

STANDARD INSURANCE COMPANY
Home Office: P.O. Box 711, Portland, Oregon 97207
1-800-247-6888

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 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.

REHABILITATION PROGRAM – A written plan, program or course of vocational training or education, approved by Us, that is intended to prepare You to return to work in Your Regular Occupation (also known as "Program"). A Rehabilitation Program may include assistance for such items or services as vocational and employment assessment, purchasing adaptive equipment, educational expenses, and evaluation of necessary work site modifications.

SICKNESS - Your Sickness or disease which first manifests itself:

1. After the 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 in which You could reasonably be expected to perform satisfactorily in light of Your education, training, experience, and physical and mental capacity.

WE/US/OUR - Standard Insurance Company.

YOU/YOUR - The Insured under the policy.

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 (Benefit Amount): \$

Maximum Benefit Period:

PRESUMPTIVE 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.

PREMIUM WAIVER BENEFIT - We will waive all premiums due under this policy while benefits are payable. If the Waiting Period is greater than 90 days, We will waive all premiums due and payable after the 90th day of Continuous Disability, up to the Commencement Date, as long as You remain Continuously Disabled. On and after the Commencement Date, policy benefits must be payable for premiums to be waived. On the Commencement Date, We will refund to the Owner any premium paid after the date Your Disability began.

REHABILITATION BENEFIT – We will pay the reasonable costs associated with a Rehabilitation Program, not otherwise covered by workers compensation or any other public fund or program, if You actively participate in the Program while You are receiving the Total Disability Benefit. For such costs to be paid, You must do the following before joining the Program:

1. Apply for the Program in writing to Us (unless We propose a Program to You); and
2. Accept in writing the terms, conditions and goals of the Program We approve.

We will periodically review the Program and Your progress, and We will continue to pay the reasonable costs of the Program as long as We determine that it is helping You to return to work in Your Regular Occupation. If You leave the Program, We will continue paying the Total Disability Benefit for up to the number of months remaining in Your Maximum Benefit Period, if any, as long as You remain Totally Disabled. This policy does not require You to apply for or join any Program.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for:

1. The first 90 days of Disability due to 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 actively participating in a riot; or
4. A pre-existing condition which:
 - a. Is specifically excluded; or
 - b. Is not disclosed on Your application.

A Pre-existing condition is any mental or physical condition for which, during the year before the policy's Effective Date: (1) You sought medical advice, treatment or services; (2) You took prescribed drugs or medications; or (3) A reasonably prudent person would have sought medical advice or treatment.

If, during the first two 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 two year period.

LIMITATION FOR MENTAL DISORDER – 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 a Mental Disorder, or by medical or surgical treatment for a Mental Disorder. This limitation does not apply to any period during which You are confined in a Hospital solely because of a Mental Disorder.

LIMITATION FOR SUBSTANCE ABUSE – Payment of Disability Benefits is limited to a total of 24 months during Your entire lifetime for any Loss sustained or contracted in consequence of Your being intoxicated or under the influence of any controlled substance. The proper use of intoxicants and/or controlled substances administered on the advice of a Physician is not included within this limitation.

CLAIMS

WRITTEN NOTICE OF CLAIM – We must receive Written Notice of Claim from You or the Owner within 30 days after a Loss starts, or as soon as reasonably possible after that.

WRITTEN PROOFS OF LOSS – We must receive Written Proofs of Loss within 90 days after the end of the period for which benefits are being claimed, or as soon as reasonably possible after that. However, in any event proof must be submitted within one year (unless You lack legal capacity).

NOTICE OF DECISION ON CLAIM – Within 30 days after Our receipt of Your claim We will either send You Our decision or notify You that We are extending Our review for 30 days. By the end of the extension, We will either send You Our decision or notify You that We are extending Our review for another 30 days. We will explain why We are extending Our review.

PAYMENT OF CLAIMS – We will pay benefits to the Insured unless the Owner names a payee to receive them. We can pay benefits of up to \$1,000 to any relative of the Insured or named payee if the Insured or payee lacks legal capacity to give a valid release, or if the benefits are otherwise payable to the Insured's estate.

OUR DISCRETIONARY AUTHORITY - If Your claim is subject to ERISA, this provision will affect the way a court will review Our decision if a legal dispute arises concerning Your claim. If Your claim is subject to ERISA, We have discretionary authority to administer claims, including requests for review, to interpret the policy and to resolve questions arising in the administration of claims and interpretation of the policy. In exercising Our discretionary authority, We will provide an explanation of Our decision, and construe policy provisions in a way that does not conflict with the plain language of the policy. Also, in making benefit determinations We will not rely on clearly erroneous findings of fact. If Your claim is not subject to ERISA, this provision will not affect the court's review of Our decision in regard to Your claim. (ERISA stands for the federal Employee Retirement And Income Security Act of 1974, as amended.)

POLICY RENEWABILITY

GUARANTEED RENEWABLE - If all required premiums are paid, the policy is guaranteed renewable to the Termination Date. This means that as long as the premiums are paid on time, We cannot change any part of the policy, except its premium, until the Termination Date. 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, 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 also 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.