

**State:** District of Columbia **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** H11I Individual Health - Disability Income/H11I.009 Combined Short Term and Long Term - Related to  
marketing with employer or association groups  
**Product Name:** DI - Radius Choice 2015  
**Project Name/Number:** DI - Radius Choice 2015/DI - Radius Choice 2015

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company  
Product Name: DI - Radius Choice 2015  
State: District of Columbia  
TOI: H11I Individual Health - Disability Income  
Sub-TOI: H11I.009 Combined Short Term and Long Term - Related to marketing with employer or  
association groups  
Filing Type: Form  
Date Submitted: 11/16/2016  
SERFF Tr Num: MASS-130800505  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: DI - RADIUS CHOICE 2015 (AMENDED SPEC PGS)  
Implementation: 01/23/2017  
Date Requested:  
Author(s): Amie Clark, Marsha Clark, Joanne Hendricks, Liz Byrd, Dale Bihlmeyer  
Reviewer(s): Colin Johnson (primary)  
Disposition Date:  
Disposition Status:  
Implementation Date:

**State:** District of Columbia    **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.009 Combined Short Term and Long Term - Related to  
marketing with employer or association groups  
**Product Name:** DI - Radius Choice 2015  
**Project Name/Number:** DI - Radius Choice 2015/DI - Radius Choice 2015

## General Information

Project Name: DI - Radius Choice 2015  
Project Number: DI - Radius Choice 2015  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 05/02/2016  
Domicile Status Comments: Massachusetts, the state of  
domicile for Massachusetts Mutual Life Insurance Company, is  
an IIPRC member state which has been approved under  
SERFF tracking #MASS-130182715.  
Market Type: Individual  
Previous Filing Number: SERFF tracking #MASS-130648566  
Overall Rate Impact:  
  
Deemer Date:  
Submitted By: Amie Clark

Explanation for Combination/Other:  
Submission Type: Resubmission  
Individual Market Type:  
Filing Status Changed: 11/17/2016  
State Status Changed:  
Created By: Amie Clark  
Corresponding Filing Tracking Number: SERFF tracking  
#MASS-130252658

Filing Description:  
November 16, 2016

Department of Insurance, Securities and Banking  
Insurance Products Division  
Forms & Policy Analysis Branch  
810 First Street, NE  
Suite 701  
Washington, D.C. 20002

RE:Massachusetts Mutual Life Insurance Company; NAIC # 435-65935; FEIN # 04-1590850

### FORM FILING:

XLIS-RC-15(DC)Policy Specification pages  
XLAS-RC-15(DC)Policy Specification pages  
XLGS-RC-15(DC)Policy Specification pages

Dear Reviewer:

We respectfully submit the above-captioned forms for your review and approval to replace the similar forms which were previously approved by your Department on 8/09/2016 in SERFF tracking #MASS-130648566. The forms approved in SERFF tracking #MASS-130648566 have not been issued.

Upon approval, the above-captioned forms will replace the previously approved version for the planned implementation date (January 23, 2017) of our new individual disability income insurance product.

This filing does not include any change to the premium rates for Policy Specification pages XLIS-RC-15(DC), XLAS-RC-15(DC), and XLGS-RC-15(DC) which were previously approved by your Department on 8/09/2016 (SERFF tracking #MASS-

**State:** District of Columbia  
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130648566).

As discussed with your Department last Wednesday (11/9/16), the above-captioned forms are identical to the previously approved versions except to make the following minor corrections to text at the bottom of page 20 of 21 in Policy Specification pages XLIS-RC-15(DC), XLAS-RC-15(DC), and XLGS-RC-15(DC):

1. In the footnote language for the To Age 67 Benefit Period, the benefit period Before Age 64 is corrected to read "To Age 67".
2. In the footnote language for the To Age 70 Benefit Period, the first reference to "Age 64" is replaced with "Age 65", and the last line of the footnote language is replaced with:  
"At Age 65 and over 24 months".

We believe these changes are minor and non-substantive. Red-lined copies highlighting these corrections are enclosed under the Supporting Documentation tab for your convenience. No other changes have been made.

Additional information:

- Upon approval, Policy Specification pages XLIS-RC-15(DC), XLAS-RC-15(DC), and XLGS-RC-15(DC) will be available for use with:

1. Policy forms which were previously approved by your Department on 11/17/2015 and 8/09/2016 in SERFF tracking #MASS-130173569 and SERFF tracking #MASS-130648566, respectively;
2. Application form A2000DC-US 0815 which was previously approved by your Department on 12/07/2015 (SERFF tracking #MASS-130223385); and
2. Premium rates which were previously approved by your Department on 11/13/2015 (SERFF tracking #MASS-130252658).

- We have submitted a Statement of Variables under the Supporting Documentation tab which describe the parameters of the bracketing for the submitted forms. This Statement of Variables is identical to the statement of variability for these forms which was previously approved by your Department on 8/09/2016 in SERFF tracking #MASS-130648566. The material that is bracketed is intended to be illustrative and variable, and may be modified on a non-discriminatory basis.

- We respectfully believe that Policy Specification pages XLIS-RC-15(DC), XLAS-RC-15(DC), and XLGS-RC-15(DC) are exempt from Flesch reading ease requirements pursuant to District of Columbia Insurance Code section 31-4725(b)(5)(C)(v).

- In the future, there is a possibility that the type style may be changed, which could impact the pagination. Please note that when formatting these documents, pagination may shift. Font style and size may also change but the font size will never be less than 10pt.

No other changes have been made. Thank you for your consideration.

Sincerely,  
Amie Clark  
Product Filing Consultant  
413-744-7853  
amieclark@massmutual.com

**State:** District of Columbia                      **Filing Company:** Massachusetts Mutual Life Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.009 Combined Short Term and Long Term - Related to  
marketing with employer or association groups  
**Product Name:** DI - Radius Choice 2015  
**Project Name/Number:** DI - Radius Choice 2015/DI - Radius Choice 2015

## Company and Contact

### Filing Contact Information

Amie Clark, Product Filing Consultant                      amieclark@massmutual.com  
1295 State Street                      413-744-7853 [Phone] 47853 [Ext]  
M252  
Springfield, MA 01111-0001

### Filing Company Information

Massachusetts Mutual Life	CoCode: 65935	State of Domicile:
Insurance Company	Group Code: 435	Massachusetts
1295 State Street	Group Name:	Company Type:
MIP: M381	FEIN Number: 04-1590850	State ID Number:
Springfield, MA 01111		
(800) 767-1000 ext. [Phone]		

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## Filing Fees

Fee Required?                      No  
Retaliatory?                      No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Massachusetts Mutual Life Insurance Company
<b>TOI/Sub-TOI:</b>	H11I Individual Health - Disability Income/H11I.009 Combined Short Term and Long Term - Related to marketing with employer or association groups		
<b>Product Name:</b>	DI - Radius Choice 2015		
<b>Project Name/Number:</b>	DI - Radius Choice 2015/DI - Radius Choice 2015		

## Form Schedule

Lead Form Number: XLIS-RC-15(DC)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Disability Income Policy Specifications	XLIS-RC-15(DC)	SCH	Revised	Previous Filing Number:	MASS-130648566		XLIS-RC-15(DC) (Spec Pg) rev2016-11-09.pdf
						Replaced Form Number:	XLIS-RC-15(DC)		
2		Disability Income Policy Specifications (association)	XLAS-RC-15(DC)	SCH	Revised	Previous Filing Number:	MASS-130648566		XLAS-RC-15(DC) (Spec Pg) rev2016-11-09.pdf
						Replaced Form Number:	XLAS-RC-15(DC)		
3		Disability Income Policy Specifications (employer)	XLGS-RC-15(DC)	SCH	Revised	Previous Filing Number:	MASS-130648566		XLGS-RC-15(DC) (Spec Pg) rev2016-11-09.pdf
						Replaced Form Number:	XLGS-RC-15(DC)		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

<p align="center"><b>POLICY SPECIFICATIONS</b> <b>DISABILITY INCOME POLICY</b></p>
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Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Owner:	[MARY DOE]	Attained Age on Policy Date	[45 MALE]
Recipient of Benefits:	[JOHN DOE]	and Gender:	
[Recipient of Benefits for RetireGuard Rider:]	[TRUST]	Annualized Modal Policy Fee:	[\$50.00]
		Premium Mode:	[ANNUAL]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Monthly Anniversary:	[1ST DAY OF EACH MONTH]		
Premium Structure:	[GRADED^ AND LEVEL]		
Policy Structure:	[NON-CANCELLABLE UNTIL [APR 01, 2036], CONDITIONALLY RENEWABLE UNTIL AGE 75.]		
Policy Year:	[APR 01 – MAR 31]		

<p align="center"><b>COVERAGE AND PREMIUM SUMMARY</b></p>
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Annual Premiums shown below are for the Policy Year beginning in [2016]; premiums for future Policy Years are shown in the ANNUAL PREMIUM SUMMARY section.

[The premiums reflect a [10% Spouse] discount associated with Your Policy.]

<b>Coverage</b>	<b>Amount of Coverage</b>	<b>Annual Premium<sup>1</sup></b>	<b>Coverage End Date<sup>2,3</sup></b>
Total Disability Benefit	[\$3,000]	[\$702.86]	[APR 01, 2036]
[Automatic Benefit Increase	N/A	N/A	[APR 01, 2021]
Benefit Increase	N/A	N/A	[APR 01, 2019]
Catastrophic Disability	[\$12,000]	[\$332.64]	[APR 01, 2036]
Cost of Living Adjustment <sup>[4]</sup>	[\$3,000]	[\$92.07]	[APR 01, 2036]
Extended Partial Disability <sup>[5]</sup>	[\$3,000]	[\$229.23]	[APR 01, 2036]
Future Insurability Option Group Supplement <sup>[6]</sup>	[\$3,000]	[\$64.30]	[APR 01, 2031]
- Coverage A	[\$3,750]	[\$124.54]	[APR 01, 2036]
- Coverage B	[\$3,750]	[\$108.68]	[APR 01, 2036]
Own Occupation <sup>[7]</sup>	[\$3,000]	[\$47.52]	[APR 01, 2036]
RetireGuard	[\$2,000]	[\$472.32]	[APR 01, 2036]
- RetireGuard COLA	[\$2,000]	[\$61.38]	[APR 01, 2030]
- RetireGuard FIO	[\$4,000]	[\$32.02]	[APR 01, 2031]
Short Term Disability			
- Option 1	[\$0,000]	[\$00.00]	[APR 01, 2036]
- Option 2	[\$0,000]	[\$00.00]	[APR 01, 2036]
Social Insurance	[\$0,000]	[\$00.00]	[APR 01, 2036]
Student Loan Benefit	[\$2,500]	[\$260.78]	[APR 01, 2026] ]
Annual Premium <sup>1</sup> for All Amounts of Coverage(s)		[\$2,025.00]	
Modal Premium for All Amounts of Coverage(s)		[\$2,025.00]	

**[ COVERAGE AND PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

Note: This is a participating Policy it may be eligible for dividends. Dividends are not guaranteed. Dividends, if any, are not anticipated to be credited before the 5th Policy Anniversary. See the Dividends provision of Your Policy for details.

<sup>1</sup> The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge. In addition, the Annualized Modal Policy Fee is included in the Total Disability Benefit Annual Premium. See the PREMIUM PAYMENT OPTION section for more detail.

<sup>2</sup> The date Coverage will end unless otherwise stated in the Termination provision of Your Policy or the applicable rider.

[<sup>3</sup> Your Policy will become Conditionally Renewable after this date, and We will send new Policy Specifications.]

[<sup>4</sup> The Monthly Benefit amount shown for the Cost of Living Adjustment (COLA) Rider is the amount to which the COLA percentage is applied to eligible benefits described in the COLA Rider. In addition, the COLA Rider premium shown is the charge for providing the COLA benefit for the Total Disability Benefit. The charge for providing the COLA benefit for the following riders, if the riders are elected, is included in the premiums for those riders: Social Insurance Rider, Extended Partial Disability Benefits Rider, Catastrophic Disability Benefit Rider, and Own Occupation Rider.]

[<sup>5</sup> The Extended Partial Disability Benefits Rider (EPR) premium shown above is the charge for providing the EPR benefit. The charge for providing the Short Term Disability Benefits Rider (STR) benefit under an Extended Partial definition of Disability is included in the premium for the STR.]

[<sup>6</sup> The Future Insurability Option Benefit on the Group Supplement Disability Benefits Rider expires on the Option Date on or immediately before the Insured's 60th birthday. See the Group Supplement Disability Benefits Rider for details.]

[<sup>7</sup> The Own Occupation Rider premium shown above is the charge for providing the Own Occupation Rider benefit. The charge for providing the Student Loan Benefit under an Own Occupation definition of Disability is included in the premium for the Student Loan Rider.]

[<sup>^</sup> Under a Graded premium structure, premiums increase annually each year until the Insured's Attained Age 50; thereafter, premiums are Level. Any Coverage added after the original Coverage Date will be issued at Level premiums. You may convert to a Level premium structure prior to the Policy Anniversary on or next following the Insured's 40th birthday by contacting Us at Our Home Office.]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**PREMIUM PAYMENT OPTIONS**

[If Your Employer is remitting premiums on Your behalf, You are currently paying premiums in [1] installments. Other premium payment options are described below.]

The premium payment options below are based on the amount shown for Modal Premium for All Amounts of Coverage(s) shown in the COVERAGE AND PREMIUM SUMMARY section on page 1 of Your Policy Specifications. Contact Our Home Office at [1-800-272-2216] for premium payment option information for premiums shown in the ANNUAL PREMIUM SUMMARY section that follows.

<b>Premium Frequency</b>	<b>Premium Payment (Including Installment Payment Charge)</b>	<b>Number of Payments Per Year</b>	<b>Total Premium Per Year</b>	<b>Additional Charge (In Dollars)</b>
Annual	[\$2,025.00]	1	[\$2,025.00]	[\$0.00]
Semi-Annual	[\$1,052.00]	2	[\$2,104.00]	[\$79.00]
Quarterly	[\$521.00]	4	[\$2,084.00]	[\$59.00]
Monthly	[\$173.34]	12	[\$2,080.05]	[\$55.05]
[Other	[\$000.00]	[26]	[\$000.00]	[\$00.00] ]

You may pay premiums once a year (annually), twice a year (semiannually), four (4) times a year (quarterly) or twelve (12) times a year (monthly). You may pay premiums four (4) times a year (quarterly) or twelve (12) times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars in the table above.

