

## The Union Central Life Insurance Company

### **FUTURE INCREASE OPTION RIDER**

This rider gives *you* the qualified right to purchase additional *base monthly benefit* based on financial insurability only.

#### **BENEFIT PROVISIONS**

**INCREASE IN BASE MONTHLY BENEFIT.** *You* may apply for an increase in *base monthly benefit* on each policy anniversary up to and including the one when *you* are *age 55*. Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases do not apply to the catastrophic monthly benefit or the *SIS monthly benefit*.

An increase will apply only to a separate period of disability that begins after the *issue date* of the increase.

**AMOUNT OF INCREASE.** *You* may request an increase in *your base monthly benefit* in any amount subject to the following conditions:

- (1) The maximum annual increase allowed will be the lesser of:
  - (a) one-half the *base monthly benefit* originally issued as shown on the *schedule*; or
  - (b) the amount for which *you* qualify based on *your* earnings at the time *you* apply for the increase and *our* published financial underwriting guidelines then in effect. If *you* are disabled when *you* apply for an increase, *your* earnings prior to the start of disability will be used in the calculation of the increase for which *you* qualify.
- (2) The total of all increases combined may not exceed the lesser of:
  - (a) the total maximum increase originally issued as shown on the *schedule* for this rider; or
  - (b) *our* published maximum issue and participation limit at the time of the increase.
- (3) The minimum increase allowed is \$300.

**HOW TO APPLY FOR AN INCREASE.** *You* must apply for an increase and submit a current federal tax return and any other documentation deemed appropriate by *us* within the 31 days prior to or following the policy anniversary on which *you* want the increase to take effect.

**PREMIUM FOR AN INCREASE.** If *your* application for an increase is approved, *you* must pay the premium within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

- (1) be based on *your* attained *age* as of the *issue date* of the increase; and
- (2) use the rate basis in effect on the *issue date* of the policy to which this rider is attached; and
- (3) be based on the occupation class shown on the *schedule* attached to this policy on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the policy to which this rider is attached.

#### **GENERAL PROVISIONS**

**RIDER SPECIFICATIONS.** This rider is:

- (1) part of the policy; and
- (2) based on the application for this rider and payment of its premium; and
- (3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

Available to occupational classes 6A-2A and 6M-2M.

**You may elect increases annually until age 55. Increases apply to the total disability benefit, the Enhanced or Basic Residual Disability benefit and the Cost of Living Adjustment benefit if these riders are part of your policy.**

**Only financial evidence of insurability is needed to increase your coverage when you apply for an increase. Medical documentation is not required.**

**Increases in coverage are subject to the provisions of the original policy. Premium is based on your age at the time of the increase and the same rate basis as the original policy.**

**TERMINATION.** This rider terminates and no further increases in *base monthly benefit* will be made under this rider at the earlier of the following:

- (1) *your age 55*; or
- (2) when the total of all increases elected equals the total maximum increase amount shown on the *schedule*; or
- (3) the date the policy terminates; or
- (4) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

 **SPECIMEN** 

Secretary

President