Income Protection Insurance

Platinum Advantage



Annotated Sample Policy
Individual Disability Insurance

This sample contract is not intended to replace the filed contract, which may differ from this sample policy.

Standard Insurance Company
1100 SW Sixth Avenue, Portland OR 97204
A subsidiary of StanCorp Financial Group, Inc.

Not for use in CA, FL, MT, NY, ND, SD, WY

TheStandard®

If you are under the age of 65, the termination date of your policy will be the policy anniversary date that falls on or right after your [65th] [67th] birthday. Before the termination date, we may change your premium rate, but we won't cancel or make any other changes to your policy as long as you're up to date on your premium payments. We can only change the premium rate after the policy has been in effect for three years and only if we change the rate for all policies in your same risk class.

We want you to be satisfied with the policy we deliver to you. If you decide within 30 days that you don't want the policy, we'll cancel it with no questions asked.

Standard Insurance Company

INSURED: [ ]

POLICY NUMBER: [ ]

DISABILITY INCOME INSURANCE POLICY

This is a non-participating Disability Income Insurance Policy. Standard Insurance Company, a stock life insurance company, issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. A copy of the application is attached to and made part of the policy.

GUARANTEED RENEWABLE TO AGE [65] [67]. If the Insured's Issue Age, as shown on the Policy Data page, is under age 65, this policy is guaranteed renewable until the Policy Anniversary on or next following the Insured's [65th] [67th] birthday (the Termination Date shown on the Policy Data page). If the Insured's Issue Age is age 65 or older, this policy is guaranteed renewable until the first Policy Anniversary (the Termination Date shown on the Policy Data page). As long as the premium is paid by the end of each grace period, we cannot change any part of the policy, except its premium, until the Termination Date. Before that date we can change the premium only: (1) After the policy is three years old; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

CONDITIONALLY RENEWABLE AFTER THE TERMINATION DATE. The Owner may request that the policy continue on a limited basis beyond the Termination Date. If the request is approved, the policy will become conditionally renewable and subject to the terms of the Renewal Option After The Termination Date provision. Only the coverage for Total Disability will continue and premiums will be based on the Insured's attained age.

RIGHT TO RETURN POLICY. If not satisfied with this policy, the Owner may return it for cancellation within 30 days after receipt by the Owner. The policy must be returned to the sales representative who sold it or to our Home Office. The policy will then be void from the beginning, and any premium paid for it will be refunded to the Owner.

READ THIS POLICY CAREFULLY. It is a legal contract between the Owner and Standard Insurance Company. **Pre-existing Condition limitations or exclusions and other limitations or exclusions may apply.**

The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx].

Signed at our Home Office
1100 S.W. Sixth Avenue Portland, Oregon 97204
800-247-6888
www.standard.com

STANDARD INSURANCE COMPANY

By

Daniel J. McMillan
President and CEO

Elizabeth A. Fouts
Corporate Secretary

ICC17-B180(07/17)

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This refers to the number of days after the start of your disability before you are eligible to receive a disability payment.

Our underwriting experts use risk and occupation class as factors in determining terms of coverage and premium rates.

POLICY DATA

Insured	[JOHN DOE]	[00C9999990]	**Policy Number**
Policy Effective Date	[July 2, 2016]	[35]	**Issue Age**
Owner at Issue	[The Insured]	[Non-Smoker]	**Risk Class**
Termination Date	[July 2, 2048]	[4A]	**Occupation Class**
Benefit Waiting Period	[90 days]	[Male]	**Gender**

PREMIUM SUMMARY

	Annual Premium
Base Policy	$[1,545.50]
Riders	$[988.51]
Net Annual Premium:	$[2,280.61]{*}

[Mode of Premium Payment: [Special Monthly] **Amount:** $199.55]

There are four premium modes available. The total amount due over a policy year varies by the mode selected. The mode you chose is noted above. The total due over the policy year for this mode and the difference between that total and the net annual premium payment are noted below:

Total of [Special Monthly] Premium Payments: $[2,394.60]

Difference between net annual premium and total [Special Monthly] payments: $[113.99]**]**

{*The Net Annual Premium reflects the following discount(s):

[Multi-Life Discount	10%]
[Preferred Occupation Discount	10%]
[Student/Resident Discount	15%]
[Graduate Medical Education Discount	15%]
[Business Owner Discount	10%]
[Multi-Product Discount	5%]
[Mental Disorder/Substance Abuse Limitation	10%]}

[NONCANCELABLE / GUARANTEED RENEWABLE POLICY]

BASIC POLICY BENEFITS ([To Age 67])

Commencement Date [91st] day of Disability

Basic Monthly Benefit $[5,000]

This is the maximum amount of time we will pay benefits under your policy.

Maximum Benefit Period: [To Age 67] – Determined by Your age when Disability begins; see Schedule of Maximum Benefit Periods on the next page.

Many additional forms of income protection are available through our wide range of optional riders.

POLICY DATA
(CONTINUED)

Insured [JOHN DOE] [00C9999990] **Policy Number**

Schedule of Maximum Benefit Periods

Age When Disability Begins	Maximum Benefit Period
[61 or younger	To age 67
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months]

ADDED BENEFITS

Rider	Amount Of Benefits	Annual Premium Prior to Age [67]
Noncancelable Policy Rider		*
Benefit Increase Rider Expiration Date: [July 2, 2036]		0
Automatic Increase Benefit Rider		0
Indexed Cost of Living Rider	[3%] [6%]	[$293.24]
Catastrophic Disability Benefit Rider	$[5,000.00] Per Month	[$207.50]
Student Loan Rider Maximum Monthly Student Loan Benefit: $[1,500] Student Loan Benefit Waiting Period: [90] days Student Loan Benefit Expiration Date: [July 2, 2026]		[$141.40]**
Basic Residual Disability Rider		[$185.40]
Enhanced Residual Disability Benefit Rider		[$xx.xx]
Short Term Residual Disability Benefit Rider		[$xx.xx]
Own Occupation Benefit Rider		[$160.97]

{Total Premium for Riders [$988.51]**}**

{* Premium included in base policy premium and any applicable rider premium.}

{** Payable to expiration date.}

If this policy was issued with an increased premium, exclusion or other modification, you may contact us if there are any changes to your health, occupation, avocation or other risk factor that might allow coverage to be continued without the modification. We will review the information you provide plus any other information available to us regarding all risk factors associated with you as of the time of our review. Using our underwriting rules and guidelines then in effect, we reserve the right to offer any change that we think is most appropriate, as well as the right to decline to make any change, regardless of whether the change in risk factor(s) is directly related to the reason for the policy modification.

INTRODUCTION

We agree to pay benefits according to the terms of this policy if you become Disabled while this policy is in force and you give us Proof Of Loss for any benefits for which you submit a claim.

In this policy **you/your** mean the Insured; **we/us/our** mean Standard Insurance Company. Other defined terms have initial capital letters and are defined in the DEFINITIONS section or in the provisions in which they first appear and to which they primarily pertain.

Disability/Disabled means that you are Totally Disabled.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability that are made under this policy.

BENEFITS FOR DISABILITY

BENEFIT FOR TOTAL DISABILITY

You will be eligible for a Disability Benefit during your Total Disability if you meet the requirements below. The Disability Benefit we will pay each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Regular Occupation; and
- you are not engaged in any other job or occupation for wage or profit; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

This refers to your occupation at the time you become disabled. This section also defines regular occupation for specialized physicians and dentists.