**LIMITATIONS AND EXCLUSIONS**

See the WHAT IS NOT COVERED section of Your Policy for limitations and exclusions.

[Your Policy also includes an underwriting exclusion(s). See Modification of Coverage(s) and/or Policy Change Amendment(s) attached to Your Policy.]



<p align="center"><b>POLICY SPECIFICATIONS</b> <b>DISABILITY INCOME POLICY</b></p>	
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## ANNUAL PREMIUM SUMMARY

**TOTAL DISABILITY BENEFIT:** [\$3,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$702.86]
[2018]	[\$766.31]
[2019]	[\$790.34]
[2020]	[\$842.45]
[2021]	[\$897.26]
[2022]	[\$947.75]
[2023]	[\$947.75]
[2024]	[\$947.75]
[2025]	[\$947.75]
[2026]	[\$947.75]
[2027]	[\$947.75]
[2028]	[\$947.75]
[2029]	[\$947.75]
[2030]	[\$947.75]
[2031]	[\$947.75]
[2032]	[\$947.75]
[2033]	[\$947.75]
[2034]	[\$947.75]
[2035]	[\$947.75]
[2036]	[\$947.75]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[CATASTROPHIC DISABILITY:**

[\$12,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$332.64]
[2018]	[\$371.52]
[2019]	[\$407.16]
[2020]	[\$441.72]
[2021]	[\$477.36]
[2022]	[\$509.76]
[2023]	[\$509.76]
[2024]	[\$509.76]
[2025]	[\$509.76]
[2026]	[\$509.76]
[2027]	[\$509.76]
[2028]	[\$509.76]
[2029]	[\$509.76]
[2030]	[\$509.76]
[2031]	[\$509.76]
[2032]	[\$509.76]
[2033]	[\$509.76]
[2034]	[\$509.76]
[2035]	[\$509.76]
[2036]	[\$509.76] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[COST OF LIVING ADJUSTMENT:**

[\$3,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$92.07]
[2018]	[\$92.61]
[2019]	[\$92.07]
[2020]	[\$92.61]
[2021]	[\$93.42]
[2022]	[\$93.15]
[2023]	[\$93.15]
[2024]	[\$93.15]
[2025]	[\$93.15]
[2026]	[\$93.15]
[2027]	[\$93.15]
[2028]	[\$93.15]
[2029]	[\$93.15]
[2030]	[\$93.15]
[2031]	[\$93.15]
[2032]	[\$93.15]
[2033]	[\$93.15]
[2034]	[\$93.15]
[2035]	[\$93.15]
[2036]	[\$93.15]

Note: The Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.

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**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[EXTENDED PARTIAL DISABILITY:**

**[\$3,000] Monthly Benefit**

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[\$229.23]
[2018]	[\$246.78]
[2019]	[\$260.82]
[2020]	[\$272.70]
[2021]	[\$285.39]
[2022]	[\$296.73]
[2023]	[\$296.73]
[2024]	[\$296.73]
[2025]	[\$296.73]
[2026]	[\$296.73]
[2027]	[\$296.73]
[2028]	[\$296.73]
[2029]	[\$296.73]
[2030]	[\$296.73]
[2031]	[\$296.73]
[2032]	[\$296.73]
[2033]	[\$296.73]
[2034]	[\$296.73]
[2035]	[\$296.73]
[2036]	[\$296.73] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[FUTURE INSURABILITY OPTION:**

[\$3,000] Monthly Benefit

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[\$64.30]
[2018]	[\$69.45]
[2019]	[\$71.91]
[2020]	[\$75.98]
[2021]	[\$80.31]
[2022]	[\$84.18]
[2023]	[\$84.18]
[2024]	[\$84.18]
[2025]	[\$84.18]
[2026]	[\$84.18]
[2027]	[\$84.18]
[2028]	[\$84.18]
[2029]	[\$84.18]
[2030]	[\$84.18]
[2031]	[\$84.18] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[GROUP SUPPLEMENT**

**[- COVERAGE A:** [\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$124.54]
[2018]	[\$137.03]
[2019]	[\$148.16]
[2020]	[\$158.63]
[2021]	[\$169.43]
[2022]	[\$179.55]
[2023]	[\$179.55]
[2024]	[\$179.55]
[2025]	[\$179.55]
[2026]	[\$179.55]
[2027]	[\$179.55]
[2028]	[\$179.55]
[2029]	[\$179.55]
[2030]	[\$179.55]
[2031]	[\$179.55]
[2032]	[\$179.55]
[2033]	[\$179.55]
[2034]	[\$179.55]
[2035]	[\$179.55]
[2036]	[\$179.55] ]

**[- COVERAGE B:** [\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$108.68]
[2018]	[\$119.81]
[2019]	[\$129.60]
[2020]	[\$138.71]
[2021]	[\$148.16]
[2022]	[\$156.94]
[2023]	[\$156.94]
[2024]	[\$156.94]
[2025]	[\$156.94]
[2026]	[\$156.94]
[2027]	[\$156.94]
[2028]	[\$156.94]
[2029]	[\$156.94]
[2030]	[\$156.94]
[2031]	[\$156.94]
[2032]	[\$156.94]
[2033]	[\$156.94]
[2034]	[\$156.94]
[2035]	[\$156.94]
[2036]	[\$156.94] ]

]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[OWN OCCUPATION:**

**[\$3,000] Monthly Benefit**

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$47.52]
[2018]	[\$51.84]
[2019]	[\$55.35]
[2020]	[\$58.59]
[2021]	[\$62.37]
[2022]	[\$65.34]
[2023]	[\$65.34]
[2024]	[\$65.34]
[2025]	[\$65.34]
[2026]	[\$65.34]
[2027]	[\$65.34]
[2028]	[\$65.34]
[2029]	[\$65.34]
[2030]	[\$65.34]
[2031]	[\$65.34]
[2032]	[\$65.34]
[2033]	[\$65.34]
[2034]	[\$65.34]
[2035]	[\$65.34]
[2036]	[\$65.34] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[RETIREGUARD:** [\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$472.32]
[2018]	[\$518.40]
[2019]	[\$538.38]
[2020]	[\$576.54]
[2021]	[\$617.22]
[2022]	[\$654.30]
[2023]	[\$654.30]
[2024]	[\$654.30]
[2025]	[\$654.30]
[2026]	[\$654.30]
[2027]	[\$654.30]
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[2029]	[\$654.30]
[2030]	[\$654.30]
[2031]	[\$654.30]
[2032]	[\$654.30]
[2033]	[\$654.30]
[2034]	[\$654.30]
[2035]	[\$654.30]
[2036]	[\$654.30]

**[- RETIREGUARD COLA:** [\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$61.38]
[2018]	[\$61.74]
[2019]	[\$61.38]
[2020]	[\$61.74]
[2021]	[\$62.28]
[2022]	[\$62.10]
[2023]	[\$62.10]
[2024]	[\$62.10]
[2025]	[\$62.10]
[2026]	[\$62.10]
[2027]	[\$62.10]
[2028]	[\$62.10]
[2029]	[\$62.10]
[2030]	[\$62.10]

Note: The RetireGuard COLA Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied as described in the RetireGuard Rider.

**[- RETIREGUARD FIO:** [\$4,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$32.02]
[2018]	[\$34.81]
[2019]	[\$35.99]



**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**Policy Year Beginning In**

**Total Annual Premium**

[2020]	[\$38.30]	
[2021]	[\$40.77]	
[2022]	[\$42.98]	
[2023]	[\$42.98]	
[2024]	[\$42.98]	
[2025]	[\$42.98]	
[2026]	[\$42.98]	
[2027]	[\$42.98]	
[2028]	[\$42.98]	
[2029]	[\$42.98]	
[2030]	[\$42.98]	
[2031]	[\$42.98]	] ]

[ ANNUAL PREMIUM SUMMARY (continued for)			
Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[123456789]

[APR 01, 2016] 1

**[- OPTION 1:**

[\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00]

**[- OPTION 2:**

[\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[SOCIAL INSURANCE:**

[\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[STUDENT LOAN BENEFIT:**

[\$2,500] Monthly Benefit

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[\$260.78]
[2018]	[\$260.78]
[2019]	[\$260.78]
[2020]	[\$260.78]
[2021]	[\$260.78]
[2022]	[\$260.78]
[2023]	[\$260.78]
[2024]	[\$260.78]
[2025]	[\$260.78]
[2026]	[\$260.78] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

TOTAL ANNUAL PREMIUM FOR ALL DISABILITY COVERAGE(S):

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>	<u>Total Modal Premium</u>
[2017]	[\$2,025.00]	[\$2,025.00]
[2018]	[\$2,185.26]	[\$2,185.26]
[2019]	[\$2,278.18]	[\$2,278.18]
[2020]	[\$2,410.14]	[\$2,410.14]
[2021]	[\$2,549.63]	[\$2,549.63]
[2022]	[\$2,675.11]	[\$2,675.11]
[2023]	[\$2,675.11]	[\$2,675.11]
[2024]	[\$2,675.11]	[\$2,675.11]
[2025]	[\$2,675.11]	[\$2,675.11]
[2026]	[\$2,675.11]	[\$2,675.11]
[2027]	[\$2,675.11]	[\$2,675.11]
[2028]	[\$2,675.11]	[\$2,675.11]
[2029]	[\$2,675.11]	[\$2,675.11]
[2030]	[\$2,675.11]	[\$2,675.11]
[2031]	[\$2,675.11]	[\$2,675.11]
[2032]	[\$2,675.11]	[\$2,675.11]
[2033]	[\$2,675.11]	[\$2,675.11]
[2034]	[\$2,675.11]	[\$2,675.11]
[2035]	[\$2,675.11]	[\$2,675.11]
[2036]	[\$2,675.11]	[\$2,675.11]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [GRADED] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
[[APR 01, 2016]	Total Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
<b>[Rider Coverage(s)]</b>						
[ [[APR 01, 2016]	Automatic Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Catastrophic Disability	[\$12,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Cost of Living Adjustment <sup>[9]</sup>	[\$3,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Extended Partial Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Future Insurability Option		N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
	- Total Available Pool	[\$3,000]				
	- Option Date	[May 1st]				] ]
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage A	[\$3,750]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
	Future Insurability Option					
	- Total Available Pool	[\$7,500]				
	- Option Date	[April 1st]				
	Cost of Living Increase	[\$1,000]				] ]

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage B Future Insurability Option - Total Available Pool - Option Date Cost of Living Increase	[\$3,750]   [\$7,500] [April 1st] [\$1,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Own Occupation <sup>[10]</sup>	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	RetireGuard RetireGuard COLA Benefit RetireGuard FIO Benefit - RetireGuard FIO Total Available Pool - Option Date	[\$2,000] [\$2,000]  [\$4,000] [April 1st]	[90 Days]  N/A	[To Age 65] [To Age 65] N/A	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Short Term Disability - [Option 1 - [Option 2	[\$0,000] [\$0,000]	[90 Days] [180 Days]	[3 Months] [6 Months]	[5A] [/ 1] [5A] [/ 1]	[Standard/non Tobacco] ] [Standard/non Tobacco] ] ]
[[APR 01, 2016]	Social Insurance	[\$0,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ] ]

**[ POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [LEVEL] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
<b>[Rider Coverage(s)]</b>						
[[APR 01, 2016]	Student Loan [10-Year] Coverage Term - Maximum Monthly Benefit	N/A [\$2,500]	[180 Days]	N/A	[5A] [/ 1]	[Standard/non Tobacco]
						] ]

[<sup>9</sup> If the Cost of Living Adjustment Rider is In Force on Your Policy, the Monthly Benefit amount shown is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.]

[<sup>10</sup> If the Extended Partial Disability Benefits Rider is In Force on Your Policy, see the Own Occupation Rider for a detailed explanation of how We will coordinate Monthly Benefits between the Own Occupation Rider and Extended Partial Disability Benefits Rider.]



**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:  
If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:  
If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:  
If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:  
If a Disability begins:

Before Age 64	To Age 67
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:  
If a Disability begins:

Before Age 65	To Age 70
At Age 65 and over	24 Months ]

<b>[ POLICY SPECIFICATIONS DISABILITY INCOME POLICY</b>
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Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	LEVEL*	Premium Mode:	[ANNUAL]

<b>AUTOMATIC BENEFIT INCREASE RIDER</b>
---

You have elected the Automatic Benefit Increase Rider. The Automatic Benefit Increase Rider will automatically increase Coverage(s) on each of the next five (5) Policy Anniversaries as shown below. If all increases become Effective, the premium and Monthly Benefit for each Coverage will increase as follows:

	<u>[Year 1]</u>	<u>[Year 2]</u>	<u>[Year 3]</u>	<u>[Year 4]</u>	<u>[Year 5]</u>
<b>Policy Coverage(s)</b>					
[Total Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Total Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
<b>Rider Coverage(s)</b>					
[Cost Of Living Adjustment Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Cost Of Living Adjustment	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Extended Partial Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Extended Partial Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Own Occupation Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Own Occupation	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
Modal Premium Increase for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]
Annual Premium Increase** for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]

\* The premium structure for each Coverage increase will be Level, regardless of premium structure on current Coverage.

\*\* The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge.

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<p align="center"><b>POLICY SPECIFICATIONS</b> <b>DISABILITY INCOME POLICY</b></p>
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Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Owner:	[MARY DOE]	Attained Age on Policy Date	[45 MALE]
Recipient of Benefits:	[JOHN DOE]	and Gender:	
[Recipient of Benefits for RetireGuard Rider:]	[TRUST]	Annualized Modal Policy Fee:	[\$50.00]
		Premium Mode:	[ANNUAL]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Monthly Anniversary:	[1ST DAY OF EACH MONTH]		
Premium Structure:	[GRADED^ AND LEVEL]		
Policy Structure:	[NON-CANCELLABLE UNTIL [APR 01, 2036], CONDITIONALLY RENEWABLE UNTIL AGE 75.]		
Policy Year:	[APR 01 – MAR 31]		

<p align="center"><b>COVERAGE AND PREMIUM SUMMARY</b></p>
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Annual Premiums shown below are for the Policy Year beginning in [2016]; premiums for future Policy Years are shown in the ANNUAL PREMIUM SUMMARY section.

