours per week, unless You are Disabled on that date under the policy terms or unless the policy and Option ended earlier under the Policy Termination provision.

OPTION REQUEST – We must receive the Owner's written request at Our home office at least 30 days prior to the Termination Date. The policy must be in force with all due premiums paid on the date We receive the request.

RENEWABLE BENEFIT – We will continue only the Benefit For Total Disability beyond the Termination Date under the Renewable Option. All other benefits, riders and added benefits end at 12:01 a.m. on the Termination Date, regardless of whether the policy is continued under this Renewable Option. Except as shown below, the same provisions, exceptions, exclusions and limitations in this policy continue to apply if the Renewable Option is elected. Prior to the Policy Anniversary following Your 75th birthday, the Maximum Benefit Period under this option will be 24 months. For Total Disabilities with Commencement Dates after the Policy Anniversary following Your 75th birthday, Disability Benefits will be paid for no more than 12 months.

INITIAL RENEWAL PREMIUM – The Initial Renewal Premium to continue the policy under the Renewable Option will be based on the rate in effect for all policies with like benefits insuring the same Risk Class as of the Termination Date. We can change the Initial Renewal Premium at any time, but only if We change the Initial Renewal Premium for everyone in the state in which You live who:

1. Has this policy form;
2. Has like benefits; and
3. Is in Your Risk Class.

We will refund to the Owner any Initial Renewal Premium paid after the Termination Date, unless the policy is in force under the Renewable Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewable Option.

GENERAL PROVISIONS

THE CONTRACT – This insurance is provided in consideration of Our receipt of the completed application and payment of all required premiums. This policy and all attachments, including any benefits, riders, endorsements and copies of the application and application supplements, make up the whole contract. No one, including Our agent, has the right to change or waive any part of this policy unless the change is approved in writing by Our President and Secretary.

CONFORMITY WITH STATE LAWS – Any provision in this policy which, on its Effective Date, conflicts with the laws of the state in which the application was taken, is amended to meet the minimum requirements of such laws.

LEGAL ACTION – Legal action cannot be brought against Us until at least 60 days following the date written proof is received by Us under Written Proof Of Loss. Also, legal action may not be brought against Us after three years from the date written proof is required under Written Proof Of Loss.

MISSTATEMENTS – If Your Issue Age or sex has been misstated, any benefits will equal those that the premiums paid would have purchased at Your correct Issue Age and sex.

NOTICE – Changes, assignments and requests will not affect Us until they have been signed by the Owner and We have received them at Our home office and, where required, We have approved them.

ASSIGNMENT – The Owner may assign this policy at any time while the policy is in force and while the Insured is not Disabled. We will be bound by an assignment only if it is in writing and only after it is approved at Our home office. Once approved, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment, and We will not be liable for any action taken prior to, or for any payment made by Us before Our approval of the assignment.

OWNER – The Owner of this policy is the Insured unless stated otherwise in the application or later changed by the Owner under the Assignment section. The Owner may name a successor owner who will become the new owner if the Owner dies before You. If no named successor owner is living when the Owner dies, and if You are not the Owner, the Owner's estate will become the new owner.

**The Following
Optional Riders Are
Available, Based Upon
Occupation Class
And State Approval.**

SUPPLEMENTAL SOCIAL INSURANCE BENEFIT RIDER

DEFINITIONS

LEGISLATED BENEFITS – This term includes the following:

1. **Social Security Disability Benefit.** This includes primary or family disability benefits for which You may become eligible. These benefits include benefits payable under:
 - a. The U.S. Social Security Act;
 - b. A similar law of any other country; and
 - c. Optional Social Security Retirement provisions.
2. **Worker's Compensation.** This includes compensation benefits under any:
 - a. Worker's Compensation Act; and
 - b. Occupational Disease Law;for which You may become eligible. It also includes insurance benefits provided under any similar law of: (i) any U.S. State; (ii) any U.S. Territory; and (iii) any other country.
3. **Federal, State and Local Retirement And Disability Fund Benefit.** This includes disability compensation under any governmental retirement and disability fund for which You may become eligible. Amounts for Your dependents are included. Any payment because of elective retirement will also be considered a Federal, State and Local Retirement And Disability Fund Benefit.
4. **Railroad Retirement Disability Income.** This includes these benefits under the federal Railroad Retirement Act:
 - a. Primary or family disability benefits for which You may become eligible; and
 - b. Payments under the retirement option.