Regular Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins.

If you are a physician or dentist and have limited your Regular Occupation to the performance of the Substantial And Material Duties of a single specialty recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) or American Dental Association (ADA), then that specialty will be deemed your Regular Occupation.

If you are unemployed at the time Disability begins, then the last occupation in which you worked at least 30 hours per week will be deemed your Regular Occupation.

If you are retired at the time Disability begins, then being retired will be deemed your Regular Occupation.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

For example, a presumptive disability could be the total and permanent loss of hearing in both ears.

You don't have to satisfy a benefit waiting period before receiving benefits for a presumptive disability.

BENEFIT FOR PRESUMPTIVE DISABILITY

You will be considered Totally Disabled if, after the Policy Effective Date, you become Presumptively Disabled.

Presumptive Disability/Presumptively Disabled means that you have an Injury or Sickness that first occurs while this policy is in force and results in your total and permanent loss of any of the following:

- speech;
- hearing in both ears, not restorable by hearing aids;
- Sight in both eyes which measures at or below 20/200, after reasonable efforts are made to correct your vision using the most advanced, medically acceptable procedures and devices available;
- use of both hands;
- use of both feet; or
- use of one hand and one foot.

For Total Disability resulting from Presumptive Disability, we will pay a Disability Benefit equal to the Basic Monthly Benefit regardless of your Monthly Earnings. We will waive the Benefit Waiting Period, and the Disability Benefit for Presumptive Disability will begin on the Commencement Date and will be payable until the end of the Maximum Benefit Period.

As you're recuperating from a disability, you can receive help to return to work full-time. We'll pay the reasonable costs of a voluntary rehabilitation program, which may include workplace modifications, training and family care expenses.

REHABILITATION PROGRAM

While you are Disabled you may participate in a Rehabilitation Program to help you prepare for your return to full-time work.

Rehabilitation Program means a written program, plan, or course of vocational training or education. A Rehabilitation Program may be proposed by you or us. The terms, conditions, and objectives of the Rehabilitation Program must be accepted by you and approved by us before we will pay for any costs connected with it.

An approved Rehabilitation Program may include our payment of some or all of the expenses you incur in connection with the plan. Such expenses may include workplace, vehicle or home modifications, training and educational expenses, family care expenses, job-related expenses, and/or job search expenses.

We will pay the reasonable costs of a Rehabilitation Program that are not otherwise covered by any other plan, policy, or program. We will periodically review the Rehabilitation Program and your progress; and we will continue to pay the agreed upon costs for as long as we determine that the Rehabilitation Program is meeting the mutually agreed upon objectives.

Your participation in a Rehabilitation Program is not required by this policy. If you decide to participate and you later cease to participate in the Rehabilitation Program, we will continue paying any Disability Benefits you are eligible to receive.

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If you are receiving disability benefits, you won't have to worry about paying your premium. This benefit allows you to maintain your coverage even though you're not making premium payments, as long as disability benefits are payable.

This benefit helps you cover your expenses if you lose income and hours worked while caring for a qualified family member with a serious health condition. This valuable benefit lessens the effect of a family member's illness on your income. You do not have to be disabled to receive this benefit, but able to demonstrate a loss of time and income.

ADDITIONAL BENEFITS

PREMIUM WAIVER BENEFIT

We will waive all premiums due under this policy while Disability Benefits {or Recovery Benefits} are payable. In addition, if the Benefit Waiting Period is greater than 90 days, we will waive all premiums due and payable after the 90th day of Disability, up to the Commencement Date, as long as you remain Disabled.

After completion of the Benefit Waiting Period, we will refund any premium due and paid after the date your Disability began.

We will continue to waive all premiums for as long as Disability Benefits are payable for the same claim. The Owner will resume responsibility for premium payments on the next monthly premium due date after your Disability ends.

If Disability Benefits have been paid for the Maximum Benefit Period and you remain Disabled, premiums will continue to be waived if we receive satisfactory Proof Of Loss of your continued Disability. We have the right to periodically request Proof Of Loss while premiums continue to be waived. If satisfactory Proof Of Loss is not provided, you must resume premium payment on the next monthly premium due date.

FAMILY CARE BENEFIT

After the Benefit Waiting Period, we will pay a Family Care Benefit while:

- you are working at least 20% fewer hours in order to care for your Family Member while he or she has a Serious Health Condition which began after the Policy Effective Date and before the Termination Date; and
- your Monthly Earnings is at least 20% less than your Predisability Earnings due to that reduction in hours worked; and
- you are not Disabled; and
- no other benefit is payable under this policy.

Family Member means your parent, child (including an adopted child and stepchild), spouse, Domestic Partner, and child of your Domestic Partner.

Serious Health Condition means that due to your Family Member's Injury or Sickness, he or she:

- is receiving inpatient care in a hospital, hospice or residential medical care facility;
- requires Substantial Supervision for his or her health or safety due to Severe Cognitive Impairment;
- is unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- is terminally ill with a condition that is reasonably expected to result in death within 12 months.

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Some provisions may vary in some states. Riders are available at extra cost.

We may require appropriate authorization from your Family Member to obtain information about your Family Member's Serious Health Condition, as well as documentation of your income and employment, as we deem necessary to evaluate your claim.

For a Family Care Benefit to be payable, the Serious Health Condition must be caused by an Injury or Sickness that first occurs or manifests itself after the Policy Effective Date and before the Termination Date.

A recurrent Serious Health Condition from the same cause or causes, if interrupted by periods of recovery of less than 180 days, will be considered one Serious Health Condition. However, no Family Care Benefits are payable during any period the Family Member is not experiencing a Serious Health Condition.

You may claim the Family Care Benefit up to two times while the policy is in force. The maximum amount of Family Care Benefit we will pay for all claims and all Family Members is a total amount equal to six times the Basic Monthly Benefit. Any part of this total amount remaining after the first claim will be available for a second claim.

Only one claim for the Family Care Benefit will be paid at a time. A new Benefit Waiting Period will be required if a different Family Member experiences a Serious Health Condition or the same Family Member experiences a new Serious Health Condition.

The Family Care Benefit will begin once the Benefit Waiting Period is met, as measured from the day the Serious Health Condition begins. The amount of Family Care Benefit we will pay each month will depend on the amount of your Monthly Earnings.

If your Monthly Earnings is:

- less than 20% of your Predisability Earnings, the amount we will pay will equal the Basic Monthly Benefit.
- 20% to 80% of your Predisability Earnings, the amount we will pay will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Predisability Earnings – your Monthly Earnings}}{\text{your Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- more than 80% of your Predisability Earnings, no Family Care Benefit is payable.

If a Family Member dies while the Family Care Benefit is being paid, the Family Care Benefit will end as of the date of death. Premiums will not be waived while the Family Care Benefit is paid.

The person you choose will receive a survivor benefit if you die while disability benefits are being paid. The amount of the benefit will equal three times the policy's basic monthly benefit.

SURVIVOR BENEFIT

We will pay a benefit to a survivor (Survivor Benefit) if you die while Disability Benefits are payable under this policy. The amount of the Survivor Benefit will equal three times the Basic Monthly Benefit. There is no Benefit Waiting Period for the Survivor Benefit.

While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. The designation or change must be made on a form satisfactory to us.