[The premiums reflect a [10% Association] discount associated with Your Policy.]

<b>Coverage</b>	<b>Amount of Coverage</b>	<b>Annual Premium<sup>1</sup></b>	<b>Coverage End Date<sup>2,3</sup></b>
Total Disability Benefit	[\$3,000]	[\$702.86]	[APR 01, 2036]
[Automatic Benefit Increase	N/A	N/A	[APR 01, 2021]
Benefit Increase	N/A	N/A	[APR 01, 2019]
Catastrophic Disability	[\$12,000]	[\$332.64]	[APR 01, 2036]
Cost of Living Adjustment <sup>[4]</sup>	[\$3,000]	[\$92.07]	[APR 01, 2036]
Extended Partial Disability <sup>[5]</sup>	[\$3,000]	[\$229.23]	[APR 01, 2036]
Future Insurability Option Group Supplement <sup>[6]</sup>	[\$3,000]	[\$64.30]	[APR 01, 2031]
- Coverage A	[\$3,750]	[\$124.54]	[APR 01, 2036]
- Coverage B	[\$3,750]	[\$108.68]	[APR 01, 2036]
Own Occupation <sup>[7]</sup>	[\$3,000]	[\$47.52]	[APR 01, 2036]
RetireGuard	[\$2,000]	[\$472.32]	[APR 01, 2036]
- RetireGuard COLA	[\$2,000]	[\$61.38]	[APR 01, 2030]
- RetireGuard FIO	[\$4,000]	[\$32.02]	[APR 01, 2031]
Short Term Disability			
- Option 1	[\$0,000]	[\$00.00]	[APR 01, 2036]
- Option 2	[\$0,000]	[\$00.00]	[APR 01, 2036]
Social Insurance	[\$0,000]	[\$00.00]	[APR 01, 2036]
Student Loan Benefit	[\$2,500]	[\$260.78]	[APR 01, 2026] ]
Annual Premium <sup>1</sup> for All Amounts of Coverage(s)		[\$2,025.00]	
Modal Premium for All Amounts of Coverage(s)		[\$2,025.00]	

**[ COVERAGE AND PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

Note: This is a participating Policy it may be eligible for dividends. Dividends are not guaranteed. Dividends, if any, are not anticipated to be credited before the 5th Policy Anniversary. See the Dividends provision of Your Policy for details.

<sup>1</sup> The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge. In addition, the Annualized Modal Policy Fee is included in the Total Disability Benefit Annual Premium. See the PREMIUM PAYMENT OPTION section for more detail.

<sup>2</sup> The date Coverage will end unless otherwise stated in the Termination provision of Your Policy or the applicable rider.

[<sup>3</sup> Your Policy will become Conditionally Renewable after this date, and We will send new Policy Specifications.]

[<sup>4</sup> The Monthly Benefit amount shown for the Cost of Living Adjustment (COLA) Rider is the amount to which the COLA percentage is applied to eligible benefits described in the COLA Rider. In addition, the COLA Rider premium shown is the charge for providing the COLA benefit for the Total Disability Benefit. The charge for providing the COLA benefit for the following riders, if the riders are elected, is included in the premiums for those riders: Social Insurance Rider, Extended Partial Disability Benefits Rider, Catastrophic Disability Benefit Rider, and Own Occupation Rider.]

[<sup>5</sup> The Extended Partial Disability Benefits Rider (EPR) premium shown above is the charge for providing the EPR benefit. The charge for providing the Short Term Disability Benefits Rider (STR) benefit under an Extended Partial definition of Disability is included in the premium for the STR.]

[<sup>6</sup> The Future Insurability Option Benefit on the Group Supplement Disability Benefits Rider expires on the Option Date on or immediately before the Insured's 60th birthday. See the Group Supplement Disability Benefits Rider for details.]

[<sup>7</sup> The Own Occupation Rider premium shown above is the charge for providing the Own Occupation Rider benefit. The charge for providing the Student Loan Benefit under an Own Occupation definition of Disability is included in the premium for the Student Loan Rider.]

[<sup>^</sup> Under a Graded premium structure, premiums increase annually each year until the Insured's Attained Age 50; thereafter, premiums are Level. Any Coverage added after the original Coverage Date will be issued at Level premiums. You may convert to a Level premium structure prior to the Policy Anniversary on or next following the Insured's 40th birthday by contacting Us at Our Home Office.]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**PREMIUM PAYMENT OPTIONS**

[If Your Employer is remitting premiums on Your behalf, You are currently paying premiums in [1] installments. Other premium payment options are described below.]

The premium payment options below are based on the amount shown for Modal Premium for All Amounts of Coverage(s) shown in the COVERAGE AND PREMIUM SUMMARY section on page 1 of Your Policy Specifications. Contact Our Home Office at [1-800-272-2216] for premium payment option information for premiums shown in the ANNUAL PREMIUM SUMMARY section that follows.

<b>Premium Frequency</b>	<b>Premium Payment (Including Installment Payment Charge)</b>	<b>Number of Payments Per Year</b>	<b>Total Premium Per Year</b>	<b>Additional Charge (In Dollars)</b>
Annual	[\$2,025.00]	1	[\$2,025.00]	[\$0.00]
Semi-Annual	[\$1,052.00]	2	[\$2,104.00]	[\$79.00]
Quarterly	[\$521.00]	4	[\$2,084.00]	[\$59.00]
Monthly	[\$173.34]	12	[\$2,080.05]	[\$55.05]
[Other	[\$000.00]	[26]	[\$000.00]	[\$00.00] ]

You may pay premiums once a year (annually), twice a year (semiannually), four (4) times a year (quarterly) or twelve (12) times a year (monthly). You may pay premiums four (4) times a year (quarterly) or twelve (12) times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars in the table above.

**LIMITATIONS AND EXCLUSIONS**

See the WHAT IS NOT COVERED section of Your Policy for limitations and exclusions.

[Your Policy also includes an underwriting exclusion(s). See Modification of Coverage(s) and/or Policy Change Amendment(s) attached to Your Policy.]

<p align="center"><b>POLICY SPECIFICATIONS</b></p> <p align="center"><b>DISABILITY INCOME POLICY</b></p>	
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## ANNUAL PREMIUM SUMMARY

Premiums shown in this ANNUAL PREMIUM SUMMARY section are annualized modal premiums. Premium

**TOTAL DISABILITY BENEFIT:** [\$3,000] Monthly Benefit

Policy Year Beginning In	Total Annual Premium
2010	100
2011	100
2012	100
2013	100
2014	100
2015	100
2016	100
2017	100
2018	100
2019	100
2020	100
2021	100
2022	100
2023	100
2024	100
2025	100
2026	100
2027	100
2028	100
2029	100
2030	100
2031	100
2032	100
2033	100
2034	100
2035	100
2036	100
2037	100
2038	100
2039	100
2040	100
2041	100
2042	100
2043	100
2044	100
2045	100
2046	100
2047	100
2048	100
2049	100
2050	100
2051	100
2052	100
2053	100
2054	100
2055	100
2056	100
2057	100
2058	100
2059	100
2060	100
2061	100
2062	100
2063	100
2064	100
2065	100
2066	100
2067	100
2068	100
2069	100
2070	100
2071	100
2072	100
2073	100
2074	100
2075	100
2076	100
2077	100
2078	100
2079	100
2080	100
2081	100
2082	100
2083	100
2084	100
2085	100
2086	100
2087	100
2088	100
2089	100
2090	100
2091	100
2092	100
2093	100
2094	100
2095	100
2096	100
2097	100
2098	100
2099	100
2100	100

[2017]	[\$702.86]
[2018]	[\$766.31]
[2019]	[\$790.34]
[2020]	[\$842.45]
[2021]	[\$897.26]
[2022]	[\$947.75]
[2023]	[\$947.75]
[2024]	[\$947.75]
[2025]	[\$947.75]
[2026]	[\$947.75]
[2027]	[\$947.75]
[2028]	[\$947.75]
[2029]	[\$947.75]
[2030]	[\$947.75]
[2031]	[\$947.75]
[2032]	[\$947.75]
[2033]	[\$947.75]
[2034]	[\$947.75]
[2035]	[\$947.75]
[2036]	[\$947.75]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[CATASTROPHIC DISABILITY:**

[\$12,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$332.64]
[2018]	[\$371.52]
[2019]	[\$407.16]
[2020]	[\$441.72]
[2021]	[\$477.36]
[2022]	[\$509.76]
[2023]	[\$509.76]
[2024]	[\$509.76]
[2025]	[\$509.76]
[2026]	[\$509.76]
[2027]	[\$509.76]
[2028]	[\$509.76]
[2029]	[\$509.76]
[2030]	[\$509.76]
[2031]	[\$509.76]
[2032]	[\$509.76]
[2033]	[\$509.76]
[2034]	[\$509.76]
[2035]	[\$509.76]
[2036]	[\$509.76] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[COST OF LIVING ADJUSTMENT:**

[\$3,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$92.07]
[2018]	[\$92.61]
[2019]	[\$92.07]
[2020]	[\$92.61]
[2021]	[\$93.42]
[2022]	[\$93.15]
[2023]	[\$93.15]
[2024]	[\$93.15]
[2025]	[\$93.15]
[2026]	[\$93.15]
[2027]	[\$93.15]
[2028]	[\$93.15]
[2029]	[\$93.15]
[2030]	[\$93.15]
[2031]	[\$93.15]
[2032]	[\$93.15]
[2033]	[\$93.15]
[2034]	[\$93.15]
[2035]	[\$93.15]
[2036]	[\$93.15]

Note: The Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.

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[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[EXTENDED PARTIAL DISABILITY:

[\$3,000] Monthly Benefit

Policy Year Beginning In

Total Annual Premium

[2017]	[\$229.23]
[2018]	[\$246.78]
[2019]	[\$260.82]
[2020]	[\$272.70]
[2021]	[\$285.39]
[2022]	[\$296.73]
[2023]	[\$296.73]
[2024]	[\$296.73]
[2025]	[\$296.73]
[2026]	[\$296.73]
[2027]	[\$296.73]
[2028]	[\$296.73]
[2029]	[\$296.73]
[2030]	[\$296.73]
[2031]	[\$296.73]
[2032]	[\$296.73]
[2033]	[\$296.73]
[2034]	[\$296.73]
[2035]	[\$296.73]
[2036]	[\$296.73] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[FUTURE INSURABILITY OPTION:

[\$3,000] Monthly Benefit

Policy Year Beginning In

Total Annual Premium

[2017]	[\$64.30]
[2018]	[\$69.45]
[2019]	[\$71.91]
[2020]	[\$75.98]
[2021]	[\$80.31]
[2022]	[\$84.18]
[2023]	[\$84.18]
[2024]	[\$84.18]
[2025]	[\$84.18]
[2026]	[\$84.18]
[2027]	[\$84.18]
[2028]	[\$84.18]
[2029]	[\$84.18]
[2030]	[\$84.18]
[2031]	[\$84.18] ]

[ ANNUAL PREMIUM SUMMARY (continued for)			
Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[123456789]

[APR 01, 2016] 1

**[- COVERAGE A:**

[\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$124.54]
[2018]	[\$137.03]
[2019]	[\$148.16]
[2020]	[\$158.63]
[2021]	[\$169.43]
[2022]	[\$179.55]
[2023]	[\$179.55]
[2024]	[\$179.55]
[2025]	[\$179.55]
[2026]	[\$179.55]
[2027]	[\$179.55]
[2028]	[\$179.55]
[2029]	[\$179.55]
[2030]	[\$179.55]
[2031]	[\$179.55]
[2032]	[\$179.55]
[2033]	[\$179.55]
[2034]	[\$179.55]
[2035]	[\$179.55]
[2036]	[\$179.55]

**[- COVERAGE B:**

[\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$108.68]
[2018]	[\$119.81]
[2019]	[\$129.60]
[2020]	[\$138.71]
[2021]	[\$148.16]
[2022]	[\$156.94]
[2023]	[\$156.94]
[2024]	[\$156.94]
[2025]	[\$156.94]
[2026]	[\$156.94]
[2027]	[\$156.94]
[2028]	[\$156.94]
[2029]	[\$156.94]
[2030]	[\$156.94]
[2031]	[\$156.94]
[2032]	[\$156.94]
[2033]	[\$156.94]
[2034]	[\$156.94]
[2035]	[\$156.94]
[2036]	[\$156.94]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[OWN OCCUPATION:**

**[\$3,000] Monthly Benefit**

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$47.52]
[2018]	[\$51.84]
[2019]	[\$55.35]
[2020]	[\$58.59]
[2021]	[\$62.37]
[2022]	[\$65.34]
[2023]	[\$65.34]
[2024]	[\$65.34]
[2025]	[\$65.34]
[2026]	[\$65.34]
[2027]	[\$65.34]
[2028]	[\$65.34]
[2029]	[\$65.34]
[2030]	[\$65.34]
[2031]	[\$65.34]
[2032]	[\$65.34]
[2033]	[\$65.34]
[2034]	[\$65.34]
[2035]	[\$65.34]
[2036]	[\$65.34] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[RETIREGUARD:** [\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$472.32]
[2018]	[\$518.40]
[2019]	[\$538.38]
[2020]	[\$576.54]
[2021]	[\$617.22]
[2022]	[\$654.30]
[2023]	[\$654.30]
[2024]	[\$654.30]
[2025]	[\$654.30]
[2026]	[\$654.30]
[2027]	[\$654.30]
[2028]	[\$654.30]
[2029]	[\$654.30]
[2030]	[\$654.30]
[2031]	[\$654.30]
[2032]	[\$654.30]
[2033]	[\$654.30]
[2034]	[\$654.30]
[2035]	[\$654.30]
[2036]	[\$654.30]

**[- RETIREGUARD COLA:** [\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$61.38]
[2018]	[\$61.74]
[2019]	[\$61.38]
[2020]	[\$61.74]
[2021]	[\$62.28]
[2022]	[\$62.10]
[2023]	[\$62.10]
[2024]	[\$62.10]
[2025]	[\$62.10]
[2026]	[\$62.10]
[2027]	[\$62.10]
[2028]	[\$62.10]
[2029]	[\$62.10]
[2030]	[\$62.10]

Note: The RetireGuard COLA Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied as described in the RetireGuard Rider.