BENEFITS

QUALIFICATION – We will pay a benefit under this rider if:

1. A Benefit For Total Disability is payable under this policy; and
2. You have complied with the Claims Procedure For Legislated Benefits section, below.

WHEN PAYABLE – If You qualify, this benefit will begin on its commencement date. This date is shown on the data page.

AMOUNT PAYABLE – If You are receiving a [Benefit For Total Disability](#) under this policy, We will pay:

1. The [amount of benefits](#) for this rider; [less](#)
2. [Any Legislated Benefits](#) paid to You for the same period.

We will pay this amount monthly. The amount of benefits for this rider is shown on the data page. This payment [is in addition](#) to any other benefits payable under the policy, except that no benefits will be payable under this rider if You are receiving benefits under the Residual Disability Rider. In that event, the amount that [would have been payable under this rider if You had been Totally Disabled](#) will be used in calculating Your Residual Disability Benefit.

While You are Disabled, a [cost of living adjustment](#) may be made to the Legislated Benefits for which You are eligible. These adjustments [will not reduce benefits](#) under this rider.

If You receive an award for Legislated Benefits in a [lump sum](#) for a period covering more than a month, We will do the following to figure the monthly amount payable under this rider. We will [divide the award into equal monthly amounts](#). The number of monthly amounts will be based on the period the award covers. If this period is not shown in the award notice, We will consider the award to have been paid in 60 equal monthly payments. If the award is [for a period for which We have already paid](#) You benefits under this rider, [You must reimburse](#) Us immediately for any overpayment. If the [award is for a future period](#), We [will reduce future benefits](#) that may be due You under this rider.

If the Legislated Benefits paid to You or calculated as described above for a month are greater than the amount of benefits for this rider, no benefit will be paid under this rider for that month.

If any Legislated Benefits are not paid because of the benefits provided by this rider, We will pay benefits under this rider as if those Legislated Benefits had been paid.

HOW LONG WE WILL PAY – We will pay this benefit until the earliest of the following:

1. The date the policy benefit for Your Disability ends;
2. The Termination Date; or
3. The date this rider ends.

CLAIMS PROCEDURE FOR LEGISLATED BENEFITS – In order to receive any benefits, [You must do all of the following](#):

1. Apply in a proper and timely manner for any and all Legislated Benefits for which You may be eligible;
2. Furnish Us proof of any application;
3. Authorize Us to receive information about the status of Your application;
4. Give Us proof of any award or payment of any Legislated Benefits as soon as You receive them;
5. Give Us proof of any denial of Legislated Benefits;
6. Following Our review and upon Our request, appeal any denial of Legislated Benefits and provide Us with evidence of the final decision or ruling on that appeal;

7. Give Us proof of any retroactive payments as soon as You receive them;
8. Notify Us within 30 days of any change in Your eligibility for, entitlement to, or receipt of any Legislated Benefits; and
9. Reapply for Legislated Benefits, if We ask You to do so.

You must satisfy all of the above. If You do not, We will estimate Legislated Benefits for which, in Our opinion, You are eligible. Any incorrect estimate will be adjusted if You then satisfy all of the above. Any proof submitted must be satisfactory to Us.

GENERAL PROVISIONS

RIDER PREMIUM – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

TIME LIMIT ON CERTAIN DEFENSES – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

TERMINATION – This rider will end on the earliest of:

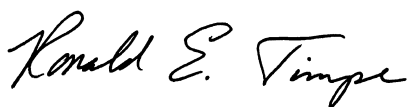
1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date we receive the Owner's written request to terminate the policy or this rider.

PART OF POLICY – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Ronald E. Timpe
President



Dwight L. Cramer
Corporate Secretary

Standard Insurance Company

INDEXED COST OF LIVING INDEMNITY BENEFIT RIDER

DEFINITIONS

CPI-W – The Consumer Price Index For Urban Wage Earners And Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, We may use a comparable index. Where required, We will obtain prior state approval of the new index.

BENEFITS

We will pay an **added benefit amount** under this rider during Your Continuous Disability if:

1. Your Disability begins before the Termination Date;
2. Your Disability continues for more than 365 days; and
3. Either a. or b., below, applies:
 - a. This Total Disability Benefit is payable under the policy during the period for which this benefit is claimed; or
 - b. The Benefit For Residual Disability is payable under the Residual Disability Rider during the period for which this is claimed, if that rider is attached to and made part of this policy.