TRANSPLANT SURGERY DISABILITY BENEFIT

We will consider you as Disabled if you otherwise meet the definition of Disabled as a result of your having surgery to transplant part of your body to someone else. The transplant surgery must occur after the Policy Effective Date.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE

We will not pay benefits for:

- disability caused or contributed to by war, declared or undeclared, or any act or incident of war, or which resulted from military training, military action or military conflict while you are on active duty in the military service;
- the first 90 days of your Disability due to pregnancy or childbirth, except for Complications Of Pregnancy;
- disability caused or contributed to by your committing or attempting to commit a felony, or your being engaged in an illegal occupation;
- disability caused or contributed to by your actively participating in a violent disorder or riot. "Actively participating" does not include your being at the scene of a violent disorder or riot while performing your official duties;
- disability while you are confined for any reason to a penal or correctional institution for a period of more than 7 days; or
- intentionally self-inflicted Injury.

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BENEFIT WAITING PERIOD LIMITATION

Unless otherwise stated in this policy, there is a Benefit Waiting Period for each claim for benefits from the same cause or causes. No benefits are payable during the Benefit Waiting Period. Benefits start on the Commencement Date, if you are Disabled on that date.

Benefit Waiting Period means a period, measured from the first day of your Disability throughout which you must be Disabled before benefits become payable. The Benefit Waiting Period is shown on the Policy Data page.

With respect to the Family Care Benefit, the Benefit Waiting Period means a period, measured from the first day of your Family Member's Serious Health Condition, throughout which your Family Member must have a Serious Health Condition before a Family Care Benefit becomes payable.

The days in the Benefit Waiting Period may be consecutive; or they may be interrupted by period(s) of Recovery. However, for any benefit to become payable, the number of days in the Benefit Waiting Period must be reached within a larger period of consecutive days, as follows:

Benefit Waiting Period		Consecutive Days
60 days	*must be reached within*	120 days
90 days		180 days
180 days		360 days
365 days		540 days

Unless otherwise stated, the benefits begin on the Commencement Date and continue, subject to the terms of this policy, until the end of the Maximum Benefit Period.

CONCURRENT DISABILITY

When your Disability is caused by more than one Injury or Sickness or from a combination of these, we will pay Disability Benefits as if there were only one Injury or Sickness. In no event will you be considered to have more than one Disability at the same time. Once a period of Disability starts, it will be one period of Disability no matter what Injury or Sickness, or how many, caused the Disability to start or caused you to remain Disabled.

RECURRENT DISABILITY

If you become Disabled due to the same cause or causes within [6] [12] full months after the end of a period of Disability for which Disability Benefits had been paid, the later period of Disability will be considered a Recurrent Disability. Disability Benefits paid for a Recurrent Disability are considered a continuation of the preceding period of Disability and will not be subject to a new Benefit Waiting Period. However, Disability Benefits paid for a Recurrent Disability are subject to the Maximum Benefit Period that started with the preceding period of Disability, and, if the Maximum Benefit Period had ended with respect to the preceding Disability, benefits will not be payable for a Recurrent Disability.

If you become Disabled due to the same cause or causes after the end of a period of Disability for which Disability Benefits had been paid and you have been working for at least 30 hours per week for at least [6] [12] consecutive months, the later period of Disability will be considered a

You will not have to satisfy a new benefit waiting period if you recover from your disability but become disabled again from the same cause within [6][12] months. The time that you receive benefits for this recurrent disability counts toward the same maximum benefit period.

If a disability occurs from the same cause [6][12] or more months after you've recovered and returned to work at least 30 hours per week, a new benefit waiting period and maximum benefit period apply.

new period of Disability. A new Benefit Waiting Period must be satisfied before benefits are payable, and a new Maximum Benefit Period will apply. Also, if you become Disabled due to a different or unrelated cause or causes after the end of a period of Disability for which Disability Benefits had been paid, the later period of Disability will be considered a new period of Disability.

PRE-EXISTING CONDITIONS

Disability Benefits for a Disability caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement.

Pre-existing Condition means any mental or physical condition for which, during the 365 days immediately prior to the Policy Effective Date:

- you have consulted a physician or any other licensed medical professional, or received medical treatment or services;
- you have undergone diagnostic procedures or you have taken prescription drugs or medications; or
- a reasonably prudent person would have sought medical advice, care or treatment.

LOSS OF LICENSE

While your Injury or Sickness may result in the loss or restriction of a professional license, occupation license or certification, that loss or restriction, by itself, does not constitute a Disability.

(This space is intentionally left blank.)

This section outlines how claims are evaluated and benefits are paid.

CLAIMS

NOTICE OF CLAIM

You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability or your Family Member's Serious Health Condition starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the policy number.

CLAIM FORMS

After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you may submit a letter of claim to our Home Office. The letter must include the date the Disability or Serious Health Condition began, and the cause and nature of the Disability or Serious Health Condition.

When you file a claim, you'll be required to send us "proof of loss." We explain what that means in this section.

To satisfy the proof of loss requirement, we may require medical records, income documentation and other information. If we don't receive the information within 45 days after we request it, your claim may be turned down.

PROOF OF LOSS

You are responsible for providing Proof Of Loss. Proof Of Loss must be sent to our Home Office. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided Proof of Loss is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given Proof of Loss within one year after the 90th day referred to above, for that claim to be valid.

Proof Of Loss means written proof that you are or were Disabled and entitled to Disability Benefits under this policy. In addition to the completed claim form(s), or your letter of claim, Proof Of Loss includes proof that:

- you became Disabled while this policy was in force; and
- you are or were Disabled through the Benefit Waiting Period and the Commencement Date; and
- you are or were receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness.

For purposes of the Family Care Benefit, Proof Of Loss means written proof that, while this policy was in force and continuous through the Benefit Waiting Period, your Family Member had a Serious Health Condition; and you worked reduced hours and had reduced earnings during that Family Member's Serious Health Condition.

Proof Of Loss for any claim may also include any information and documentation we may reasonably require in order to substantiate and evaluate your claim, including but not limited to:

- medical records and physicians' notes or statements; and
- medical examinations; and
- documentation of your prior and current income, including tax returns; and
- examination(s) of financial and operational records.

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There may be times when we ask you to undergo medical or financial exams — at our expense — to confirm that you continue to be eligible for disability benefits.

If any required information or documentation is not provided within 45 days after we send our request, your claim may be denied.

Except for medical or financial records examinations, you are responsible for all costs of providing Proof Of Loss.

We will require written authorization for us to obtain the information or documentation we require as Proof Of Loss. We will also require you to submit additional documentation of your claim at your expense at reasonable intervals while you are receiving Disability Benefits.

EXAMINATIONS

As part of the required Proof Of Loss, we have the right to require periodic examinations to determine your eligibility for Disability Benefits. These examinations will be done at our expense and by examiner(s) selected by us. We will choose examiner(s) appropriate for the evaluation of your claim. Examinations may include but are not limited to:

- independent medical and psychiatric examinations by physicians or specialists; and
- functional capacity examinations and occupational and vocational evaluations; and
- examinations and analyses of your financial and operational records and those of any business in which you have an interest. Such records may include tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents.

We may deny or suspend payment of Disability Benefits if you fail to submit to an examination, or if you fail to cooperate with the person conducting the examination. Disability Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable. In the event of death, we may require an autopsy, at our expense, where permitted by law.

TIME OF PAYMENT

After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay Disability Benefits under this policy. Any accrued Disability Benefits will be paid immediately. Any Disability Benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss. If we pay benefits more than 30 days after we receive satisfactory Proof Of Loss, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory Proof Of Loss and ending on the day the benefit is paid.