**[- RETIREGUARD FIO:** [\$4,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$32.02]
[2018]	[\$34.81]
[2019]	[\$35.99]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**Policy Year Beginning In**

**Total Annual Premium**

[2020]	[\$38.30]	
[2021]	[\$40.77]	
[2022]	[\$42.98]	
[2023]	[\$42.98]	
[2024]	[\$42.98]	
[2025]	[\$42.98]	
[2026]	[\$42.98]	
[2027]	[\$42.98]	
[2028]	[\$42.98]	
[2029]	[\$42.98]	
[2030]	[\$42.98]	
[2031]	[\$42.98]	] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[SHORT TERM DISABILITY**

**[- OPTION 1:** [\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

**[- OPTION 2:** [\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[SOCIAL INSURANCE:**

[\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]



[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[STUDENT LOAN BENEFIT:

[\$2,500] Monthly Benefit

Policy Year Beginning In

[2017]  
[2018]  
[2019]  
[2020]  
[2021]  
[2022]  
[2023]  
[2024]  
[2025]  
[2026]

Total Annual Premium

[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78]  
[\$260.78] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

TOTAL ANNUAL PREMIUM FOR ALL DISABILITY COVERAGE(S):

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>	<u>Total Modal Premium</u>
[2017]	[\$2,025.00]	[\$2,025.00]
[2018]	[\$2,185.26]	[\$2,185.26]
[2019]	[\$2,278.18]	[\$2,278.18]
[2020]	[\$2,410.14]	[\$2,410.14]
[2021]	[\$2,549.63]	[\$2,549.63]
[2022]	[\$2,675.11]	[\$2,675.11]
[2023]	[\$2,675.11]	[\$2,675.11]
[2024]	[\$2,675.11]	[\$2,675.11]
[2025]	[\$2,675.11]	[\$2,675.11]
[2026]	[\$2,675.11]	[\$2,675.11]
[2027]	[\$2,675.11]	[\$2,675.11]
[2028]	[\$2,675.11]	[\$2,675.11]
[2029]	[\$2,675.11]	[\$2,675.11]
[2030]	[\$2,675.11]	[\$2,675.11]
[2031]	[\$2,675.11]	[\$2,675.11]
[2032]	[\$2,675.11]	[\$2,675.11]
[2033]	[\$2,675.11]	[\$2,675.11]
[2034]	[\$2,675.11]	[\$2,675.11]
[2035]	[\$2,675.11]	[\$2,675.11]
[2036]	[\$2,675.11]	[\$2,675.11]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [GRADED] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
[[APR 01, 2016]	Total Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
<b>[Rider Coverage(s)]</b>						
[ [[APR 01, 2016]	Automatic Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Catastrophic Disability	[\$12,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Cost of Living Adjustment <sup>[9]</sup>	[\$3,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Extended Partial Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Future Insurability Option		N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
	- Total Available Pool	[\$3,000]				
	- Option Date	[May 1st]				] ]
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage A	[\$3,750]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
	Future Insurability Option					
	- Total Available Pool	[\$7,500]				
	- Option Date	[April 1st]				
	Cost of Living Increase	[\$1,000]				] ]

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage B Future Insurability Option - Total Available Pool - Option Date Cost of Living Increase	[\$3,750]   [\$7,500] [April 1st] [\$1,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Own Occupation <sup>[10]</sup>	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	RetireGuard RetireGuard COLA Benefit RetireGuard FIO Benefit - RetireGuard FIO Total Available Pool - Option Date	[\$2,000] [\$2,000]  [\$4,000] [April 1st]	[90 Days]  N/A	[To Age 65] [To Age 65] N/A	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Short Term Disability - [Option 1 - [Option 2	[\$0,000] [\$0,000]	[90 Days] [180 Days]	[3 Months] [6 Months]	[5A] [/ 1] [5A] [/ 1]	[Standard/non Tobacco] ] [Standard/non Tobacco] ] ]
[[APR 01, 2016]	Social Insurance	[\$0,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ] ]

**[ POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [LEVEL] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
<b>[Rider Coverage(s)]</b>						
[[APR 01, 2016]	Student Loan [10-Year] Coverage Term - Maximum Monthly Benefit	N/A [\$2,500]	[180 Days]	N/A	[5A] [/ 1]	[Standard/non Tobacco]
						] ]

[<sup>9</sup> If the Cost of Living Adjustment Rider is In Force on Your Policy, the Monthly Benefit amount shown is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.]

[<sup>10</sup> If the Extended Partial Disability Benefits Rider is In Force on Your Policy, see the Own Occupation Rider for a detailed explanation of how We will coordinate Monthly Benefits between the Own Occupation Rider and Extended Partial Disability Benefits Rider.]

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:

If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:

If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:

If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:

If a Disability begins:

Before Age 64	To Age 67
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:

If a Disability begins:

Before Age 65	To Age 70
At Age 65 and over	24 Months ]

<b>[ POLICY SPECIFICATIONS DISABILITY INCOME POLICY</b>
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Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	LEVEL*	Premium Mode:	[ANNUAL]

<b>AUTOMATIC BENEFIT INCREASE RIDER</b>
---

You have elected the Automatic Benefit Increase Rider. The Automatic Benefit Increase Rider will automatically increase Coverage(s) on each of the next five (5) Policy Anniversaries as shown below. If all increases become Effective, the premium and Monthly Benefit for each Coverage will increase as follows:

	<u>[Year 1]</u>	<u>[Year 2]</u>	<u>[Year 3]</u>	<u>[Year 4]</u>	<u>[Year 5]</u>
<b>Policy Coverage(s)</b>					
[Total Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Total Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
<b>Rider Coverage(s)</b>					
[Cost Of Living Adjustment Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Cost Of Living Adjustment	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Extended Partial Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Extended Partial Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Own Occupation Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Own Occupation	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
Modal Premium Increase for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]
Annual Premium Increase** for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]

\* The premium structure for each Coverage increase will be Level, regardless of premium structure on current Coverage.

\*\* The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge.

]

<b>POLICY SPECIFICATIONS DISABILITY INCOME POLICY</b>
---

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Owner:	[MARY DOE]	Attained Age on Policy Date	[45 MALE]
Recipient of Benefits:	[JOHN DOE]	and Gender:	
[Recipient of Benefits for RetireGuard Rider:]	[TRUST]	Annualized Modal Policy Fee:	[\$50.00]
		Premium Mode:	[ANNUAL]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Monthly Anniversary:	[1ST DAY OF EACH MONTH]		
Premium Structure:	[GRADED^ AND LEVEL]		
Policy Structure:	[NON-CANCELLABLE UNTIL [APR 01, 2036], CONDITIONALLY RENEWABLE UNTIL AGE 75.]		
Policy Year:	[APR 01 – MAR 31]		

<b>COVERAGE AND PREMIUM SUMMARY</b>
-------------------------------------

Annual Premiums shown below are for the Policy Year beginning in [2016]; premiums for future Policy Years are shown in the ANNUAL PREMIUM SUMMARY section.

[The premiums reflect a [35% Multi-Life] discount associated with Your Policy.]

<b>Coverage</b>	<b>Amount of Coverage</b>	<b>Annual Premium<sup>1</sup></b>	<b>Coverage End Date<sup>2,3</sup></b>
Total Disability Benefit	[\$3,000]	[\$521.51]	[APR 01, 2036]
[Automatic Benefit Increase	N/A	N/A	[APR 01, 2021]
Benefit Increase	N/A	N/A	[APR 01, 2019]
Catastrophic Disability	[\$12,000]	[\$240.24]	[APR 01, 2036]
Cost of Living Adjustment <sup>[4]</sup>	[\$3,000]	[\$66.50]	[APR 01, 2036]
Extended Partial Disability <sup>[5]</sup>	[\$3,000]	[\$165.56]	[APR 01, 2036]
Future Insurability Option Group Supplement <sup>[6]</sup>	[\$3,000]	[\$47.27]	[APR 01, 2031]
- Coverage A	[\$3,750]	[\$89.94]	[APR 01, 2036]
- Coverage B	[\$3,750]	[\$78.49]	[APR 01, 2036]
Own Occupation <sup>[7]</sup>	[\$3,000]	[\$34.32]	[APR 01, 2036]
RetireGuard	[\$2,000]	[\$341.12]	[APR 01, 2036]
- RetireGuard COLA	[\$2,000]	[\$44.33]	[APR 01, 2030]
- RetireGuard FIO	[\$4,000]	[\$23.13]	[APR 01, 2031]
Short Term Disability			
- Option 1	[\$0,000]	[\$00.00]	[APR 01, 2036]
- Option 2	[\$0,000]	[\$00.00]	[APR 01, 2036]
Social Insurance	[\$0,000]	[\$00.00]	[APR 01, 2036]
Student Loan Benefit	[\$2,500]	[\$188.34]	[APR 01, 2026] ]
Annual Premium <sup>1</sup> for All Amounts of Coverage(s)		[\$1,840.75]	
Modal Premium for All Amounts of Coverage(s)		[\$1,840.75]	



**[ COVERAGE AND PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

Note: This is a participating Policy it may be eligible for dividends. Dividends are not guaranteed. Dividends, if any, are not anticipated to be credited before the 5th Policy Anniversary. See the Dividends provision of Your Policy for details.

<sup>1</sup> The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge. In addition, the Annualized Modal Policy Fee is included in the Total Disability Benefit Annual Premium. See the PREMIUM PAYMENT OPTION section for more detail.

<sup>2</sup> The date Coverage will end unless otherwise stated in the Termination provision of Your Policy or the applicable rider.

[<sup>3</sup> Your Policy will become Conditionally Renewable after this date, and We will send new Policy Specifications.]

[<sup>4</sup> The Monthly Benefit amount shown for the Cost of Living Adjustment (COLA) Rider is the amount to which the COLA percentage is applied to eligible benefits described in the COLA Rider. In addition, the COLA Rider premium shown is the charge for providing the COLA benefit for the Total Disability Benefit. The charge for providing the COLA benefit for the following riders, if the riders are elected, is included in the premiums for those riders: Social Insurance Rider, Extended Partial Disability Benefits Rider, Catastrophic Disability Benefit Rider, and Own Occupation Rider.]

[<sup>5</sup> The Extended Partial Disability Benefits Rider (EPR) premium shown above is the charge for providing the EPR benefit. The charge for providing the Short Term Disability Benefits Rider (STR) benefit under an Extended Partial definition of Disability is included in the premium for the STR.]

[<sup>6</sup> The Future Insurability Option Benefit on the Group Supplement Disability Benefits Rider expires on the Option Date on or immediately before the Insured's 60th birthday. See the Group Supplement Disability Benefits Rider for details.]

[<sup>7</sup> The Own Occupation Rider premium shown above is the charge for providing the Own Occupation Rider benefit. The charge for providing the Student Loan Benefit under an Own Occupation definition of Disability is included in the premium for the Student Loan Rider.]

[<sup>^</sup> Under a Graded premium structure, premiums increase annually each year until the Insured's Attained Age 50; thereafter, premiums are Level. Any Coverage added after the original Coverage Date will be issued at Level premiums. You may convert to a Level premium structure prior to the Policy Anniversary on or next following the Insured's 40th birthday by contacting Us at Our Home Office.]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**PREMIUM PAYMENT OPTIONS**

[If Your Employer is remitting premiums on Your behalf, You are currently paying premiums in [1] installments. Other premium payment options are described below.]

The premium payment options below are based on the amount shown for Modal Premium for All Amounts of Coverage(s) shown in the COVERAGE AND PREMIUM SUMMARY section on page 1 of Your Policy Specifications. Contact Our Home Office at [1-800-272-2216] for premium payment option information for premiums shown in the ANNUAL PREMIUM SUMMARY section that follows.

<b>Premium Frequency</b>	<b>Premium Payment (Including Installment Payment Charge)</b>	<b>Number of Payments Per Year</b>	<b>Total Premium Per Year</b>	<b>Additional Charge (In Dollars)</b>
Annual	[\$1,840.75]	1	[\$1,840.75]	[\$0.00]
Semi-Annual	[\$956.19]	2	[\$1,912.38]	[\$71.63]
Quarterly	[\$473.10]	4	[\$1,892.38]	[\$51.63]
Monthly	[\$157.40]	12	[\$1,888.80]	[\$48.05]
[Other	[\$000.00]	[26]	[\$000.00]	[\$00.00] ]

You may pay premiums once a year (annually), twice a year (semiannually), four (4) times a year (quarterly) or twelve (12) times a year (monthly). You may pay premiums four (4) times a year (quarterly) or twelve (12) times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars in the table above.

**LIMITATIONS AND EXCLUSIONS**

See the WHAT IS NOT COVERED section of Your Policy for limitations and exclusions.

[Your Policy also includes an underwriting exclusion(s). See Modification of Coverage(s) and/or Policy Change Amendment(s) attached to Your Policy.]

