

# Central Care Disability

This is a Hospital Confinement Protection Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America  
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092  
Toll Free Telephone: 800-669-9030

This is not a policy of Workers' Compensation Insurance. The employer does not become a subscriber to the Workers' Compensation System by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits that would otherwise accrue under the Workers' Compensation Laws. The employer must comply with the Workers' Compensation Law as it pertains to the non-subscribers and the required notifications that must be filed and posted.

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## Alabama

### Policy Forms DIMSTR AL, DICERT AL

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred If: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre- Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Arizona

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred If: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be

suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Arkansas

### Policy Forms DIMSTR AL, DICERT AR

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## California

### Policy Forms DIMSTR CA, DICERT CA

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim or a fraudulent act has been made in connection with this coverage; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with a Covered Injury or Covered Sickness while the Employee is Actively at Work: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Colorado

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.



**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Georgia

### Policy Forms DIMSTR GA, DICERT GA

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests in writing termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Idaho

### Policy Forms DIMSTR ID, DICERT ID

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Illinois

### Policy Forms DIMSTR IL, DICERT IL

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Iowa

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Indiana

### Policy Forms DIMSTR IN, DICERT IN

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be

suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Kansas

### Policy Forms DIMSTR KS, DICERT KS

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Kentucky

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.



The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Louisiana

### Policy Forms DIMSTR12-LA, DICERT12-LA

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the

Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Massachusetts

### Policy Forms DIMSTR MA, DICERT MA

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued. The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Maryland

### Policy Forms DIMSTR MD, DICERT MD

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Maine

### Policy Forms DIMSTR ME, DICERT ME

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires from the Employer under this Group Policy; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Minnesota

### Policy Forms DIMSTR MN, DICERT MN

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit a felony; 8. bodily injuries received while operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description. If this Group Policy replaces a plan of similar benefits issued to the Group Policyholder this limitation will be reduced by the amount of time the Employee was previously covered by such plan, if the Employee has maintained continuous coverage.

## Mississippi

### Policy Forms DIMSTR MS, DICERT MS

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.



**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Missouri

### Policy Forms DIMSTR MO, DICERT MO

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt while sane; 2. intentional self-inflicted injury while sane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount.

## Montana

### Policy Forms DIMSTR MT, DICERT MT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the

Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the voluntary use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## New Hampshire

### Policy Forms DIMSTR NH, DICERT NH

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

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**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## New Mexico

### Policy Forms DIMSTR NM, DICERT NM

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

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## Nevada

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

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**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## North Carolina

Policy Forms DIMSTR NC, DICERT NC

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.



## North Dakota

### Policy Forms DIMSTR ND, DICERT ND

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred If: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

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## Ohio

### Policy Forms DIMSTR OH, DICERT OH

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

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## Oklahoma

Policy Forms DIMSTR OK, DICERT OK

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. the end of the Grace Period if the required premium has not been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Oregon

Policy Forms DIMSTR OR, DICERT OR

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Pennsylvania

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the

Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## South Carolina

### Policy Forms DIMSTR SC, DICERT SC

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## South Dakota

### Policy Forms DIMSTR SD, DICERT SD

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.



**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 9. mountaineering, parachuting, or hang-gliding; or 10. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Tennessee

### Policy Forms DIMSTR TN, DICERT TN

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued. The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Texas

### Policy Forms DIMSTR TX, DICERT TX

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the

Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated. This does not apply to an Employee whose Certificate is being terminated due to termination of this Group Policy in its entirety provided that the Employee's coverage is being replaced by another group policy providing substantially equivalent or greater benefits than this Group Policy.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Utah

### Policy Forms DIMSTR UT, DICERT UT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

The Group Policyholder will give the Employee 30 days prior written notice of termination. Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Virginia

Policy Forms DIMSTR VA, DICERT VA

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## West Virginia

Policy Forms DIMSTR WV, DICERT WV

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

**Limitations - FOREIGN TRAVEL** - If the Employee becomes Totally Disabled while he is outside the United States, the Elimination Period will not begin until he returns to the United States provided he is still Totally Disabled on that date.

**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

## Wisconsin

### Policy Forms DIMSTR WI, DICERT WI

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

The Monthly Income Benefit for Total Disability will be payable as if termination of coverage had not occurred if: 1. the Employee's coverage under this Group Policy is terminated because his employment terminated; 2. termination of the Employee's employment is caused by a Covered Injury or a Covered Sickness for which Monthly Benefits for Total Disability would be payable; and 3. the Total Disability is established prior to termination of the Employee's employment.

Termination of the Employee's Certificate will have no effect on payment of Monthly Benefits for Total Disability for such Employee which began before his Certificate is terminated.

**Voluntary Termination of Insurance** - If an Employee terminates his insurance and wishes to re-enroll at a later date, We reserve the right to require a minimum of one year before the Employee may re-enroll. This time period will begin on the date the Employee first terminated his insurance. Voluntary termination will include termination of coverage due to non-payment of premium.

**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

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**PRE-EXISTING CONDITIONS** - This Group Policy does not provide benefits for Total Disabilities or Partial Disabilities due to a Pre-Existing Condition unless the Covered Injury or Covered Sickness causing the Total Disability is incurred at least 12 months after: 1. the date the Employee's Certificate became effective; or 2. with respect to any amount of increased Monthly Benefits, the effective date of such increased Monthly Benefit amount; provided that the Pre-Existing Condition was disclosed and not misrepresented on the Employee's application and We have not specifically excluded the Pre-Existing Condition by name or specific description.



## Wyoming

### Policy Forms DIMSTR, DICERT

**Termination of Insurance for Employees** - Insurance for an Employee will end at 12:01 a.m., Standard Time, at the Employee's address on the earliest of the following dates: 1. the first of the month on or following the date: (a) the Employee ceases to be a member of the Eligible Class of Employees; or (b) the Employee is no longer an Employee of the Employer; 2. the first day of the month on or following the date the Group Policyholder's group falls below the required participation levels as stated in this Group Policy; 3. the last day of the month on or following the date the Employee requests termination of coverage. Please review the section entitled "Voluntary Termination of Insurance"; 4. subject to the Grace Period provision, the last day of the month for which the required premium has been paid; 5. the date the Employee retires; 6. the date the Employee attains age 70; 7. the date the Employee makes a fraudulent claim; or 8. the date this Group Policy is terminated or discontinued.

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**Exclusions** - This Group Policy does not cover Total Disabilities or Partial Disabilities caused by or in connection with: 1. suicide or any attempt whether sane or insane; 2. intentional self-inflicted injury whether sane or insane; 3. termination or suspension of any professional license or certification for any reason other than Total Disability; 4. Mental or Nervous Disorders; 5. service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Employee who enters military services and all coverage for that Employee will be suspended until military service is over; 6. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary attached thereto; 7. commission of, or attempt to commit, an assault or a felony; 8. alcoholism or drug addiction or sickness or injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; 9. participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger carrying aircraft; 10. mountaineering, parachuting, or hang-gliding; or 11. participating in any sport or hazardous activity for wage, compensation or profit, or racing any type vehicle in any organized event.

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