Once your claim is approved, Disability Benefits will continue until the end of the period for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive Disability Benefits.

We will make benefit payments to the owner unless another recipient is designated.

PAYMENT OF CLAIMS

We will pay all benefits to the Owner, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. At the Owner's request we will provide a form for naming or changing a payee.

If the Owner has died or lacks legal capacity and no payee has been named by the Owner, or if a named payee is not living at the time of the Owner's death, we will pay benefits:

- to the Owner's surviving spouse; if none, then
- equally to the Owner's surviving natural and adopted children; if none, then
- equally to the Owner's surviving parent(s); if none, then
- to the Owner's estate.

We will not be liable to anyone to the extent we make payment in good faith.

OVERPAYMENT OF BENEFITS

We have the right to be reimbursed for any overpayment of benefits under this policy. We will notify the Owner promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.

INVESTIGATION OF YOUR CLAIM

We may conduct an investigation of your claim at any time. We will pay benefits only after we have had a reasonable time to conduct an investigation of your claim, and we have determined that benefits are payable.

If we close or deny your claim, you have up to 180 days to request a review. When we receive your written request, we will give it our prompt attention.

REVIEW PROCEDURE

If we deny all or part of your claim, you may request a review by contacting us in writing at our Home Office. You may make the request within 180 days after receiving notice of the denial.

You may review any non-privileged information that relates to your request for review; and you may send us written comments or other items to support your claim.

We will review your claim promptly after we receive your request for review. We will send you a notice of our decision not more than 60 days after we receive your request. If special circumstances require an extension, we will send the notice of decision to you within 120 days. We will state the reasons for our decision and we will reference the relevant parts of the policy.

Choose how often you'd like to pay premiums. You can make annual, semi-annual or quarterly payments, or request a special monthly premium schedule.

After the first premium, you'll have a 31-day grace period after each due date to pay your premiums. After the grace period, the policy will terminate if the premium is not paid.

You may be able to reinstate the policy within six months of termination if the policy lapses because a premium is not paid.

PREMIUMS, REINSTATEMENT, TERMINATION

PREMIUMS

The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at our Home Office. The initial premium is due on or before the Policy Effective Date. If the initial premium is not paid, the policy is never in force.

Premiums may be paid on an annual, semi-annual or quarterly basis. Also, the Owner may request a special monthly premium mode, subject to our rules and approval. We may terminate this special mode by providing written notice to the Owner.

The Owner may request a change of premium mode by writing to us. The change is subject to our rules and approval. No change of premium mode will be allowed while you are Disabled or while benefits are payable.

GRACE PERIOD

A 31-day grace period to pay premiums follows the due date of each premium except the initial premium. The policy will continue in force during the grace period. If a premium is not paid by the end of its grace period, the policy will terminate. If you become Disabled during the grace period, we will deduct any due and unpaid premiums from any benefits we pay.

REINSTATEMENT

If this policy ends because a premium is not paid by the end of the grace period, the Owner may request that the policy be reinstated. The request must be made any time within six months after termination.

If our requirements for reinstatement are met, the policy may be reinstated in one of the following ways:

- **Reinstatement Without An Application** – If we receive the required premium and we do not require a reinstatement application, our acceptance of the required premium without an application will reinstate the policy as though the policy lapse had not occurred.

- **Application Required; Conditional Receipt Issued** – If we receive the required premium, but we require an application for reinstatement and issue a conditional receipt for the premium tendered, reinstatement is subject to our approval. Reinstatement will be effective on the date we approve the application.

  However, if we disapprove the application, we must mail notice of our disapproval to the Owner within 45 days after the date of the conditional receipt. If we do not mail notice of our disapproval within that time, the policy will be reinstated as of the 45th day.

  The reinstated policy will only cover Disabilities due to Injury sustained or Sickness that began after the Reinstatement Date.

You may suspend your policy for as long as five years while you are on full-time active duty in the military service.

If we require an application for reinstatement, a new period for contesting the policy or a claim will apply to the reinstated policy. See Time Limit On Certain Defenses under GENERAL PROVISIONS. We may add or change provisions or limitations when we reinstate the policy. Except for the provisions that may be added or changed, the Owner's rights and our rights will be the same as before the policy terminated.

SUSPENSION DURING MILITARY SERVICE

If you are on full-time active duty in the military service of any nation or international authority or a reserve component of the armed forces of the United States, you may suspend the policy by providing us with written request to suspend the policy. Coverage will be suspended on the date we receive your written request (or a later date if requested by you) and the suspension will become effective on the date your active duty begins. You may not suspend the policy during active military training lasting 90 days or less. We will refund the pro rata portion of any premium paid beyond the date the suspension becomes effective. While the policy is suspended, no premiums are due and you have no coverage under the policy.

If your full-time active duty in the military services ends within five years from the date of suspension and before the Termination Date, you may request, in writing, that coverage be resumed without evidence of insurability. Your coverage will be resumed as of the date of termination of active duty if we receive your written request and the required premium within 90 days after your active duty ends. Premium will be at the same rate as before the policy was suspended. If we do not receive your request and the required premium within 90 days after your active duty ends, the policy will terminate, effective on the day your active duty ends. The policy will also terminate on the fifth anniversary of the date of suspension if coverage has not been resumed. You may later seek reinstatement of the policy under the policy's Reinstatement provision.

If the coverage is resumed, the policy will not cover Disability due to an Injury that was sustained or a Sickness that first manifested itself while the policy was suspended. All other exclusions, limitations or modifications of coverage will be the same as existed on the policy before the policy was suspended.

When calculating the Benefit Waiting Period for an Injury or Sickness that did not arise during a period of active duty, the Benefit Waiting Period is the same number of days that would have applied before coverage suspension took effect and may be consecutive or may be interrupted by the period of suspension.

POLICY TERMINATION

If a premium is not paid by the end of its grace period, the policy will terminate. This policy will also terminate on the earliest of:

- 12:01 a.m. on the Termination Date shown on the data page, unless this policy is being continued under the Renewal Option After The Termination Date provision;
- the date you are no longer regularly employed for at least 30 hours per week, if this policy is continued under the Renewal Option, unless you are Disabled on that date under the policy terms. If the policy terminates for this reason, we will refund any premium paid for the period beyond the date the policy terminates;
- the date you Recover from your Disability covered by the Renewal Option, if the policy is continued under that Option;
- the date the policy terminates under the Suspension During Military Service provision; or
- the date of your death. After we receive notice of your death, we will refund to the Owner or the Owner's estate any premium paid for the period beyond the date of death.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

If you're still working 30 or more hours a week after this policy's termination date, you can request to continue total disability coverage under this renewal option.

If you renew your policy after the termination date, you can receive benefits for up to two years if you become totally disabled before age 75. If your total disability begins after age 75, the maximum benefit period is one year.

In addition, the Owner may terminate this policy by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. We will refund any premium paid for the period beyond the effective date of the termination.

RENEWAL OPTION AFTER THE TERMINATION DATE

RENEWAL OPTION

The Owner may request that this policy continue beyond the Termination Date. In order for us to consider the request, the following must be true on the Termination Date:

- you remain actively and regularly employed for at least 30 hours per week; and
- you are not Disabled.

If we approve the request and the policy is continued under this Option, you must remain actively and regularly employed for at least 30 hours per week for the policy to remain in force. We have the right to ask you at least once per year for proof satisfactory to us that you are meeting this requirement. In addition, we have the right to ask for this information more often than once per year if we reasonably believe that such information is necessary for this policy to continue under this Option.