<p align="center"><b>POLICY SPECIFICATIONS</b> <b>DISABILITY INCOME POLICY</b></p>	
--	--

# ANNUAL PREMIUM SUMMARY

**TOTAL DISABILITY BENEFIT:** [\$3,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$521.51]
[2018]	[\$567.34]
[2019]	[\$584.69]
[2020]	[\$622.33]
[2021]	[\$661.91]
[2022]	[\$698.38]
[2023]	[\$698.38]
[2024]	[\$698.38]
[2025]	[\$698.38]
[2026]	[\$698.38]
[2027]	[\$698.38]
[2028]	[\$698.38]
[2029]	[\$698.38]
[2030]	[\$698.38]
[2031]	[\$698.38]
[2032]	[\$698.38]
[2033]	[\$698.38]
[2034]	[\$698.38]
[2035]	[\$698.38]
[2036]	[\$698.38]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[CATASTROPHIC DISABILITY:**

[\$12,000] Monthly Benefit

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[\$240.24]
[2018]	[\$268.32]
[2019]	[\$294.06]
[2020]	[\$319.02]
[2021]	[\$344.76]
[2022]	[\$368.16]
[2023]	[\$368.16]
[2024]	[\$368.16]
[2025]	[\$368.16]
[2026]	[\$368.16]
[2027]	[\$368.16]
[2028]	[\$368.16]
[2029]	[\$368.16]
[2030]	[\$368.16]
[2031]	[\$368.16]
[2032]	[\$368.16]
[2033]	[\$368.16]
[2034]	[\$368.16]
[2035]	[\$368.16]
[2036]	[\$368.16] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[COST OF LIVING ADJUSTMENT:

[\$3,000] Monthly Benefit

Policy Year Beginning In

Total Annual Premium

[2017]	[\$66.50]
[2018]	[\$66.89]
[2019]	[\$66.50]
[2020]	[\$66.89]
[2021]	[\$67.47]
[2022]	[\$67.28]
[2023]	[\$67.28]
[2024]	[\$67.28]
[2025]	[\$67.28]
[2026]	[\$67.28]
[2027]	[\$67.28]
[2028]	[\$67.28]
[2029]	[\$67.28]
[2030]	[\$67.28]
[2031]	[\$67.28]
[2032]	[\$67.28]
[2033]	[\$67.28]
[2034]	[\$67.28]
[2035]	[\$67.28]
[2036]	[\$67.28]

Note: The Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.

]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[EXTENDED PARTIAL DISABILITY:**

[\$3,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$165.56]
[2018]	[\$178.23]
[2019]	[\$188.37]
[2020]	[\$196.95]
[2021]	[\$206.12]
[2022]	[\$214.31]
[2023]	[\$214.31]
[2024]	[\$214.31]
[2025]	[\$214.31]
[2026]	[\$214.31]
[2027]	[\$214.31]
[2028]	[\$214.31]
[2029]	[\$214.31]
[2030]	[\$214.31]
[2031]	[\$214.31]
[2032]	[\$214.31]
[2033]	[\$214.31]
[2034]	[\$214.31]
[2035]	[\$214.31]
[2036]	[\$214.31] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[FUTURE INSURABILITY OPTION:**

[\$3,000] Monthly Benefit

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[ \$47.27]
[2018]	[ \$50.99]
[2019]	[ \$52.77]
[2020]	[ \$55.71]
[2021]	[ \$58.83]
[2022]	[ \$61.63]
[2023]	[ \$61.63]
[2024]	[ \$61.63]
[2025]	[ \$61.63]
[2026]	[ \$61.63]
[2027]	[ \$61.63]
[2028]	[ \$61.63]
[2029]	[ \$61.63]
[2030]	[ \$61.63]
[2031]	[ \$61.63] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[GROUP SUPPLEMENT**

**[- COVERAGE A:** [\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$89.94]
[2018]	[\$98.96]
[2019]	[\$107.01]
[2020]	[\$114.56]
[2021]	[\$122.36]
[2022]	[\$129.68]
[2023]	[\$129.68]
[2024]	[\$129.68]
[2025]	[\$129.68]
[2026]	[\$129.68]
[2027]	[\$129.68]
[2028]	[\$129.68]
[2029]	[\$129.68]
[2030]	[\$129.68]
[2031]	[\$129.68]
[2032]	[\$129.68]
[2033]	[\$129.68]
[2034]	[\$129.68]
[2035]	[\$129.68]
[2036]	[\$129.68] ]

**[- COVERAGE B:** [\$3,750] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$78.49]
[2018]	[\$86.53]
[2019]	[\$93.60]
[2020]	[\$100.18]
[2021]	[\$107.01]
[2022]	[\$113.34]
[2023]	[\$113.34]
[2024]	[\$113.34]
[2025]	[\$113.34]
[2026]	[\$113.34]
[2027]	[\$113.34]
[2028]	[\$113.34]
[2029]	[\$113.34]
[2030]	[\$113.34]
[2031]	[\$113.34]
[2032]	[\$113.34]
[2033]	[\$113.34]
[2034]	[\$113.34]
[2035]	[\$113.34]
[2036]	[\$113.34] ]



**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[OWN OCCUPATION:**

**[\$3,000] Monthly Benefit**

**Policy Year Beginning In**

**Total Annual Premium**

[2017]	[\$34.32]
[2018]	[\$37.44]
[2019]	[\$39.98]
[2020]	[\$42.32]
[2021]	[\$45.05]
[2022]	[\$47.19]
[2023]	[\$47.19]
[2024]	[\$47.19]
[2025]	[\$47.19]
[2026]	[\$47.19]
[2027]	[\$47.19]
[2028]	[\$47.19]
[2029]	[\$47.19]
[2030]	[\$47.19]
[2031]	[\$47.19]
[2032]	[\$47.19]
[2033]	[\$47.19]
[2034]	[\$47.19]
[2035]	[\$47.19]
[2036]	[\$47.19] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[RETIREGUARD:**

[\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$341.12]
[2018]	[\$374.40]
[2019]	[\$388.83]
[2020]	[\$416.39]
[2021]	[\$445.77]
[2022]	[\$472.55]
[2023]	[\$472.55]
[2024]	[\$472.55]
[2025]	[\$472.55]
[2026]	[\$472.55]
[2027]	[\$472.55]
[2028]	[\$472.55]
[2029]	[\$472.55]
[2030]	[\$472.55]
[2031]	[\$472.55]
[2032]	[\$472.55]
[2033]	[\$472.55]
[2034]	[\$472.55]
[2035]	[\$472.55]
[2036]	[\$472.55]

**[- RETIREGUARD COLA:**

[\$2,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$44.33]
[2018]	[\$44.59]
[2019]	[\$44.33]
[2020]	[\$44.59]
[2021]	[\$44.98]
[2022]	[\$44.85]
[2023]	[\$44.85]
[2024]	[\$44.85]
[2025]	[\$44.85]
[2026]	[\$44.85]
[2027]	[\$44.85]
[2028]	[\$44.85]
[2029]	[\$44.85]
[2030]	[\$44.85]

Note: The RetireGuard COLA Monthly Benefit amount shown above is the amount to which the Cost of Living Adjustment percentage is applied as described in the RetireGuard Rider.

**[- RETIREGUARD FIO:**

[\$4,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$23.13]
[2018]	[\$25.14]
[2019]	[\$25.99]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**Policy Year Beginning In**

**Total Annual Premium**

[2020]	[\$27.66]	
[2021]	[\$29.45]	
[2022]	[\$31.04]	
[2023]	[\$31.04]	
[2024]	[\$31.04]	
[2025]	[\$31.04]	
[2026]	[\$31.04]	
[2027]	[\$31.04]	
[2028]	[\$31.04]	
[2029]	[\$31.04]	
[2030]	[\$31.04]	
[2031]	[\$31.04]	]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**[SHORT TERM DISABILITY**

**[- OPTION 1:** [\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

**[- OPTION 2:** [\$0,000] Monthly Benefit

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>
[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[SOCIAL INSURANCE:

[\$0,000] Monthly Benefit

Policy Year Beginning In

Total Annual Premium

[2017]	[\$0,000.00]
[2018]	[\$0,000.00]
[2019]	[\$0,000.00]
[2020]	[\$0,000.00]
[2021]	[\$0,000.00]
[2022]	[\$0,000.00]
[2023]	[\$0,000.00]
[2024]	[\$0,000.00]
[2025]	[\$0,000.00]
[2026]	[\$0,000.00]
[2027]	[\$0,000.00]
[2028]	[\$0,000.00]
[2029]	[\$0,000.00]
[2030]	[\$0,000.00]
[2031]	[\$0,000.00]
[2032]	[\$0,000.00]
[2033]	[\$0,000.00]
[2034]	[\$0,000.00]
[2035]	[\$0,000.00]
[2036]	[\$0,000.00] ]

[ ANNUAL PREMIUM SUMMARY (continued for)

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

[STUDENT LOAN BENEFIT:

[\$2,500] Monthly Benefit

Policy Year Beginning In

Total Annual Premium

[2017]	[\$188.34]
[2018]	[\$188.34]
[2019]	[\$188.34]
[2020]	[\$188.34]
[2021]	[\$188.34]
[2022]	[\$188.34]
[2023]	[\$188.34]
[2024]	[\$188.34]
[2025]	[\$188.34]
[2026]	[\$188.34] ]

**[ ANNUAL PREMIUM SUMMARY (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

**TOTAL ANNUAL PREMIUM FOR ALL DISABILITY COVERAGE(S):**

<u>Policy Year Beginning In</u>	<u>Total Annual Premium</u>	<u>Total Modal Premium</u>
[2017]	[\$1,840.75]	[\$1,840.75]
[2018]	[\$1,987.17]	[\$1,987.17]
[2019]	[\$2,074.47]	[\$2,074.47]
[2020]	[\$2,194.94]	[\$2,194.94]
[2021]	[\$2,322.05]	[\$2,322.05]
[2022]	[\$2,436.75]	[\$2,436.75]
[2023]	[\$2,436.75]	[\$2,436.75]
[2024]	[\$2,436.75]	[\$2,436.75]
[2025]	[\$2,436.75]	[\$2,436.75]
[2026]	[\$2,436.75]	[\$2,436.75]
[2027]	[\$2,436.75]	[\$2,436.75]
[2028]	[\$2,436.75]	[\$2,436.75]
[2029]	[\$2,436.75]	[\$2,436.75]
[2030]	[\$2,436.75]	[\$2,436.75]
[2031]	[\$2,436.75]	[\$2,436.75]
[2032]	[\$2,436.75]	[\$2,436.75]
[2033]	[\$2,436.75]	[\$2,436.75]
[2034]	[\$2,436.75]	[\$2,436.75]
[2035]	[\$2,436.75]	[\$2,436.75]
[2036]	[\$2,436.75]	[\$2,436.75]

**POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [GRADED] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
[[APR 01, 2016]	Total Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
<b>[Rider Coverage(s)]</b>						
[ [[APR 01, 2016]	Automatic Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Benefit Increase	N/A	N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Catastrophic Disability	[\$12,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Cost of Living Adjustment <sup>[9]</sup>	[\$3,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Extended Partial Disability	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	Future Insurability Option		N/A	N/A	[5A] [/ 1]	[Standard/non Tobacco]
	- Total Available Pool	[\$3,000]				
	- Option Date	[May 1st]				]
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage A	[\$3,750]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco]
	Future Insurability Option					
	- Total Available Pool	[\$7,500]				
	- Option Date	[April 1st]				
	Cost of Living Increase	[\$1,000]				]



**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
[[APR 01, 2016]	Group Supplement Disability Benefits Coverage B Future Insurability Option - Total Available Pool - Option Date Cost of Living Increase	[\$3,750]   [\$7,500] [April 1st] [\$1,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Own Occupation <sup>[10]</sup>	[\$3,000]	[180 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ]
[[APR 01, 2016]	RetireGuard RetireGuard COLA Benefit RetireGuard FIO Benefit - RetireGuard FIO Total Available Pool - Option Date	[\$2,000] [\$2,000]  [\$4,000] [April 1st]	[90 Days]  N/A	[To Age 65] [To Age 65] N/A	[5A] [/ 1]	[Standard/non Tobacco]
[[APR 01, 2016]	Short Term Disability - [Option 1 - [Option 2	[\$0,000] [\$0,000]	[90 Days] [180 Days]	[3 Months] [6 Months]	[5A] [/ 1] [5A] [/ 1]	[Standard/non Tobacco] ] [Standard/non Tobacco] ] ]
[[APR 01, 2016]	Social Insurance	[\$0,000]	[90 Days]	[To Age 65]	[5A] [/ 1]	[Standard/non Tobacco] ] ]

**[ POLICY SPECIFICATIONS  
DISABILITY INCOME POLICY**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	[GRADED AND LEVEL]	Premium Mode:	[ANNUAL]

**COVERAGE DETAIL**

**COVERAGE(S) WITH [LEVEL] PREMIUM**

<u>Coverage Date</u>	<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Waiting Period</u>	<u>Maximum Benefit Period†</u>	<u>Risk Class (Occupational Class)</u>	<u>Premium Class</u>
<b>[Policy Coverage(s)]</b>						
<b>[Rider Coverage(s)]</b>						
[[APR 01, 2016]	Student Loan [10-Year] Coverage Term - Maximum Monthly Benefit	N/A [\$2,500]	[180 Days]	N/A	[5A] [/ 1]	[Standard/non Tobacco]
						] ]

[<sup>9</sup> If the Cost of Living Adjustment Rider is In Force on Your Policy, the Monthly Benefit amount shown is the amount to which the Cost of Living Adjustment percentage is applied to eligible benefits as described in the COLA Rider.]

[<sup>10</sup> If the Extended Partial Disability Benefits Rider is In Force on Your Policy, see the Own Occupation Rider for a detailed explanation of how We will coordinate Monthly Benefits between the Own Occupation Rider and Extended Partial Disability Benefits Rider.]

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:

If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:

If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:

If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:

If a Disability begins:

Before Age 64	To Age 67
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:

If a Disability begins:

Before Age 65	To Age 70
At Age 65 and over	24 Months ]

<b>[ POLICY SPECIFICATIONS DISABILITY INCOME POLICY</b>
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Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]		
Issue Date:	[APR 01, 2016]		
Premium Structure:	LEVEL*	Premium Mode:	[ANNUAL]

<b>AUTOMATIC BENEFIT INCREASE RIDER</b>
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You have elected the Automatic Benefit Increase Rider. The Automatic Benefit Increase Rider will automatically increase Coverage(s) on each of the next five (5) Policy Anniversaries as shown below. If all increases become Effective, the premium and Monthly Benefit for each Coverage will increase as follows:

	<u>[Year 1]</u>	<u>[Year 2]</u>	<u>[Year 3]</u>	<u>[Year 4]</u>	<u>[Year 5]</u>
<b>Policy Coverage(s)</b>					
[Total Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Total Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
<b>Rider Coverage(s)</b>					
[Cost Of Living Adjustment Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Cost Of Living Adjustment	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Extended Partial Disability Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Extended Partial Disability	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
[Own Occupation Increase	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]	[\$90.00]
New Own Occupation	[\$3,090]	[\$3,180]	[\$3,270]	[\$3,360]	[\$3,450]
Modal Premium Increase for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]
Annual Premium Increase** for All Amounts of Coverage(s)	[\$72.53]	[\$73.28]	[\$74.46]	[\$75.70]	[\$76.91]

\* The premium structure for each Coverage increase will be Level, regardless of premium structure on current Coverage.