This benefit **will begin on the 366th day of Your Disability**. The monthly benefit amount We will pay under this rider during the second year of Your Disability is a percentage of the base amount. The base amount is the monthly amount of the Total Disability Benefit payable under the policy, **plus any benefit payable under a Supplemental Social Insurance Benefit Rider and/or Residual Disability Rider** added to the policy. The **percentage for the second year is the rate of increase in the CPI-W for the prior calendar year**. For each year of Continuous Disability after the second, the monthly benefit amount We will pay under this rider is determined by increasing the previous year's benefit amount by the rate of increase in the CPI-W for the prior calendar year. The **maximum adjustment in any year is 6%**. The **benefit amount will not decrease** even if the CPI-W decreases.

GENERAL PROVISIONS

RIDER PREMIUM – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

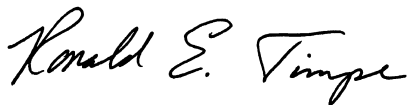
TIME LIMIT ON CERTAIN DEFENSES – The policy’s Time Limit On Certain Defenses provision will apply to this rider as of this rider’s effective date.

TERMINATION – This rider will end on the earliest of:

1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner’s written request to terminate the policy or this rider.

PART OF POLICY – This rider is part of the policy to which it is attached. All policy terms and conditions which have not been changed by, or do not conflict with, this rider will apply to this rider.

STANDARD INSURANCE COMPANY



By



Ronald E. Timpe
President

Dwight L. Cramer
Corporate Secretary

Standard Insurance Company

TOTAL DISABILITY IN YOUR OCCUPATION BENEFIT RIDER

DEFINITIONS – In this rider, Total Disability In Your Occupation means that, because of Injury or Sickness:

1. You are unable to perform the substantial and material duties of Your Regular Occupation; and
2. You are under the regular care of a Physician appropriate for Your Injury or Sickness.

BENEFIT – We will periodically pay the monthly amount for this rider during Your Continuous Total Disability in Your Occupation. The amount We will pay will be the same as the Basic Monthly Benefit for Total Disability. The benefit will begin on the Commencement Date. We will not pay beyond the Maximum Benefit Period for Total Disability. All amounts and dates are shown on the data page.

Payment under this rider will be made in place of any other payment otherwise payable under the policy. The policy may have a Supplemental Social Insurance Benefit Rider added. If so, benefits under that rider will not be payable during any period for which We pay under this rider. However, if any benefit payable under the policy would result in a larger monthly amount than that payable under this rider, We will pay only the larger amount.

ADDITIONAL COST OF LIVING BENEFIT – We will pay an Additional Cost Of Living Benefit under this rider if:

1. A Cost of Living Benefit Rider is part of this policy;
2. You meet all of the requirements of that rider, except as follows: the Total Disability benefit need not be payable under the policy during the period this Additional Cost Of Living Benefit is claimed; and
3. A benefit is payable under this rider during the period for which this Additional Cost Of Living Benefit is claimed.

We will determine the amount of the Additional Cost Of Living Benefit due under the terms of the Cost Of Living Benefit Rider. All of the terms of that rider will apply when figuring this Additional Cost Of Living Benefit, except as follows: the term "base amount" in the Cost Of Living Benefit Rider is changed to mean the Basic Monthly Benefit shown on the data page.

If a Supplemental Social Insurance Benefit Rider is added to the policy, benefits under that rider will not be added to the base amount, as defined above, when figuring the amount of the Additional Cost Of Living Benefit payable under this rider.

GENERAL PROVISIONS

RIDER PREMIUM – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

TIME LIMIT ON CERTAIN DEFENSES – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

TERMINATION – This rider will end on the earliest of:

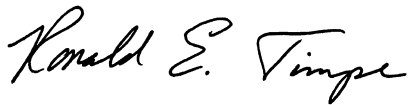
1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

PART OF POLICY – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Ronald E. Timpe
President



Dwight L. Cramer
Corporate Secretary

Standard Insurance Company

FUTURE PURCHASE OPTION RIDER

DEFINITIONS

EXPIRATION DATE — The date this rider ends. This date is shown on the data page.

ISSUE AND PARTICIPATION LIMITS — The **maximum amount** of insurance coverage We will issue **in relation to Your income**, taking into account all other disability income coverage in force with Us and any other company.

OPTION DATE — **Each Policy Anniversary** after the policy Effective Date, on or before this rider's Expiration Date, and while this rider is in force.

OPTION POOL — The **total amount** of Basic Monthly Benefit that can be **purchased** under the this rider while it is in force. This amount is shown on the data page.