You must notify us as soon as is reasonably possible if at any time:

- you no longer remain actively and regularly employed for at least 30 hours per week; or
- you cease employment altogether.

If after the Termination Date you cease to be actively and regularly employed for at least 30 hours per week, this policy will immediately terminate, and we will be liable only to return the premiums paid for any period after you no longer remain employed.

RENEWAL OPTION REQUEST

The Owner may request this Option by writing to us at our Home Office. We must receive the request at least 30 days prior to the Termination Date. The policy must be in force with all due premiums paid on the date we receive the request.

RENEWAL BENEFIT

Under the Renewal Option, only the coverage for Total Disability will continue beyond the policy's Termination Date. All other coverage provided by the policy and all riders and rider benefits ends at 12:01 a.m. on the Termination Date, unless a rider states otherwise. Except as shown below, the same provisions, exceptions, exclusions and limitations in this policy continue to apply if the Renewal Option is elected.

The **Maximum Benefit Period** for a policy continued under this Option is as follows:

For Total Disabilities that begin on or before the Policy Anniversary immediately following your 75th birthday: The Maximum Benefit Period is 24 months.

For Total Disabilities that begin after the Policy Anniversary immediately following your 75th birthday: The Maximum Benefit Period is 12 months.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

Under this Option payment of benefits will be made for only one Disability. Benefits will end, and the policy will be terminated, on the date you Recover from your Disability or on the date benefits have been paid through the Maximum Benefit Period, whichever date is earlier.

RENEWAL PREMIUM

The premium to continue the policy under the Renewal Option will be different from the premium shown on the Policy Data page. It will be based on the rate in effect for all policies with like benefits insuring the same age and Risk Class as of the Termination Date. We can change the premium rates at any time, but only if we change it for everyone who:

- has this policy form; and
- has like benefits; and
- is your age; and
- is in your Risk Class.

We will refund to the Owner any premium paid after the Termination Date, unless the policy is in force under the Renewal Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewal Option.

END OF RENEWAL OPTION

This Option and policy, and all coverage, will end on the earliest of the following:

- the date you cease being actively and regularly employed at least 30 hours per week, unless you are Disabled on that date under the policy terms;
- the date you Recover from a Disability covered under this Option;
- the date benefits have been paid through the Maximum Benefit Period; or
- the date the policy and this Option end under the Policy Termination provision.

GENERAL PROVISIONS

THE CONTRACT

This insurance is provided in consideration of our receipt of: (1) The completed application; and (2) Payment of all required premiums. This policy and all attachments, including any benefits, riders, endorsements and copies of the application and application supplements, make up the whole contract. No one, including our sales representative, has the right to change or waive any part of this policy unless the change is approved in writing by our President and Corporate Secretary.

ELIGIBILITY

Your eligibility for this policy on the Policy Effective Date is conditioned upon your acceptance of the policy and payment of the first full premium. After the Policy Effective Date, your eligibility is dependent upon your payment of premium by the end of each grace period.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards. Any provision of this policy that on the provision's effective date is in conflict with IIRPC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the provision's effective date.

TIME LIMIT ON CERTAIN DEFENSES

After two years from the later of the Policy Effective Date or its most recent Reinstatement Date (if an application for Reinstatement was required), no misstatements, except fraudulent misstatements, made by you or the Owner in the application for the policy or for reinstatement shall be used to rescind the policy or to deny a claim for Disability starting after the end of such two-year period.

No claim for Disability starting after two years from the later of the Policy Effective Date or its most recent Reinstatement Date (if an application for Reinstatement was required) will be reduced or denied on the ground that a disease or physical condition existed before such date, unless it is specifically excluded by name or specific description, or there was fraudulent misstatement in the application for the policy or for reinstatement.

If you apply for an increase in coverage under this policy, this provision will apply to statements made in the application for the increase; and the two-year period will begin on the date the underwritten increase becomes effective and will apply only to the amount of the increase.

LEGAL ACTION

Legal action cannot be brought against us until at least 60 days following the date we receive Proof Of Loss. Also, legal action may not be brought against us after three years from the date written proof is required under Proof Of Loss.

MISSTATEMENTS

If your Issue Age or gender has been misstated, any benefits will equal those that the premiums paid would have purchased at your correct Issue Age and gender.

NOTICE

Changes, assignments, designations of payees and other requests will not affect us until:

- they have been signed by the Owner; and
- we have received them at our Home Office; and
- where required, we have approved them.

ASSIGNMENT

The Owner may assign this policy at any time while the policy is in force and while you are not Disabled and while no benefits are payable. We will be bound by an assignment only: (1) If it is in writing; and (2) After it is approved at our Home Office. Once approved, unless otherwise specified by the Owner, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment. We will not be liable for any action taken prior to, or for any payment made by us before, our approval of the assignment.

OWNER

The Owner of this policy is the Insured unless:

- a different owner is named on the application; or
- the Owner is changed under the Assignment provision, above.

The Owner may name a successor owner who will become the new owner if the Owner dies before you. If no named successor owner is living when the Owner dies, and if you are not the Owner, the Owner's estate will become the new owner.

(This space is intentionally left blank.)

In this section, we highlight and explain important terms to help you better understand your policy.

DEFINITIONS

Activities Of Daily Living are Bathing; Continence; Dressing; Eating; Toileting; and Transferring, defined as follows:

- **Bathing** means washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.
- **Continence** means voluntarily controlling bowel and bladder function; or if incontinent, maintaining a reasonable level of personal hygiene.
- **Dressing** means putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.
- **Eating** means getting food and fluid into the body. This may be done manually, intravenously or by feeding tube.
- **Toileting** means getting to and from and on and off the toilet, and/or performing related personal hygiene.
- **Transferring** means moving into or out of a bed, a chair or a wheelchair. This may be done with or without adaptive devices.

Basic Monthly Benefit means the amount of monthly benefit as shown on the Policy Data page issued with the policy, or as later changed by endorsement or by a new Policy Data page made part of this policy.

Benefit Waiting Period (See definition under Benefit Waiting Period Limitation in the EXCLUSIONS AND LIMITATIONS section.)

Commencement Date means the first day immediately following the completion of the Benefit Waiting Period. For Presumptive Disability the Benefit Waiting Period is waived, and the Commencement Date is the first day of your Presumptive Disability.

Complications Of Pregnancy means a physical condition that Physicians consider distinct from pregnancy even though it is caused or worsened by pregnancy. A miscarriage, non-elective abortion and non-elective cesarean section are considered Complications Of Pregnancy. Complications Of Pregnancy do not include false labor, morning sickness, Physician prescribed bed rest or similar conditions related to a difficult pregnancy but not classified as Complications Of Pregnancy**.**

Concurrent Disability (See definition in the EXCLUSIONS AND LIMITATIONS section.)

Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership and filed that affidavit for public record if required by law; or a person who is party to a civil union with you as defined by applicable law.

Earnings means all income from any vocational activity of yours, or attributable to you by a business in which you have an ownership interest, including but not limited to:

- salary and fees; and
- commissions and bonuses including stock options and stock bonuses, if the earnings are for remuneration of services rendered in your profession; and
- wages, pension and profit sharing contributions, and other payments.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

We will require any proof we consider necessary to establish your Earnings. Such proof may include, but is not limited to complete copies of individual and business federal income tax returns, including W-2s, 1099s, and all attachments and schedules. (See Proof Of Loss in the CLAIMS section for more detail.)