\*\* The Annual Premium is an annualized modal premium. Premium modes other than annual include an additional charge.

]

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Massachusetts Mutual Life Insurance Company
<b>TOI/Sub-TOI:</b>	H11I Individual Health - Disability Income/H11I.009 Combined Short Term and Long Term - Related to marketing with employer or association groups		
<b>Product Name:</b>	DI - Radius Choice 2015		
<b>Project Name/Number:</b>	DI - Radius Choice 2015/DI - Radius Choice 2015		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	The attached statement of variability for Policy Specification pages XLIS-RC-15(DC), XLAS-RC-15(DC), and XLGS-RC-15(DC) is identical to the statement of variability for these forms which was previously approved by your Department on 8/09/2016 in SERFF tracking #MASS-130648566.
<b>Attachment(s):</b>	SOV - Spec Pg rev2016-06-16.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	REFERENCE DOCUMENTS - Red-Lined Copies
<b>Comments:</b>	Attached please find red-lined copies highlighting the changes made to the submitted forms compared to the versions previously approved by your Department on 8/09/2016 in SERFF tracking #MASS-130648566. No other changes have been made.
<b>Attachment(s):</b>	XLIS-RC-15(DC) (Spec Pg) RED-LINED rev2016-11-09.pdf XLAS-RC-15(DC) (Spec Pg) RED-LINED rev2016-11-09.pdf XLGS-RC-15(DC) (Spec Pg) RED-LINED rev2016-11-09.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

## Massachusetts Mutual Life Insurance Company (MassMutual)

### Statement of Variability for forms\*:

XLIS-RC-15	Individual Disability Income Policy Specifications
XLAS-RC-15	Individual Disability Income Policy Specifications
XLGS-RC-15	Individual Disability Income Policy Specifications

The following comments describe the nature and scope of the variable material denoted with brackets on the forms listed above. The “Bracketed Information” typically corresponds to the headings found on the forms. When applicable, ranges are provided. The actual Policy Specifications a Policy Owner receives will reflect only the information based on that Policy Owner’s elections. Any use of variability will apply to new issues only, shall be administered in accordance with the “Statement of Variability” in a uniform and non-discriminatory manner, and shall not result in unfair discrimination.

Location	Bracketed Information	Statement of Variability
ALL	INSURED	This section will reflect the name of the Insured on each issued Policy.
ALL	POLICY OWNER	This section will reflect the name of the Policy Owner of each issued Policy.
Page 1 of 21	RECIPIENT OF BENEFITS	This section will reflect the name of the Recipient of Benefits of each issued Policy.
Page 1 of 21	RECIPIENT OF BENEFITS FOR RETIREGUARD RIDER	If the optional RetireGuard Rider is elected, this section will reflect the name of the Trust named as the Recipient of Benefits under that rider.
ALL	POLICY NUMBER	This section will reflect the Policy Number of each issued Policy.
Page 1 of 21	ATTAINED AGE ON POLICY DATE & GENDER	<p>The section will reflect the applicable information for each issued Policy (e.g., “45 MALE”).</p> <p>The issue age range will vary depending on the premium structure elected by the Policy Owner:</p> <ul style="list-style-type: none"> <li>• Issue age range for a graded premium structure is 18 – 35</li> <li>• Issue age range for a level premium structure is 18 – 64</li> </ul>
ALL	POLICY DATE	This section will reflect the Policy Date for each issued Policy.
ALL	ISSUE DATE	This section will reflect the Issue Date that the Policy, and any Policy Specifications, amendments, statements, and endorsements are printed. Subsequent Policy Specifications carry their own Issue Dates.
ALL	PREMIUM MODE	This section will reflect the applicable information for each issued Policy. The Policy Owner may

Location	Bracketed Information	Statement of Variability																						
		select a premium mode of: <ul style="list-style-type: none"><li>• “ANNUAL”,</li><li>• “SEMI-ANNUAL”,</li><li>• “QUARTERLY”, or</li><li>• “MONTHLY”.</li></ul>																						
ALL	PREMIUM STRUCTURE	“LEVEL”, “GRADED”, or “GRADED AND LEVEL” premiums depending on individual election.  If a graded premium structure is elected then reference to Footnote ^ will appear in the heading of this page (e.g., “GRADED^”).																						
Page 1 of 21	MONTHLY ANNIVERSARY	This section will reflect the day of the Monthly Anniversary for each issued Policy (e.g., “1ST DAY OF EACH MONTH”). The day of the Monthly Anniversary may be the “1ST” through the “28TH” day of the month.																						
Page 1 of 21	ANNUALIZED MODAL POLICY FEE		<table><tr><th>Mode</th><th>Modal Policy Fee</th></tr><tr><td>Annual</td><td>\$50.00</td></tr><tr><td>Semi-Annual</td><td>\$25.00</td></tr><tr><td>Quarterly</td><td>\$7.50</td></tr><tr><td>Monthly</td><td>\$2.50</td></tr><tr><td>10 pay</td><td>\$5.00</td></tr><tr><td>13 pay</td><td>\$4.00</td></tr><tr><td>24 pay</td><td>\$2.30</td></tr><tr><td>26 pay</td><td>\$2.20</td></tr><tr><td>52 pay</td><td>\$1.25</td></tr></table>	Mode	Modal Policy Fee	Annual	\$50.00	Semi-Annual	\$25.00	Quarterly	\$7.50	Monthly	\$2.50	10 pay	\$5.00	13 pay	\$4.00	24 pay	\$2.30	26 pay	\$2.20	52 pay	\$1.25	
Mode	Modal Policy Fee																							
Annual	\$50.00																							
Semi-Annual	\$25.00																							
Quarterly	\$7.50																							
Monthly	\$2.50																							
10 pay	\$5.00																							
13 pay	\$4.00																							
24 pay	\$2.30																							
26 pay	\$2.20																							
52 pay	\$1.25																							
Page 1 of 21	POLICY STRUCTURE	This section will reflect the applicable information for each issued Policy (e.g., “NON-CANCELLABLE UNTIL [APR 01, 2036], CONDITIONALLY RENEWABLE UNTIL AGE 75.”). The date reflected in this section is the date the Insured reaches his/her 65th birthday.																						
ALL	POLICY YEAR	This section will reflect the date that the Policy Year begins and ends for each issued Policy (e.g., “APR 01 – MAR 31”).																						
Page 1 of 21	COVERAGE AND PREMIUM SUMMARY	This section will reflect the applicable information for Coverage(s) elected and In Force on each issued Policy.  If this section flows onto multiple pages, an abbreviated page header titled “COVERAGE AND PREMIUM SUMMARY (continued for)” will appear at the top of each subsequent page of the section.  The text at the top of the section which reads “Annual Premiums shown below are for the Policy Year beginning in [2016]; premiums for future Policy Years are shown in the ANNUAL PREMIUM																						

Location	Bracketed Information	Statement of Variability
		<p><i>SUMMARY section.</i>” will reflect the calendar year that the Policy Year premiums shown in this section begin for each issued Policy (for example, if the Policy Issue Date is April 1, 2016 then “2016” will be reflected in that Policy).</p> <p>The sentence “<i>The premiums reflect a [XX% Multi-Life] discount associated with Your Policy.</i>” will appear if any premium discount is reflected in the premium displayed in this section. The percentage and description of the discount will reflect the applicable information for each issued Policy as described below, and will appear as:</p> <ul style="list-style-type: none"> <li>• “5% 1st Year Cross Sell”,</li> <li>• “10% Spouse”,</li> <li>• “10% Association”,</li> <li>• “15% Multi-Life” (As applicable, refers to discounts described below as: “Multi-Life” discount, “Employer” discount, “Employer Paid” discount, “Student” discount, and “Student/Resident” discount.),</li> <li>• “25% Multi-Life”, or</li> <li>• “35% Multi-Life”.</li> </ul> <p>A 5% first-year only discount will be available on policy form XLIS-RC-15. The anticipated reduction in administrative costs is equal to 5% of a first year premium when a Massachusetts Mutual life insurance policy and an XLIS-RC-15 disability income policy are purchased concurrently, or if life insurance was purchased within the six months prior to the quote date of XLIS-RC-15 disability income policy.</p> <p>A 10% “Spouse” discount will be available on policy form XLIS-RC-15 for both spouses if policies are sold concurrently or for the applicant if the spouse of the applicant has in force Massachusetts Mutual disability income policy. The 10% spouse discount is financed by assumed lower morbidity and 10% reduced first-year commission of individual form commission schedule.</p> <p>Only one discount will be available at a time. If the applicant is eligible for multiple discounts, the better discount will apply.</p> <p>Premium rates for policy form XLAS-RC-15 are “discounted” 10% relative to the gender distinct base premium rates. In reality these discounted premiums are the base premium rates for this policy form. This discount is referred to as an “Association” discount. This discount reflects lower morbidity for this policy form relative to XLIS-RC-15.</p> <p>Premium rates for policy form XLGS-RC-15 are “discounted” 15% relative to the unisex base premium rates. In reality these discounted premiums are the base rates for this policy form. This discount may be referred to as an “Employer” discount, “Employer Paid” discount, “Student” discount, or “Student/Resident” discount (as applicable). This discount reflects lower morbidity for this policy form relative to XLIS-RC-15.</p>



Location	Bracketed Information	Statement of Variability
		In lieu of the 15% base discount that exists on XLGS-RC-15, premiums may be discounted by 25% or 35% (relative to the filed base premium). The level of discount used will be applied consistently between groups. The particular discount to be applied will be function of the size of the employer/employee group and premium payer.
Page 1 of 21	<b>Total Disability Benefit</b>  <u>Amount of Coverage</u>  <u>Annual Premium</u>  <u>Coverage End Date</u>	<p>[ \$100-\$30,000] This section will reflect the applicable information for each issued Policy and will equal to the total Amount of Coverage issued.</p> <p>[See Rate attachment] The Amount of Coverage will equal to the total Annual Premium for Total Disability Benefit. Premiums vary by discount, occupation class, issue age, Waiting Period, benefit period, Pre-Existing Condition Limitation option, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<b>Automatic Benefit Increase</b>  <u>Coverage End Date</u>	<p>This row is included only if the Policy includes the Automatic Benefit Increase Rider.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<b>Benefit Increase</b>  <u>Coverage End Date</u>	<p>This row is included only if the Policy includes the Benefit Increase Rider.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<b>Catastrophic Disability</b>  <u>Amount of Coverage</u>  <u>Annual Premium</u>  <u>Coverage End Date</u>	<p>This row is included only if the Policy includes the Catastrophic Disability Benefit Rider.</p> <p>[ \$100-\$12,000] Equal to total amount of coverage for Catastrophic Disability Benefit Rider.</p> <p>[See Rate Attachment] Equal total Annual Premium for Catastrophic Disability Benefit Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<b>Cost Of Living Adjustment</b>  <u>Amount of Coverage</u>  <u>Annual Premium</u>	<p>This row is included only if the Policy includes the Cost of Living Adjustment (COLA) Rider.</p> <p>[ \$100-\$30,000] Equal to total rider amount of coverage for issued Coverage.</p> <p>[See Rate attachment ] Equal to total Annual Premium for Cost of Living Adjustment Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period,</p>

Location	Bracketed Information	Statement of Variability
	<u>Coverage End Date</u>	benefit period, and amount of coverage. [Varies by Issue Age] Coverage End Date will vary by issue age.
<b>Page 1 of 21</b>	<b>Extended Partial Disability</b>	This row is included only if the Policy includes the Extended Partial Disability Benefit Rider.
	<u>Amount of Coverage</u>	[\$100-\$30,000] Equal to the total rider amount of coverage for issued Coverage.
	<u>Annual Premium</u>	[See Rate Attachment] Equal to total Annual Premium for Extended Partial Disability Benefits Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.
	<u>Coverage End Date</u>	[Varies by Issue Age] Coverage End Date will vary by issue age.
<b>Page 1 of 21</b>	<b>Future Insurability Option</b>	This row is included only if the Policy includes the Future Insurability Option (FIO) Rider.
	<u>Amount of Coverage</u>	[\$100-\$10,000] Equal to total pool amount of coverage available for purchase with no additional medical underwriting at various option periods.
	<u>Annual Premium</u>	[See Rate Attachment] Equal to total Annual Premium for Future Insurability Option Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, whether the COLA, STR or Own Occupation Riders are elected by the policyholder, and FIO pool amount.
	<u>Coverage End Date</u>	[Varies by Issue Age] Coverage End Date will vary by issue age.
<b>Page 1 of 21</b>	<b>Group Supplement</b>	This row is included only if the Policy includes the Group Supplement Disability Benefits Rider.
Page 1 of 21	- <b>Coverage A</b>	This row is included only if the Policy includes the Group Supplement Disability Benefits Rider and Coverage A is elected.
	<u>Amount of Coverage</u>	[\$100-\$30,000] Equal to total amount of coverage for the Group Supplement Disability Benefits Rider if Coverage A is elected.
	<u>Annual Premium</u>	[See Rate Attachment] Equal to total Annual Premium for Group Supplement Disability Benefits Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.
	<u>Coverage End Date</u>	[Varies by Issue Age] Coverage End Date will vary by issue age.

