

**POLICY DATE.** Means the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on the *schedule*.

**PROOF.** Means records and statements, including but not limited to tax records, medical records, employment records, and financial records.

**SCHEDULE.** Means the policy *schedule* or revised policy *schedule* most recently sent to *you* by *us* that includes a summary of *your* benefits and premiums.

**SICKNESS.** Means any illness or disease first manifested while this policy is *in force*, including complications due to pregnancy or childbirth.

**TOTAL DISABILITY OR TOTALLY DISABLED.** This is defined on the *schedule*.

**WE, OUR, US.** Means The Union Central Life Insurance Company.

**YOU, YOUR.** Means the person insured under this policy as shown on the *schedule*.

## **PART II: BENEFIT PROVISIONS**

**BENEFIT FOR TOTAL DISABILITY.** If *your total disability* begins while this policy is *in force*, we will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* after the *elimination period*. Payments will not be made for more than the *maximum benefit period* shown on the *schedule*.

**PHYSICIAN CARE REQUIREMENT.** In order to be eligible for disability benefits or for *us* to waive premium under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, we will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

**SUCCESSIVE PERIODS OF TOTAL DISABILITY.** Successive periods of *total disability* will be considered as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than 365 days; and
- (3) they each begin while this policy is *in force*.

All other periods of *total disability* will be considered separate and not successive periods of *total disability*.

For successive periods of *total disability*:

- (1) *you* will not be required to satisfy a new *elimination period*, if already satisfied; and
- (2) the *maximum benefit period* will not start over; and
- (3) the accumulated successive periods of *total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

**CONCURRENT DISABILITIES.** Disabilities arising from more than one cause at the same time will be treated as a single disability and benefits will not exceed those that would have been paid for any one cause.

**PRESUMPTIVE TOTAL DISABILITY.** We will also consider *you totally disabled* if, while this policy is *in force*, *you* sustain the total loss of:

- (1) the sight in both eyes; or
- (2) the hearing in both ears; or
- (3) speech; or
- (4) the use of both hands; or
- (5) the use of both feet; or
- (6) the use of one hand and one foot.

**Attempts to return to work of 365 days or less will not require a new elimination period to be satisfied and the maximum benefit period will not start over.**

**Presumes total disability for certain specific losses. Loss need not be permanent or irrecoverable.**

*Certain provisions may vary by state.*

We will pay the *base monthly benefit* shown on the *schedule* for each month you are *totally disabled* due to one of the specific losses shown above. Payments will not be made for more than the *maximum benefit period*. However:

- (1) benefits will begin to accrue from the date of the specific loss instead of after the *elimination period*; and
- (2) you may work at any occupation and still receive benefits; and
- (3) you must meet the Physician Care Requirement in Part II of this policy; and
- (4) *base monthly benefit* payments will end if the specific loss is recovered; and
- (5) *total disability* must begin while this policy is *in force*.

**SURGICAL TRANSPLANT.** While this policy is *in force*, if a *total disability* results from transplanting a part of your body to the body of another person, we will consider you *totally disabled* due to *sickness*, provided the transplant occurs more than six months after the *issue date*. In this instance, the *elimination period* will be waived.

**COSMETIC SURGERY.** While this policy is *in force*, if a *total disability* results from cosmetic surgery to correct a disfigurement or to improve your appearance, we will consider you *totally disabled* due to *sickness*, provided the cosmetic surgery occurs more than six months after the *issue date*.

**REHABILITATION.** We will not consider you recovered from a *total disability* just because you participate in a program of occupational rehabilitation. You may request or we may suggest that you participate in a formal, supervised rehabilitation program designed to help you return to an occupation.

If we mutually agree that such a program is appropriate, we will pay expenses as set forth in a signed, written agreement between you and us.

**TREATMENT OF NONDISABLING INJURIES.** If you suffer an *injury* while this policy is *in force* that requires medical treatment prescribed by a *physician*, or the repair to natural teeth prescribed by a dentist, we will pay the expense of such treatment:

- (1) only for expenses incurred while this policy is *in force* within 90 days from the *injury* date; and
- (2) only if a claim is submitted within 365 days from the *injury* date; and
- (3) provided no other benefits are payable under this policy or any of its riders.

We will pay you for such expenses up to the maximum amount shown on the *schedule* for this benefit subject to the following:

- (1) if you have one or more of our disability income policies providing this benefit, we will not pay more than a total of 100% of the expense incurred under all policies; and
- (2) if a nondisabling *injury* develops into a disability for which monthly disability benefits are paid, any benefits which have been paid under this provision will be offset against the monthly disability benefits.

**WAIVER OF PREMIUM.** You must continue to pay premium until your claim has been approved by us. We will waive any premium on this policy as it comes due, until *total disability* ends, beginning with the date your claim is approved but not before 90 days of continuous *total disability*. Once we start waiving premium, we will also refund any premium you have paid on or after the date you became *totally disabled*.

**GOOD HEALTH BENEFIT.** For every policy year you complete without receiving any benefits under this policy, we will reduce the *elimination periods* shown on the *schedule* by two days. In no case will this benefit reduce any *elimination period* to less than 30 days.

**SURVIVOR BENEFIT.** If you die after satisfying the *elimination period* and while monthly disability benefits are being paid under this policy, we will pay an additional three months of *base monthly benefit*, as shown on the *schedule*. This benefit is in addition to any other benefit of this policy. This benefit is payable to your designated beneficiary, if any, otherwise, to your estate.

**You can work full-time and still receive benefits. No elimination period applies if you are disabled under this benefit.**

**Disability resulting from a transplant that occurs more than six months after the issue date is treated as a sickness and benefits are payable from the first day of disability.**

**Disability resulting from cosmetic surgery that occurs more than six months after the issue date is treated as a sickness and benefits are payable following the satisfaction of the elimination period.**

**To help you recover and return to work, disability benefits may be payable if you participate in an approved program of occupational rehabilitation. We may participate in the cost.**

**Reimburses medical expenses for a nondisabling injury. This is a per occurrence benefit.**

**Premium payments are waived upon approval of your claim, after you have been disabled for at least 90 days. Any premiums paid beginning with the date of disability will be refunded.**

**Elimination period will be reduced by two days for every year you complete without receiving benefits under the policy.**

**A valuable benefit that could pay three months of additional benefits upon your death.**