We will subtract from Earnings all business expenses which you are allowed to deduct for federal income tax purposes. However, we will not deduct any expenses shown on your federal income tax return as IRC Section 179 expenses. When we determine Monthly Earnings, business expenses may not exceed your average monthly business expenses for the same period in which your Predisability Earnings is determined.

With respect to other compensation or income earned by you or attributable to you by a business in which you have an ownership interest, this amount is determined after deduction of normal and customary unreimbursable business expenses but before deduction of any of your personal income taxes.

Earnings does NOT include income from any of the following as long as it is not the result of vocational activity you perform:

- rent, royalties or alimony;
- annuities, savings, investments, dividends, capital gains, or interest (including tax exempt interest);
- deferred compensation, retirement plans, or formal sick pay plans; or
- disability income insurance policies.

We will use the accounting method used on your federal income tax return for your tax year immediately prior to your tax year in which your Disability or your Family Member's Serious Health Condition began. We will use the same method throughout the duration of the claim. If the cash method is used, we will exclude from Monthly Earnings that income which is both earned prior to and received after the date your Disability began or your Family Member's Serious Health Condition began.

Family Care Benefit means a benefit we pay, up to six months, due to a Family Member's Serious Health Condition. See Family Care Benefit in the ADDITIONAL BENEFITS section for requirements, terms and conditions.

Family Member (See definition under Family Care Benefit.)

Hands-On Assistance means the physical assistance of another person without which there would be an inability to perform the Activity Of Daily Living in question.

Injury means an accidental bodily injury which is sustained after the Policy Effective Date and while this policy is in force.

Insured means the insured under this policy as shown on the Policy Data page and as shown as the "Proposed Insured" on the application for insurance.

Issue Age means your age on the Policy Effective Date. The Issue Age is shown on the Policy Data page.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

Maximum Benefit Period means the maximum period of time we will pay Disability Benefits for any one Disability. This period is shown on the Policy Data page. It begins on the Commencement Date. Once the Maximum Benefit Period ends, you will not be eligible for a new Maximum Benefit Period unless:

- you have been working for at least 30 hours per week for at least [6] [12] consecutive months; and
- the policy remains in force; and
- you have satisfied all other terms of the policy.

Monthly Earnings means all Earnings received by you in the particular month for which you are claiming benefits under this policy.

Owner means the owner of this policy, as shown on the Policy Data page, unless later changed as allowed under the GENERAL PROVISIONS section. The Owner is shown as "Policyowner" on application forms attached to this policy.

Physician means any licensed medical professional, other than you, the Owner, a member of your or the Owner's household, or any person related to you or the Owner by blood or marriage, who is practicing and diagnosing within the scope of his or her medical or professional license.

Policy Anniversary means the anniversary of the Policy Effective Date occurring each year the policy remains in force.

Policy Effective Date means the date on which this policy becomes effective. This date is shown on the Policy Data page.

Policy Month means a month measured from the same date in a month as the Policy Effective Date.

Predisability Earnings means the greater of:

- your highest average Earnings for any consecutive 12 months in the last 24 months before the date your Disability or your Family Member's Serious Health Condition began; or
- your Earnings for any two full tax years within the three full tax years preceding the date your Disability or your Family Member's Serious Health Condition began, divided by 24.

Recover / Recovery / Recovered means you are no longer Disabled from the same cause or causes that caused your most recent Disability.

Recurrent Disability (See definition in the EXCLUSIONS AND LIMITATIONS section.)

Regular Medical Care means the appropriate medical treatment for your Injury or Sickness, based on prevailing medical standards. Regular Medical Care includes compliance with appropriate medical treatments recommended by the Physician(s) providing care for your Injury or Sickness.

Regular Occupation (See definition under Benefit For Total Disability.)

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

Reinstatement Date means the date the policy is made effective when reinstated.

Renewal Option means the option of renewing the policy beyond the Termination Date, subject to our approval and certain conditions and limitations.

Risk Class means the Risk Class for this policy, as shown on the Policy Data page. It also includes the Occupation Class and gender as shown on the Policy Data page.

Serious Health Condition (See definition under Family Care Benefit.)

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is:

- comparable to and includes Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

Sickness means an illness or disease which first manifests itself after the Policy Effective Date and while this policy is in force. Sickness includes Complications Of Pregnancy as diagnosed by a Physician.

Standby Assistance means the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury while performing the Activity Of Daily Living in question.

Substantial And Material Duties means the usual and customary duties that are generally performed and essential to your Regular Occupation.

Substantial Supervision means continual supervision by another person that is necessary for protection from threats to health or safety (such as may result from wandering). It may include cueing by verbal prompting or gestures, or other similar demonstrations.

This is when your policy is scheduled to end. After this date, it will no longer be in effect unless it is renewed under the Renewal Benefit option.

Termination Date means the date the policy ends, as shown on the Policy Data page, unless the policy ends earlier as outlined under the POLICY TERMINATION provision.

THIS IS A DISABILITY INCOME INSURANCE POLICY

STANDARD INSURANCE COMPANY

BASIC RESIDUAL DISABILITY RIDER

This rider provides a benefit if you're residually disabled rather than totally disabled.

You can receive benefits for residual disability if you're working but experiencing a loss of income, along with either a loss of duties or a loss of time, because of a sickness or injury.

For purposes of this rider only, the definitions of Disability/Disabled and Disability Benefit/Disability Benefits in the policy are changed as follows:

Disability/Disabled means Total Disability/Totally Disabled, as defined in the policy; and Residual Disability/Residually Disabled, as defined below.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Residual Disability that are made under this policy.

RESIDUAL DISABILITY

You will be eligible for a Disability Benefit during your Residual Disability if you meet the requirements below.

Residual Disability/Residually Disabled means:

- you are not Totally Disabled; and
- you are working in your Regular Occupation or any other occupation; and
- due to your Injury or Sickness, you have a Loss Of Income and either a Loss Of Duties or a Loss Of Time; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

When you can work but can't accomplish those duties that make up at least 20% of your work time, this qualifies as a loss of duties.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

When you can do all of your duties at work but you can't do them for more than 80% of the time that you previously spent doing them, this qualifies as a loss of time.

Loss Of Time means you are able to perform all Substantial And Material Duties but you are unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

When you experience at least a 20% loss in earnings because of an injury or illness, this qualifies as a loss of income.

Loss Of Income means your Indexed Predisability Earnings minus your Monthly Earnings. Your Loss Of Income must be at least 20% of your Indexed Predisability Earnings and be solely due to the Injury or Sickness that caused your Disability.

BENEFIT FOR RESIDUAL DISABILITY

This rider pays no less than 50% of your basic monthly benefit for the first six months that you receive residual disability benefits. After that, the benefit amount depends on the percentage of income lost.

To satisfy the Benefit Waiting Period, you can be either Totally Disabled or Residually Disabled. Once the Benefit Waiting Period has been satisfied, Disability Benefits become payable.

The Disability Benefit for Residual Disability will be based on your Loss Of Income, as shown below.

If your Loss Of Income divided by your Indexed Predisability Earnings is:

- more than 80%, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80%, the Disability Benefit will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Loss Of Income}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- less than 20%, no Disability Benefit is payable.

However, for the first six months that a Disability Benefit is payable for Residual Disability, we will pay no less than 50% of the Basic Monthly Benefit.