Location	Bracketed Information	Statement of Variability
Page 1 of 21	<p>- <b>Coverage B</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p>	<p>This row is included only if the Policy includes the Group Supplement Disability Benefits Rider and Coverage B is elected.</p> <p>[\$100-\$30,000] Equal to total amount of coverage for the Group Supplement Disability Benefits Rider if Coverage B is elected.</p> <p>[See Rate Attachment] Equal to total Annual Premium for Group Supplement Disability Benefits Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<p><b>Own Occupation</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p>	<p>This row is included only if the Policy includes the Own Occupation Rider.</p> <p>[\$100-\$30,000] Equal to amount of coverage for Own Occupation Rider.</p> <p>[See Rate Attachment] Equal total Annual Premium for Own Occupation Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
Page 1 of 21	<p><b>RetireGuard</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p> <p>- <b>RetireGuard COLA</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p>	<p>This row is included only if the Policy includes the RetireGuard Rider.</p> <p>[\$100-\$30,000] Equal to total coverage amount for RetireGuard Rider.</p> <p>[See Rate Attachment] Equal to total Annual Premium for RetireGuard Rider. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p> <p>This row is included only if the optional RetireGuard COLA Benefit is elected under the RetireGuard Rider.</p> <p>[\$100-\$30,000] Equal to total coverage amount for RetireGuard COLA Benefit.</p> <p>[See Rate Attachment] Equal to total Annual Premium for COLA Benefit. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>

Location	Bracketed Information	Statement of Variability
Page 1 of 21	<p>- <b>RetireGuard FIO</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p>	<p>This row is included only if the optional RetireGuard FIO Benefit is elected under the RetireGuard Rider.</p> <p>[\$100-\$7,500] Equal to total pool amount of coverage available for purchase with no additional medical underwriting at various option periods.</p> <p>[See Rate Attachment] Equal to total Annual Premium for RetireGuard FIO Benefit. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, whether the RetireGuard COLA Benefit is elected by the policyholder, and RetireGuard FIO pool amount.</p> <p>[Varies by Issue Age] Coverage end date will vary by issue age.</p>
<p><b>Page 1 of 21</b></p> <p>Page 1 of 21</p> <p>Page 1 of 21</p>	<p><b>Short Term Disability</b></p> <p>- <b>Option 1</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p> <p>- <b>Option 2</b></p> <p><u>Amount of Coverage</u></p> <p><u>Annual Premium</u></p> <p><u>Coverage End Date</u></p>	<p>This row is included only if the Policy includes the Short Term Disability Benefits Rider (STR).</p> <p>This row is included only if the Policy includes the Short Term Disability Benefits Rider (STR) and Option 1 is elected.</p> <p>[\$100-\$30,000] Equal to amount of coverage for STR Option 1.</p> <p>[See Rate Attachment] Equal total Annual Premium for STR Option 1. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p> <p>This row is included only if the Policy includes the Short Term Disability Benefits Rider (STR) and Option 2 is elected.</p> <p>[\$100-\$30,000] Equal to amount of coverage for STR Option 2.</p> <p>[See Rate Attachment] Equal total Annual Premium for STR Option 2. Premiums vary by discount, occupation class, occupation sub class, issue age, Waiting Period, benefit period, and amount of coverage.</p> <p>[Varies by Issue Age] Coverage End Date will vary by issue age.</p>
<b>Page 1 of 21</b>	<p><b>Social Insurance</b></p> <p><u>Amount of Coverage</u></p>	<p>This row is included only if the Policy includes the Social Insurance Rider.</p> <p>[\$100-\$1,350] Equal to amount of coverage for Social Insurance Rider.</p>



Location	Bracketed Information	Statement of Variability		
		<i>OPTION section for more detail.”</i>  If the Policy Owner makes a change to the Coverage(s) elected and In Force on the Policy on a date other than a Policy Anniversary, text will appear at the end of Footnote 1 to read <i>“Because a change was made to Your Policy on a date other than a Policy Anniversary, the Annual Premium equals the cost of the Coverage(s) prior to the change plus the cost of the Coverage(s) after the change for the Policy Year in which the change becomes effective.”</i>		
Page 2 of 21	Footnote 3	This footnote will not appear if RetireGuard Endorsement EDI-10-RC is attached to the Policy.		
Page 2 of 21	Footnote 4	This footnote will be included only if the Policy includes the Cost of Living Adjustment Rider.		
Page 2 of 21	Footnote 5	This footnote will be included only if the Policy includes the Extended Partial Disability Benefits Rider.		
Page 2 of 21	Footnote 6	This footnote will be included only if the Policy includes the Group Supplement Disability Benefits Rider with an election of the optional Future Insurability Option Benefit.		
Page 2 of 21	Footnote 7	This footnote will be included only if the Policy includes the Own Occupation Rider and the Student Loan Benefit Rider.		
Page 2 of 21	Footnote ^	This footnote will be included only if the Policy Owner elects a Graded premium structure.		
Page 3 of 21	PREMIUM PAYMENT OPTIONS	If this section flows onto multiple pages, an abbreviated page header titled <i>“PREMIUM PAYMENT OPTIONS (continued for)”</i> will appear at the top of each subsequent page of the section.  The Policy Owner’s employer may pay premiums in installments. In that situation: <ul style="list-style-type: none"><li>Text will appear above the table to read <i>“If Your Employer is remitting Premiums on Your behalf, You are currently paying Premiums in [1] installments. Other Premium payment options are described below.”</i>; and</li><li>The last row in the table will appear.</li></ul>		
Page 3 of 21	Home Office Contact Information	The Company phone number is bracketed to allow for possible future change to this contract information.		
Page 3 of 21	Premium Frequency	  The last row in the table will be included only if the Policy Owner has elected to pay premiums by installments.		
Page 3 of 21	Premium Payment (Including Installment	Premiums vary by modal factors as follows: <table><tr><th>Mode</th><th>% Annual Premium</th></tr></table>	Mode	% Annual Premium
Mode	% Annual Premium			

Location	Bracketed Information	Statement of Variability																			
	Payment Charge)		<table><tr><td>Annual</td><td>100.00%</td></tr><tr><td>Semi-Annual</td><td>52.00%</td></tr><tr><td>Quarterly</td><td>26.00%</td></tr><tr><td>Monthly</td><td>8.65%</td></tr><tr><td>10 pay</td><td>10.50%</td></tr><tr><td>13 pay</td><td>8.00%</td></tr><tr><td>24 pay</td><td>4.33%</td></tr><tr><td>26 pay</td><td>4.00%</td></tr><tr><td>52 pay</td><td>2.00%</td></tr></table>	Annual	100.00%	Semi-Annual	52.00%	Quarterly	26.00%	Monthly	8.65%	10 pay	10.50%	13 pay	8.00%	24 pay	4.33%	26 pay	4.00%	52 pay	2.00%
Annual	100.00%																				
Semi-Annual	52.00%																				
Quarterly	26.00%																				
Monthly	8.65%																				
10 pay	10.50%																				
13 pay	8.00%																				
24 pay	4.33%																				
26 pay	4.00%																				
52 pay	2.00%																				
Page 3 of 21	Number of Payments Per Year	[26] Installment option chosen that has a premium mode.																			
Page 3 of 21	Total Premium Per Year	Sum of total premiums for each mode.																			
Page 3 of 21	Additional Charge (In Dollars)	Difference of the total modal premium less the annual total premium without modal factor adjustments.																			
Page 3 of 21	Additional Charge (As the Annual Percentage Rate or APR)	Additional charge divided by annual total premium.																			
Page 3 of 21	LIMITATIONS AND EXCLUSIONS	The sentences “Your Policy also includes an underwriting exclusion(s). See Modification of Coverage(s) and/or Policy Change Amendment(s) attached to Your Policy.” may or may not be included.																			
Page 4 of 21	ANNUAL PREMIUM SUMMARY	<p>This section will display detail for future Policy Years based on the Annual Premium displayed in the COVERAGE AND PREMIUM SUMMARY section by Coverage(s) elected and In Force on each issued Policy.</p> <p>If this section flows onto multiple pages, an abbreviated page header titled “ANNUAL PREMIUM SUMMARY (continued for)” will appear at the top of each subsequent page of the section.</p> <p>The sentence “The premiums reflect a [XX% Multi-Life] discount associated with Your Policy.” will appear if any premium discount is reflected in the premium displayed in this section. The percentage and description of the discount will reflect the applicable information for each issued Policy, and will appear as:</p> <ul style="list-style-type: none"><li>• “5% 1st Year Cross Sell”,</li><li>• “10% Spouse”,</li><li>• “10% Association”,</li><li>• “15% Multi-Life” (As applicable, refers to discounts described below as: “Multi-Life Discount,”</li></ul>																			

Location	Bracketed Information	Statement of Variability
		<p>“Employer Discount,” “Employer Paid Discount,” “Student Discount,” and “Student/Resident Discount.”),</p> <ul style="list-style-type: none"> <li>• “25% Multi-Life”, or</li> <li>• “35% Multi-Life”.</li> </ul>
Page 4 of 21	<p><b>Total Disability Benefit</b></p> <p><u>Monthly Benefit</u></p> <p><u>Policy Year Beginning In</u></p> <p><u>Total Annual Premium</u></p>	<p>This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p>
Page 5 of 21	<p><b>Catastrophic Disability</b></p> <p><u>Monthly Benefit</u></p> <p><u>Policy Year Beginning In</u></p> <p><u>Total Annual Premium</u></p>	<p>This page is included only if the Policy includes the Catastrophic Disability Benefit Rider.</p> <p>This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p>
Page 6 of 21	<p><b>Cost Of Living Adjustment</b></p> <p><u>Monthly Benefit</u></p> <p><u>Policy Year Beginning In</u></p> <p><u>Total Annual Premium</u></p>	<p>This page is included only if the Policy includes the COLA Rider.</p> <p>This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit to which the COLA percentage is applied to eligible benefits as described in the COLA Rider.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p>
Page 7 of 21	<p><b>Extended Partial Disability</b></p> <p><u>Monthly Benefit</u></p> <p><u>Policy Year Beginning In</u></p>	<p>This page is included only if the Policy includes the Extended Partial Disability Benefits Rider.</p> <p>This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.</p> <p>This section will reflect the applicable Coverage information on each issued Policy.</p>



Location	Bracketed Information	Statement of Variability
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 8 of 21</b>	<b>Future Insurability Option</b>	This page is included only if the Policy includes the Future Insurability Option Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable Coverage information on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 9 of 21</b>	<b>Group Supplement</b>	This page is included only if the Policy includes the Group Supplement Disability Benefits Rider.
<b>Page 9 of 21</b>	- <b>Coverage A</b>	This table is included only if the Policy includes an election of Coverage A under the Group Supplement Disability Benefits Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable Coverage information on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 9 of 21</b>	- <b>Coverage B</b>	This table is included only if the Policy includes an election of Coverage B under the Group Supplement Disability Benefits Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 10 of 21</b>	<b>Own Occupation</b>	This page is included only if the Policy includes the Own Occupation Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.

Location	Bracketed Information	Statement of Variability
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 11 of 21</b>	<b>RetireGuard</b>	This page is included only if the Policy includes the RetireGuard Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 11 of 21</b>	- <b>RetireGuard COLA</b>	This table and related note are included only if the Policy includes the RetireGuard Rider with an election of the optional RetireGuard COLA benefit.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit to which the Cost of Living Adjustment percentage is applied as described in the RetireGuard Rider.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 11 of 21</b>	- <b>RetireGuard FIO</b>	This table is included only if the Policy includes the RetireGuard Rider with an election of the optional RetireGuard FIO benefit.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 13 of 21</b>	<b>Short Term Disability</b>	This page is included only if the Policy includes the Short Term Disability Rider.
<b>Page 13 of 21</b>	- <b>Option 1</b>	This table is included only if the Policy includes an election of Option 1 under the Short Term Disability Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly

Location	Bracketed Information	Statement of Variability
<b>Page 13 of 21</b>		Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
	- <b>Option 2</b>	This table is included only if the Policy includes an election of Option 2 under the Short Term Disability Rider.
	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
<b>Page 14 of 21</b>	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
	<b>Social Insurance</b>	This page is included only if the Policy includes the Social Insurance Rider.
<b>Page 15 of 21</b>	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for each Coverage elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
	<b>Student Loan Benefit</b>	This page is included only if the Policy includes the Student Loan Benefit Rider.
<b>Page 16 of 21</b>	<u>Monthly Benefit</u>	This section will reflect the applicable information for each issued Policy and will equal the Monthly Benefit payable under the Coverage.
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for all Coverage(s) elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable Coverage information on each issued Policy.
<b>Page 16 of 21</b>	<b>Total Annual Premium For All Disability Coverage(s)</b>	This table will reflect the total premium due during each Policy Year depending on Coverage(s) elected and In Force on each issued Policy.

Location	Bracketed Information	Statement of Variability
	<u>Policy Year Beginning In</u>	This section will reflect the applicable information for all Coverage(s) elected and In Force on each issued Policy.
	<u>Total Annual Premium</u>	This section will reflect the applicable information for all Coverage(s) elected and In Force on each issued Policy.
	<u>Total Modal Premium</u>	This section will reflect the applicable information for all Coverage(s) elected and In Force on each issued Policy.
<b>ALL</b>	<b>COVERAGE DETAIL</b>	<p>This section will display the applicable information for each Coverage elected and In Force on the Policy by premium structure (<i>for example, if the premium structure is "GRADED AND LEVEL" then the COVERAGE DETAIL section will display two tables: one titled "COVERAGE(s) WITH GRADED PREMIUM", and one titled "COVERAGES WITH LEVEL PREMIUM" and sub-headings will be used as applicable in each table to distinguish "Policy Coverage(s)" and "Rider Coverage(s)".</i>).</p> <p>If this section flows onto multiple pages, an abbreviated page header titled "COVERAGE DETAIL (<i>continued for</i>)" will appear at the top of each subsequent page of the section.</p> <p>If Coverage change(s) are made after the Policy is issued, the "Coverage Date" for the changed Coverage(s) will be marked with an asterisk and a footnote will appear stating "** Coverage change made effective [APR 01, 2017]" to reflect the date each change becomes effective.</p>
<b>Page 17 of 21</b>	<b>Total Disability</b>	
	<u>Coverage Date</u>	This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.
	<u>Monthly Benefit</u>	[\$100-\$30,000] Amount of monthly benefit provided by base coverage. Any amount greater than or equal to the minimum Monthly Benefit.
	<u>Waiting Period</u>	Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.
	<u>Maximum Benefit Period</u>	Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 2 years, 5 years, 10 years, To Age 65, To Age 67, To Age 70.
	<u>Risk Class (Occupational Class)</u>	<p>This section will reflect the Occupational Class for coverage (<i>e.g.</i>, "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (<i>e.g.</i>, "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p>

Location	Bracketed Information	Statement of Variability
	<u>Premium Class</u>	Occupational Sub Class Options are: 1, 2, 3, 4, 5.  Premium Class, Tobacco or Non-Tobacco options are: <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
<b>Page 17 of 21</b>	<b>Automatic Benefit Increase</b>  <u>Coverage Date</u>  <u>Premium Class</u>	This row will be included only if the Policy includes the Automatic Benefit Increase Rider.  This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.  Premium Class, Tobacco or Non-Tobacco options are: <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
<b>Page 17 of 21</b>	<b>Benefit Increase</b>  <u>Coverage Date</u>  <u>Premium Class</u>	This row will be included only if the Policy includes the Benefit Increase Rider.  This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.  Premium Class, Tobacco or Non-Tobacco options are: <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
<b>Page 17 of 21</b>	<b>Catastrophic Disability</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>	This row will be included only if the Policy includes the Catastrophic Disability Rider.  This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.  [\$3,750] Amount of Catastrophic Disability Coverage.  Waiting Period can vary based on Owner/Insured’s selection and are as follows: 60 days, 90 days, 180 days, 365 days.