OPTION UNIT — The maximum amount of Basic Monthly Benefit that can be purchased on any Option Date, other than the Expiration Date. The amount of each Unit is shown on the data page.

BENEFITS

FUTURE PURCHASE BENEFIT — On any Option Date other than the Expiration Date, the Owner may apply for the purchase of up to **one Option Unit**. The amount of each such purchase will reduce the Option Pool by the amount purchased. **Once the Option Pool is used up**, no more purchases may be made and this rider ends. (See Termination Of Rider, below.) However, if on the **Expiration Date** any amount **remains unused** in the Option Pool, and this rider and policy are in force, the Owner may apply for up to the **lesser** of:

1. **Two Option Units**; or
2. The amount remaining in the Option Pool.

You must qualify for each purchase under the requirements outlined below. We will issue additional disability income coverage under this rider to the Owner for the amount applied for, up to the amount You qualify for. The purchase will be in the form of: an increase to this policy; an increase to a policy issued under this rider; or a new policy, as determined by Us. Each purchase made under this rider will be effective on its Option Date. However, **if You are Disabled on the applicable Option Date, no benefits will be payable in regard to that purchase while You remain Disabled**. "Disabled" for purposes of this section means the same as it does under this policy, to which this rider is attached.

QUALIFYING AND APPLYING FOR THE PURCHASE — The Owner must apply for the purchase in writing, on a form approved by Us, [within 60 days before](#) the next Option Date. At the time the Owner applies for a purchase, the amount applied for, when added to all existing and applied for disability income and business overhead insurance coverage on You with Us, any other insurer, and any government agency, [may not exceed Our limits](#). By "Our limits," we mean the maximum amount of disability income insurance coverage We are offering to new applicants in Your Risk Class at the time of the application. [We will require income documentation and financial information](#) as We require of others applying for new or additional disability income insurance. [Evidence of Your health will not be required](#).

PREMIUM FOR EACH PURCHASE — The premium for each purchase will be based on the rate for Your age, on Your nearest birthday, as of the applicable Option Date. We will figure the rate by [using that Risk Class below which is more favorable to You](#):

1. Your class of risk for this policy; or
2. Your class of risk on the applicable Option Date.

The first premium for each purchase must be paid when the Option Unit is applied for. Payment may be made at Our home office or to an authorized agent.

GENERAL PROVISIONS

RIDER PREMIUM — The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE — The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

TIME LIMIT ON CERTAIN DEFENSES — The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

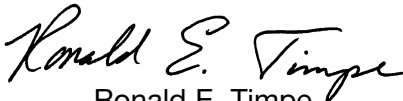
TERMINATION OF RIDER — This rider will end on the earliest of:

1. The Expiration Date;
2. The date the total of all additional Basic Monthly Benefit amounts purchased under this rider equals the Option Pool;
3. The policy Termination Date;
4. The date the policy ends for any reason; or
5. The date We receive the Owner's written request to terminate the policy or this rider.

PART OF POLICY — This rider is part of the policy to which it is attached. All policy terms and conditions which have not been changed by, or do not conflict with, this rider will apply to this rider.

STANDARD INSURANCE COMPANY

By


Ronald E. Timpe
President


Dwight L. Cramer
Corporate Secretary

Standard Insurance Company

RESIDUAL DISABILITY RIDER

DEFINITIONS

For purposes of this rider, the definition of Disability/Disabled in the policy is changed to read:

DISABILITY/DISABLED – Total Disability, as defined in the policy, and Residual Disability, as defined below.

When used in this rider, these terms are defined as follows:

CPI-W – The Consumer Price Index For Urban Wage Earners And Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, We may use a comparable index. Where required, We will obtain prior state approval of the new index.

INDEXED PRIOR MONTHLY EARNINGS – Indexed Prior Monthly Earnings means Prior Monthly Earnings adjusted by the applicable rate of increase in the CPI-W. During Your first year of Disability, Indexed Prior Monthly Earnings is the same as Prior Monthly Earnings. Thereafter, Indexed Prior Monthly Earnings is determined on each anniversary of Your Commencement Date by [increasing the previous year's Indexed Prior Monthly Earnings by the rate of increase in the CPI-W for the prior calendar year](#). The [maximum](#) adjustment in any year is [6%](#). If there is no increase in the prior year's CPI-W, there will be no increase in the Indexed Prior Monthly Earnings for the current year. However, Indexed Prior Monthly Earnings [will not decrease](#) even if the CPI-W decreases.

LOSS OF INCOME – Your Indexed Prior Monthly Earnings less Your Monthly Earnings. Loss Of Income is determined for each month for which a Benefit For Residual Disability is claimed.