If the Indexed Cost Of Living Benefit Rider is part of the policy, we will use the Adjusted Basic Monthly Benefit to calculate the Disability Benefit for Residual Disability.

Disability Benefits will no longer be payable for Residual Disability on the date that the first of the following events occurs:

- you are no longer Residually Disabled;
- your Loss Of Income is no longer solely due to the Injury or Sickness that caused your Disability;
- you become Totally Disabled; or
- the Maximum Benefit Period ends.

This benefit helps you rebuild your income when you're back at work in your regular occupation but you're still not earning your full income. It kicks in when you experience a loss of 20% or more of your income because of your injury or sickness.

RECOVERY BENEFIT

If you experience a Recovery from your Disability, we will pay you a Recovery Benefit if:

- you are working in your Regular Occupation, and working at least as many hours as you worked prior to Disability; and
- you continue to have a Loss Of Earnings of at least 20%, and that Loss Of Earnings is solely the result of the previous Injury or Sickness that caused your Disability.

Loss Of Earnings means:

$$\frac{\text{your Indexed Predisability Earnings on the date of your Recovery} - \text{your Monthly Earnings}}{\text{your Indexed Predisability Earnings on the date of your Recovery}}$$

The amount of Recovery Benefit we pay will equal:

your Loss Of Earnings x the Basic Monthly Benefit

If your Regular Occupation prior to your Disability was that of being retired or unemployed, you are not eligible for the Recovery Benefit.

You must be able to demonstrate that your Loss Of Earnings is solely the result of the previous Injury or Sickness for the Recovery Benefit to be payable. We will periodically review the amount of your Monthly Earnings and the relationship between your Loss Of Earnings and the Injury or Sickness that caused your Disability.

If the Indexed Cost of Living Benefit Rider is part of the policy, the Recovery Benefit will be calculated based on the Adjusted Basic Monthly Benefit (instead of the Basic Monthly Benefit) last paid before you Recovered from your Disability. No additional increases under the Indexed Cost of Living Benefit Rider will be made while Recovery Benefits are payable under this rider.

The Premium Waiver Benefit in the policy will apply while Recovery Benefits are payable. Other benefits under your policy will not be payable while Recovery Benefits are payable.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- you are no longer working in your Regular Occupation for a reason other than your Disability;
- You are working fewer hours than you worked prior to your Disability;
- your Loss Of Earnings is less than 20%;
- your Loss Of Earnings is no longer solely due to the Injury or Sickness that caused your Disability;
- you become Disabled again; or
- the Maximum Benefit Period ends.

DEFINITIONS

When used in this rider, these terms are defined as follows:

CPI-U means the average Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

Calendar Year means a year measured inclusively from January 1 to December 31.

Change Date means the first of the month following any anniversary of the date your Disability started.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the CPI-U. During your first year of Disability, Indexed Predisability Earnings is the same as Predisability Earnings. After that, Indexed Predisability Earnings will be adjusted on each Change Date, by multiplying the current Predisability Earnings by an **Index Factor**. On the first Change Date, the Index Factor will be calculated by dividing the CPI-U for the calendar month four months before your date of Disability by the CPI-U for the calendar month 16 months before that Change Date. For all subsequent Change Dates, the Index Factor will be calculated by dividing the CPI-U for the calendar month four months before the current Change Date by the CPI-U for the calendar month four months before the prior year's Change Date. If there is no increase in the CPI-U, there will be no increase in the Indexed Predisability Earnings for the current Change Date. However, the Index Factor will never be less than 1, regardless of changes in the CPI-U.

Recovery Benefit means any benefit payment or payments made under this policy after you have Recovered from Disability.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

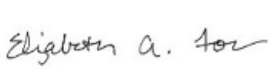
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

STANDARD INSURANCE COMPANY

ENHANCED RESIDUAL DISABILITY RIDER

This rider provides a benefit if you're residually disabled rather than totally disabled.

For purposes of this rider only, the definitions of Disability/Disabled and Disability Benefit/Disability Benefits in the policy are changed as follows:

Disability/Disabled means Total Disability/Totally Disabled, as defined in the policy; and Residual Disability/Residually Disabled, as defined below.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Residual Disability that are made under this policy.

You can satisfy the benefit waiting period while you're working but experiencing a loss of income or duties or time because of an injury or sickness.

RESIDUAL DISABILITY

You will be eligible for a Disability Benefit during your Residual Disability if you meet the requirements below.

During the Benefit Waiting Period, **Residual Disability/Residually Disabled** means:

- you are not Totally Disabled; and
- you are working in your Regular Occupation or any other occupation; and
- due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

After the Benefit Waiting Period, **Residual Disability/Residually Disabled** means:

- you are not Totally Disabled; and
- you are working in your Regular Occupation or any other occupation; and
- due to your Injury or Sickness, you have a Loss Of Income; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

When you can work but can't accomplish duties that make up at least 20% or more of your work, this qualifies as a loss of duties.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

When you can do all of your duties at work but you can't do them for more than 80% of the time that you previously spent doing them, this qualifies as a loss of time.

Loss Of Time means you are able to perform all Substantial And Material Duties but you are unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

When you experience at least a 20% loss in earnings because of an injury or illness, this qualifies as a loss of income.

Loss Of Income means your Indexed Predisability Earnings minus your Monthly Earnings. Your Loss Of Income must be at least 20% of your Indexed Predisability Earnings and be solely due to the Injury or Sickness that caused your Disability.

This is a specimen of our Platinum Advantage policy. It is not an issued contract. Some provisions may vary in some states. Riders are available at extra cost.

This rider pays at least 50% of your basic monthly benefit for the first 12 months that you receive residual disability benefits. After that, the benefit amount depends on the percentage of income lost.

BENEFIT FOR RESIDUAL DISABILITY

To satisfy the Benefit Waiting Period, you can be either Totally Disabled or Residually Disabled. Once the Benefit Waiting Period has been satisfied, Disability Benefits become payable.

The Disability Benefit for Residual Disability will be based on your Loss Of Income, as shown below.

If your Loss Of Income divided by your Indexed Predisability Earnings is:

- more than 80%, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80%, the Disability Benefit will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Loss Of Income}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- less than 20%, no Disability Benefit is payable.

However, for the first twelve months that a Disability Benefit is payable for Residual Disability, we will pay no less than 50% of the Basic Monthly Benefit.

If the Indexed Cost Of Living Benefit Rider is part of the policy, we will use the Adjusted Basic Monthly Benefit to calculate the Disability Benefit for Residual Disability.

Disability Benefits will no longer be payable for Residual Disability on the date that the first of the following events occurs:

- you are no longer Residually Disabled;
- your Loss Of Income is no longer solely due to the Injury or Sickness that caused your Disability;
- you become Totally Disabled; or
- the Maximum Benefit Period ends.

This benefit helps you rebuild your income when you're back at work in any occupation but you're still not earning your full income. It kicks in when you experience a loss of 20% or more of your income because of your injury or sickness.

RECOVERY BENEFIT

If you experience a Recovery from your Disability, we will pay you a Recovery Benefit if:

- you are working in your Regular Occupation or any other occupation, and working at least as many hours as you worked prior to Disability; and
- you continue to have a Loss Of Earnings of at least 20%, and that Loss Of Earnings is solely due to the previous Injury or Sickness that caused your Disability.