Location	Bracketed Information	Statement of Variability
	<u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>  <u>Premium Class</u>	<p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 2 years, 5 years, 10 years, To Age 65, To Age 67, To Age 70.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>
Page 17 of 21	<b>Cost of Living Adjustment</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>  <u>Premium Class</u>	<p>This row will be included only if the Policy includes the Cost of Living Adjustment Rider.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>[\$100-\$30,000] Amount of monthly benefit provided by Coverage. Equals the amount of base coverage.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.</p> <p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 10 years, To Age 65, To Age 67, To Age 70.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> </ul>

Location	Bracketed Information	Statement of Variability
		<ul style="list-style-type: none"> <li>• <i>“Standard, Tobacco”</i></li> <li>• <i>“Substandard, Non-Tobacco”</i></li> <li>• <i>“Substandard, Tobacco”</i></li> </ul>
<b>Page 17 of 21</b>	<b>Extended Partial Disability</b>	This row will be included only if the Policy includes the Extended Partial Disability Benefits Rider.
	<u>Coverage Date</u>	This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.
	<u>Monthly Benefit</u>	[\$100-\$30,000] Amount of monthly benefit provided by Coverage. Equal to amount of base.
	<u>Waiting Period</u>	Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.
	<u>Maximum Benefit Period</u>	Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 2 years, 5 years, 10 years, To Age 65, To Age 67, To Age 70.
	<u>Risk Class (Occupational Class)</u>	<p>This section will reflect the Occupational Class for coverage (e.g., “5A”). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., “/ 1”).</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p>
	<u>Premium Class</u>	<p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• <i>“Standard, Non-Tobacco”</i></li> <li>• <i>“Standard, Tobacco”</i></li> <li>• <i>“Substandard, Non-Tobacco”</i></li> <li>• <i>“Substandard, Tobacco”</i></li> </ul>
<b>Page 17 of 21</b>	<b>Future Insurability Option</b>	This row will be included only if the Policy includes the Future Insurability Option Rider.
	<u>Coverage Date</u>	This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.
	<u>Monthly Benefit</u>	[\$2,000] Pool amount of Future Insurability Option Rider Coverage. Any amount greater than or equal to the minimum Monthly Benefit (\$500).
	<u>Risk Class (Occupational Class)</u>	This section will reflect the Occupational Class for coverage (e.g., “5A”). If the Insured's occupation

Location	Bracketed Information	Statement of Variability
	<p><u>Class</u></p> <p><u>Premium Class</u></p>	<p>requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>
<b>Page 17 of 21</b>	<p><b>Group Supplement Disability Benefits Coverage A</b></p> <p><u>Coverage Date</u></p> <p><u>Monthly Benefit</u></p> <p><u>Waiting Period</u></p> <p><u>Maximum Benefit Period</u></p> <p><u>Risk Class (Occupational Class)</u></p> <p><u>Premium Class</u></p>	<p>This row will be included only if the Policy includes the Group Supplement Disability Benefits Rider and Coverage A is elected.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>[\$3,750] Amount of Group Supplement Disability Benefits Coverage A.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.</p> <p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 10 years, To Age 65, To Age 67.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>



Location	Bracketed Information	Statement of Variability
Page 18 of 21	<b>Group Supplement Disability Benefits Coverage B</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>  <u>Premium Class</u>	<p>This row will be included only if the Policy includes the Group Supplement Disability Benefits Rider and Coverage B is elected.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>[\$3,750] Amount of Group Supplement Disability Benefits Coverage B.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.</p> <p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 10 years, To Age 65, To Age 67, To Age 70.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>
Page 18 of 21	<b>Own Occupation</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>	<p>This row will only be included if the Policy includes the Own Occupation Rider.</p> <p>If the Policy also includes the optional Extended Partial Disability Benefits Rider then reference to Footnote "10" will appear.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>[\$100-\$30,000] Amount of Own Occupation Coverage. Equal to amount of base.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days or 730 days.</p>

Location	Bracketed Information	Statement of Variability
	<u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>  <u>Premium Class</u>	<p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 10 years, To Age 65, To Age 67, To Age 70.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>
Page 18 of 21	<b>RetireGuard</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>  <u>Premium Class</u>	<p>This row will be included only if the Policy includes the RetireGuard Rider.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>[\$1,000] Amount of monthly benefit provided by Coverage. Any amount greater than or equal to the minimum Monthly Benefit (\$100).</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days or 730 days.</p> <p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 10 years, To Age 65, To Age 67.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> </ul>

Location	Bracketed Information	Statement of Variability
Page 18 of 21	<b>RetireGuard COLA Benefit</b>	<ul style="list-style-type: none"> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul> <p>This row will only be included if the Policy includes the RetireGuard Rider and the optional RetireGuard COLA Benefit is elected.</p>
	<u>Monthly Benefit</u>	[\$2,000] Amount of RetireGuard COLA Benefit Coverage. Any amount greater than or equal to the minimum Monthly Benefit (\$500).
	<u>Maximum Benefit Period</u>	Maximum Benefit Period can vary based on Owner/Insured’s selection and are as follows: 10 years, To Age 65, To Age 67.
Page 18 of 21	<b>RetireGuard FIO Benefit</b>	This row will be included only if the Policy includes the RetireGuard Rider and the optional RetireGuard Future Insurability Option (FIO) Benefit is elected.
	<u>Monthly Benefit</u>	[\$4,000] Pool amount of RetireGuard FIO Benefit Coverage. Any amount greater than or equal to the minimum Monthly Benefit (\$500).
Page 18 of 21	<b>Short Term Disability - Option 1</b>	This row will only be included if the Policy includes the Short Term Disability Rider with an election of Option 1.
	<u>Coverage Date</u>	This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.
	<u>Monthly Benefit</u>	Amount of Short Term Disability Rider Option 1 Coverage.
	<u>Waiting Period</u>	Waiting Period can vary based on Owner/Insured’s selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.
	<u>Maximum Benefit Period</u>	Maximum Benefit Period can vary based on Owner/Insured’s selection and currently are as follows: <ul style="list-style-type: none"> <li>• “3 Months”</li> <li>• “4 Months”</li> </ul> <p>In the future, the Maximum Benefit Period offered by change for new issues only, but will not exceed “6 Months”.</p>
	<u>Risk Class (Occupational Class)</u>	This section will reflect the Occupational Class for coverage (e.g., “5A”). If the Insured’s occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., “/ 1”).  Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.

Location	Bracketed Information	Statement of Variability
	<u>Premium Class</u>	Occupational Sub Class Options are: 1, 2, 3, 4, 5.  Premium Class, Tobacco or Non-Tobacco options are: <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
<b>Page 18 of 21</b>	<b>Short Term Disability - Option 2</b>  <u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Maximum Benefit Period</u>   <u>Risk Class (Occupational Class)</u>          <u>Premium Class</u>	This row will only be included if the Policy includes the Short Term Disability Rider with an election of Option 2.  This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.  Amount of Short Term Disability Rider Option 2 Coverage.  Waiting Period can vary based on Owner/Insured’s selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.  Maximum Benefit Period can vary based on Owner/Insured’s selection and currently are as follows: <ul style="list-style-type: none"> <li>• “6 Months”</li> </ul> In the future, the Maximum Benefit Period offered by change for new issues only, but will not exceed “12 Months”.  This section will reflect the Occupational Class for coverage (e.g., “5A”). If the Insured’s occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., “/ 1”).  Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.  Occupational Sub Class Options are: 1, 2, 3, 4, 5.  Premium Class, Tobacco or Non-Tobacco options are: <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
<b>Page 18 of 21</b>	<b>Social Insurance</b>	This row will only be included if the Policy includes the Social Insurance Rider.

Location	Bracketed Information	Statement of Variability
	<u>Coverage Date</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Maximum Benefit Period</u>  <u>Risk Class (Occupational Class)</u>   <u>Premium Class</u>	<p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>Amount of Social Insurance Rider Coverage.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 60 days, 90 days, 180 days, 365 days, 730 days.</p> <p>Maximum Benefit Period can vary based on Owner/Insured's selection and are as follows: 2 years, 5 years, 10 years, To Age 65, To Age 67, To Age 70.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p> <p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• "Standard, Non-Tobacco"</li> <li>• "Standard, Tobacco"</li> <li>• "Substandard, Non-Tobacco"</li> <li>• "Substandard, Tobacco"</li> </ul>
<b>Page 19 of 21</b>	<b>Student Loan</b>  <u>Coverage Date</u>  <u>Coverage Term</u>  <u>Monthly Benefit</u>  <u>Waiting Period</u>  <u>Risk Class (Occupational Class)</u>	<p>This row will only be included if the Policy includes the Student Loan Rider.</p> <p>This section will reflect the date this Coverage begins provided it is Effective as defined in the Policy.</p> <p>Length of the Student Loan Rider Coverage will be selected on the application. The applicant will choose between a "10-Year" or "15-Year" Coverage Term.</p> <p>Amount of Student Loan Rider Coverage.</p> <p>Waiting Period can vary based on Owner/Insured's selection and are as follows: 90 days, 180 days.</p> <p>This section will reflect the Occupational Class for coverage (e.g., "5A"). If the Insured's occupation requires sub classification, this section will also reflect the Occupational Sub-Class for coverage (e.g., "/ 1").</p> <p>Occupational Class Options are: 5A, 5P, 4A, 4P, 3A, 3P, 2A, A.</p>

Location	Bracketed Information	Statement of Variability
	<u>Premium Class</u>	<p>Occupational Sub Class Options are: 1, 2, 3, 4, 5.</p> <p>Premium Class, Tobacco or Non-Tobacco options are:</p> <ul style="list-style-type: none"> <li>• “Standard, Non-Tobacco”</li> <li>• “Standard, Tobacco”</li> <li>• “Substandard, Non-Tobacco”</li> <li>• “Substandard, Tobacco”</li> </ul>
Page 19 of 21	Footnote 9	This footnote will be included only if the Policy includes the optional Cost of Living Adjustment Rider.
Page 19 of 21	Footnote 10	This footnote will be included only if the Policy includes the optional Extended Partial Disability Benefits Rider with an election of the optional Own Occupation Rider.
Page 20 of 21	Footnote †	The footnote will reflect the applicable information for each issued Policy.
Page 21 of 21	<b>AUTOMATIC BENEFIT INCREASE RIDER</b>	<p>This page will only be included if the Policy includes the Automatic Benefit Increase Rider.</p> <p>If this section flows onto multiple pages, an abbreviated page header titled “AUTOMATIC BENEFIT INCREASE RIDER (continued for)” will appear at the top of each subsequent page of the section.</p> <p>The table will reflect the applicable information for each issued Policy.</p> <p>If the Policy Owner makes a change to the Coverage(s) elected and In Force on the Policy, information will appear only for future increase(s).</p> <p>A set of rows will appear on this page for each of the following riders if In Force on the Policy:</p> <ul style="list-style-type: none"> <li>• Cost Of Living Adjustment Rider</li> <li>• Extended Partial Disability Benefits Rider</li> <li>• Own Occupation Rider</li> </ul> <p>This section will reflect the amounts for each issued Coverage.</p>
<b>All other bracketed items are John Doe information.</b>		

*\*Includes state variations*

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:

If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:

If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:

If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:

If a Disability begins:

Before Age 64	To Age 67, <del>but not less than 36 Months</del>
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:

If a Disability begins:

Before Age <del>64</del> 65	To Age 70
At Age <del>64, but before Age 65</del> <u>and over</u>	<del>36-24</del> Months ]

**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:

If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:

If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:

If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:

If a Disability begins:

Before Age 64	To Age 67, <del>but not less than 36 Months</del>
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:

If a Disability begins:

Before Age <del>64</del> 65	To Age 70
At Age <del>64, but before Age 65</del> <u>and over</u>	<del>36-24</del> Months ]



**[ COVERAGE DETAIL (continued for)**

Insured:	[JOHN DOE]	Policy Number:	[123456789]
Policy Date:	[APR 01, 2016]	Issue Date:	[APR 01, 2016] ]

†The Maximum Benefit Period for a Disability with a 5-Year Benefit Period is as follows:

If a Disability begins:

Before Age 61	60 Months
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a 10-Year Benefit Period is as follows:

If a Disability begins:

Before Age 55	120 Months
At Age 55, but before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 65 Benefit Period is as follows:

If a Disability begins:

Before Age 61	To Age 65
At Age 61, but before Age 62	48 Months
At Age 62, but before Age 63	42 Months
At Age 63, but before Age 64	36 Months
At Age 64, but before Age 65	30 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 67 Benefit Period is as follows:

If a Disability begins:

Before Age 64	To Age 67, <del>but not less than 36 Months</del>
At Age 64, but before Age 65	36 Months
At Age 65 and over	24 Months

†The Maximum Benefit Period for a Disability with a To Age 70 Benefit Period is as follows:

If a Disability begins:

Before Age <del>64</del> 65	To Age 70
At Age <del>64, but before Age 65</del> <u>and over</u>	<del>36-24</del> Months ]