

Life Solutions Disability

This is a Group Disability Income Insurance Policy
Underwritten by The Manhattan Life Insurance Company
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-669-9030

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District of Columbia Policy Forms DIMSTR, DICERT

Termination of Insurance - Your coverage will end at 12:01 a.m., Standard Time, at Your address on the earliest of the following dates: 1. the first of the month on or following the date: (a) You cease to be a member of the Eligible Class of Employees; or (b) You are no longer an Employee of the Employer; 2. the first day of the month on or following the date Your Employer's group falls below the required participation levels as stated in the Group Policy; 3. the last day of the month on or following the date You request 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 You retire; 6. the date You attain age 70; 7. the date You make a fraudulent claim; or 8. the date the 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. Your coverage under this Certificate is terminated because Your employment terminated; 2. termination of Your 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 Your employment.

Termination of this Certificate will have no effect on payment of Monthly Benefits for Total Disability which began before this Certificate is terminated.

Voluntary Termination of Insurance - If You terminate Your insurance and wish to re-enroll at a later date, We reserve the right to require a minimum of one year before You may re-enroll. This time period will begin on the date You first terminated Your 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 You become Totally Disabled while You are outside the United States, the Elimination Period will not begin until You return to the United States provided You are 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 this 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 Your application and We have not specifically excluded the Pre-Existing Condition by name or specific description.

Michigan Policy Forms DIMSTR, DICERT

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