MONTHLY EARNINGS – This means all income received by You in the particular month for which You are claiming the Benefit For Residual Disability. [Monthly Earnings includes all income from any vocational activity](#) of Yours, including salary, fees, commissions, bonuses and all income from all of those sources of [income used to determine Prior Monthly Earnings](#), as defined in this rider. We will subtract from Monthly Earnings all business expenses which You are allowed to deduct for federal income tax purposes. However, We will not deduct any expenses shown on Your federal income tax return as IRC Section 179 expenses. Monthly Earnings [does not include income](#) from any of the following:

1. Rent, royalties, annuities, savings or investments; or
2. Deferred compensation or retirement plans, or disability income policies; or
3. Your nonvocational activities.

We will use the [accounting method](#) used on Your federal income tax return for Your tax year immediately prior to Your tax year in which the Disability began. We will use the same method throughout the duration of Your claim. If the [cash method is used, income earned prior](#) to the date Your Disability began, but [received after](#) the date Your Disability began, [will be excluded from Monthly Earnings](#). If You receive any income in a lump sum or on a basis other than monthly, We will prorate that income over the period of time to which it applies. If an appropriate period of time is not provided, We will use what We consider to be a reasonable period, based on the circumstances involved.

PRIOR MONTHLY EARNINGS – Your highest annual earnings [for any two tax years](#) falling [within the three years](#) just before Your Disability began, [divided by 24](#).

Prior Monthly Earnings is determined by adding the following amounts as reported on the applicable Form W-2 and on the applicable Partnership Schedule K-1, Schedule C, and S-Corporation Schedule K-1 of Your federal income tax return, and dividing by 12 (or by the number of months You were a partner, P.C. partner, owner-employee, sole proprietor, or S-Corporation shareholder, if fewer than 12):

1. Your ordinary income (loss) from trade or business activity(ies);
2. Your guaranteed payments, if You are a partner;
3. Your net profit from business;
4. Your compensation (as an officer), salary, or wages, if You are an S-Corporation shareholder;
5. Other Income as reported on Your 1040, Partnership Schedule K-1 or S-Corporation Schedule K-1; and
6. Amounts deducted on Your federal income tax return as Section 179 Expenses.

RESIDUAL DISABILITY/RESIDUALLY DISABLED – Residual Disability means You are not Totally Disabled, but because of Your Injury or Sickness:

1. Your Monthly Earnings are [reduced by 20%](#) or more of Your Indexed Prior Monthly Earnings; and
2. You are under the regular care of a Physician appropriate for Your Injury or Sickness; and
3. You are able:
 - a. [To do some](#), but not all, of the [substantial and material duties](#) of Your Regular Occupation; [or](#)
 - b. To do all of the substantial and material duties of Your Regular Occupation, but not [for as long a time](#) or as [effectively](#) as You did immediately prior to Your Injury or Sickness.

BENEFITS

BENEFIT FOR RESIDUAL DISABILITY – You will be eligible for the Benefit For Residual Disability during Your Residual Disability if Your Residual Disability begins before the Termination Date. The amount of Disability Benefit We will pay under this section for each month is determined as follows:

1. The sum of the **Basic Monthly Benefit** plus any amount that would have been payable under the **Supplemental Social Insurance Benefit Rider** (if part of the policy) if You had been Totally Disabled during the month for which this Residual Disability Benefit is being determined; times
2. The **Loss Of Income** for that month divided by Indexed Prior Monthly Earnings.

If You are unable to earn at least **20%** of Your Indexed Prior Monthly Earnings, We will pay the Basic Monthly Benefit. For any one Continuous Disability, each of the **first six monthly payments will not be less than 50%** of the Basic Monthly Benefit.

The Benefit for Residual Disability will begin on the later of:

1. The Commencement Date; or
2. The day after Your Total Disability ends.

This benefit will continue while You remain Residually Disabled. We will not pay this benefit beyond the Maximum Benefit Period. We also will not pay this benefit beyond the Termination Date unless the Residual Disability begins within three months prior to the Termination Date. If this occurs, We will pay the Residual Disability Benefit for up to three months while You remain Residually Disabled. For periods of less than a month, We will pay a pro rata portion of this benefit for each day of Residual Disability.

RECOVERY BENEFIT – You will be eligible for a **lump sum Recovery Benefit** if immediately after Your Disability ends:

1. You are not eligible for a Disability Benefit; and
2. You are engaged at least 30 hours per week in Your Regular Occupation or in any other occupation immediately following a Disability for which Residual Disability Benefits under this policy were paid.

The amount of the Recovery Benefit is a lump sum equal to the **lesser** of:

1. **Four times** the Basic Monthly Benefit; or
2. The total amount of Residual Benefits paid during the Continuous Residual Disability preceding this benefit; or
3. The number of months remaining in the Maximum Benefit Period as of the time of Your Recovery times the Basic Monthly Benefit.

Only one Recovery Benefit will be paid for each period of Continuous Disability.

CLAIMS

For purposes of this rider, the PROOF OF INCOME provision under CLAIMS in the policy is changed to read as follows:

PROOF OF INCOME – We can require any proof We consider necessary to establish Your current and prior incomes. We have the right to examine Your financial records, including Your tax returns, as often as We may reasonably require. These financial records may cover:

1. Any period for which You claim to be Disabled; and
2. Any period needed by Us to determine Your Prior Monthly Earnings.

GENERAL PROVISIONS

RIDER PREMIUM – The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

1. After the rider is three years old; and
2. If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE – The effective date for this rider is the same as this policy's Effective Date, unless a different effective date has been given to this rider.

TIME LIMIT ON CERTAIN DEFENSES – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

TERMINATION – This rider will end on the earliest of:

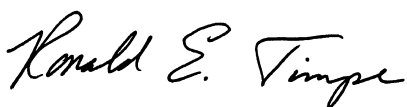
1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

PART OF POLICY – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Ronald E. Timpe
President



Dwight L. Cramer
Corporate Secretary

Standard Insurance Company

NONCANCELABLE POLICY RIDER

This [rider changes the policy](#) and all riders made part of the policy from [Guaranteed Renewable to Noncancelable and Guaranteed Renewable](#).

The entire paragraph on the policy face page, starting with "GUARANTEED RENEWABLE to the Termination Date," is replaced with the following paragraph:

[NONCANCELABLE AND GUARANTEED RENEWABLE](#) to the Termination Date, shown on the data page. [NO CHANGE IN PREMIUM RATES](#). As long as the premium is paid by the end of each grace period, We cannot change the policy or its premium until the Termination Date. The policy will end on that date, except as provided by the Renewable Option After The Termination Date provision.

The first paragraph of the Premiums provision in the policy under PREMIUMS, REINSTATEMENT, AND POLICY TERMINATION is replaced with the following:

PREMIUMS – The premium, shown on the data page, is the amount We charge at regular intervals to keep this policy in force. We cannot change premium rates while this policy is in force, prior to the Termination Date. Premiums are payable at Our home office. The first premium is due on the Effective Date. If the first premium is not paid, the policy is never in force.

The [Benefit for Presumptive Total Disability](#) provision located under BENEFITS in the policy is changed to read as follows:

BENEFIT FOR PRESUMPTIVE TOTAL DISABILITY – For Maximum Benefit Periods of 5 years or less, We will pay the Benefit for Total Disability during Your Presumptive Total Disability but not beyond the Maximum Benefit Period. [For Maximum Benefit Periods longer than 5 years, We will pay the Benefit For Total Disability during your lifetime so long as Your Presumptive Total Disability continues.](#) The [Commencement Date for any Presumptive Total Disability will be the first day of that Presumptive Total Disability.](#)

On any riders issued with this policy, other than this rider, the Rider Premium provision under GENERAL PROVISIONS is changed to read:

RIDER PREMIUM – The annual premium for this rider is shown on the data page. We cannot change the premium rates.

GENERAL PROVISIONS

RIDER PREMIUM – The annual premium for this rider is included on the data page as part of the base policy premium.

RIDER EFFECTIVE DATE – The effective date for this rider is the same as this policy's Effective Date.

TIME LIMIT ON CERTAIN DEFENSES – The policy's Time Limit On Certain Defenses provision will apply to this rider as of this rider's effective date.

TERMINATION – This rider will end on the earliest of:

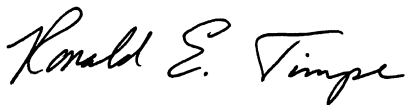
1. The Termination Date;
2. The date the policy ends for any reason; or
3. The date We receive the Owner's written request to terminate the policy or this rider.

PART OF POLICY – This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they:

1. Have not been changed by this rider; and
2. Do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Ronald E. Timpe
President



Dwight L. Cramer
Corporate Secretary

THIS IS A DISABILITY INCOME INSURANCE POLICY