Loss Of Earnings means:

$$\frac{\text{your Indexed Predisability Earnings on the date of your Recovery} - \text{your Monthly Earnings}}{\text{your Indexed Predisability Earnings on the date of your Recovery}}$$

The amount of Recovery Benefit we pay will equal:

your Loss Of Earnings x the Basic Monthly Benefit

If your Regular Occupation prior to your Disability was that of being retired or unemployed, you are not eligible for the Recovery Benefit.

You must be able to demonstrate that your Loss Of Earnings is solely due to the previous Injury or Sickness for the Recovery Benefit to be payable. We will periodically review the amount of your Monthly Earnings and the relationship between your Loss Of Earnings and the Injury or Sickness that caused your Disability.

If the Indexed Cost of Living Benefit Rider is part of the policy, the Recovery Benefit will be calculated based on the Adjusted Basic Monthly Benefit (instead of the Basic Monthly Benefit) last paid before you Recovered from your Disability. No additional increases under the Indexed Cost of Living Benefit Rider will be made while Recovery Benefits are payable under this rider.

The Premium Waiver Benefit in the policy will apply while Recovery Benefits are payable. Other benefits under your policy will not be payable while Recovery Benefits are payable.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- you are no longer working in your Regular Occupation or any other occupation for a reason other than your Disability;
- you are working fewer hours than you worked prior to your Disability;
- your Loss Of Earnings is less than 20%;
- your Loss Of Earnings is no longer solely due to the Injury or Sickness that caused your Disability;
- you become Disabled again; or
- the Maximum Benefit Period ends.

DEFINITIONS

When used in this rider, these terms are defined as follows:

CPI-U means the average Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued or we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

Calendar Year means a year measured inclusively from January 1 to December 31.

Change Date means the first of the month following any anniversary of the date your Disability started.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the CPI-U. During your first year of Disability, Indexed Predisability Earnings is the same as Predisability Earnings. After that, Indexed Predisability Earnings will be adjusted on each Change Date, by multiplying the current Predisability Earnings by an **Index Factor**. On the first Change Date, the Index Factor will be calculated by dividing the CPI-U for the calendar month four months before your date of Disability by the CPI-U for the calendar month 16 months before

that Change Date. For all subsequent Change Dates, the Index Factor will be calculated by dividing the CPI-U for the calendar month four months before the current Change Date by the CPI-U for the calendar month four months before the prior year's Change Date. If there is no increase in the CPI-U, there will be no increase in the Indexed Predisability Earnings for the current Change Date. However, the Index Factor will never be less than 1, regardless of changes in the CPI-U.

Recovery Benefit means any benefit payment or payments made under this policy after you have Recovered from Disability.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

Daniel J. McMillan
President and CEO

Elizabeth A. Fouts
Corporate Secretary

STANDARD INSURANCE COMPANY

SHORT-TERM RESIDUAL DISABILITY RIDER

This rider provides a benefit if you're residually disabled rather than totally disabled.

For purposes of this rider only, the definitions of Disability/Disabled and Disability Benefit/Disability Benefits in the policy are changed to read:

Disability/Disabled means (1) Total Disability/Totally Disabled, as defined in the policy; and (2) Residual Disability/Residually Disabled, as defined below.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Residual Disability that are made under this policy.

You are considered residually disabled if you can't do one or more of your primary duties, or if you can do all of your primary duties but for only 50% or less of the time you previously spent doing them. You must also have a loss of income of at least 20%.

RESIDUAL DISABILITY

You will be eligible for a Disability Benefit during your Residual Disability if you meet the requirements below.

Residual Disability/Residually Disabled means you are not Totally Disabled, and you are working in your Regular Occupation; but due to your Injury or Sickness:

- you are unable to perform one or more of the Substantial And Material Duties of your Regular Occupation; or you are performing all of the Substantial And Material Duties of your Regular Occupation but for not more than 50% of the time that you did immediately prior to your Injury or Sickness; and
- you have a Loss Of Income; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Loss Of Income means your Indexed Predisability Earnings minus your Monthly Earnings. Your Loss Of Income must be at least 20% of your Indexed Predisability Earnings and be solely due to the Injury or Sickness that caused your Disability.

This rider pays 50% of your policy's basic monthly benefit for up to six months.

BENEFIT FOR RESIDUAL DISABILITY

To satisfy the Benefit Waiting Period, you can be either Totally Disabled or Residually Disabled. Once the Benefit Waiting Period has been satisfied, Disability Benefits become payable.

The Disability Benefit for Residual Disability payable each month will be based on your Loss Of Income, as shown below.

If your Loss Of Income divided by your Indexed Predisability Earnings is:

- more than 80%, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80%, the Disability Benefit will equal 50% of the Basic Monthly Benefit.
- Less than 20%, no Disability Benefit is payable.

Disability Benefits will no longer be payable for Residual Disability on the date that the first of the following events occurs:

- you are no longer Residually Disabled;
- your Loss Of Income is no longer solely due to the Injury or Sickness that caused your Disability;
- you become Totally Disabled;
- Six months of Disability Benefits for Residual Disability have been paid; or
- The Maximum Benefit Period ends.

If Disability Benefits end because six months of Disability Benefits for Residual Disability have been paid, you may not become eligible for a new period of Disability unless you return to working at least 30 hours per week for at least [6] [12] consecutive months, as set forth in the policy's Recurrent Disability provision.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

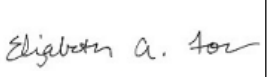
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

This rider helps your coverage keep pace with the pay increases you may experience on an annual basis. The automatic increase is 4% of the basic monthly benefit, subject to our issue and participation limits.

You don't have to apply for the increase. It will happen automatically each year during the initial six-year increase period. After that, you can apply for additional six-year increase periods. Automatic increases may continue until you reach age 60.

STANDARD INSURANCE COMPANY

AUTOMATIC INCREASE BENEFIT RIDER

This rider provides for Automatic Increases to the Basic Monthly Benefit, compounded each year during the Increase Period, without evidence of insurability. You are eligible for this benefit if your Issue Age is under age 60.

DEFINITIONS

Automatic Increase means an amount, equal to 4% of the Basic Monthly Benefit, subject to our Issue And Participation Limits, which is added to the Basic Monthly Benefit in effect on each Increase Date occurring during an Increase Period.

Increase Date means a Policy Anniversary during an Increase Period.

Increase Period means a period of six consecutive years during which an Automatic Increase occurs on each Increase Date. The first Increase Period begins on the day after the Policy Effective Date and it ends on the sixth Increase Date.

Any additional Increase Period we approve will begin on:

- the day after the last Increase Period ends; or
- the day after the Policy Anniversary preceding the date we approve the application for the additional Increase Period, if the last Increase Period ended while benefits were payable;

and it will end on the sixth Increase Date that follows.

However, if you are over age 54 at the start of any Increase Period, that Increase Period will be the number of years between the start of the Increase Period and the Increase Date next following your 60th birthday.

If the policy is suspended during active military service while this rider is in force, the Increase Period is also suspended. If the coverage is then resumed after suspension, the Increase Period will resume with the number of years remaining in the Increase Period that existed prior to the suspension, but not beyond the Policy Anniversary on or next following attainment of age 60. No Automatic Increases will occur during suspension.

This is the maximum amount of insurance coverage we will issue based on your income and risk class.

Issue And Participation Limits means the maximum amount of insurance coverage we will issue in relation to your income and Risk Class, taking into account all other disability income coverage in force with us and any other company.

AUTOMATIC INCREASE BENEFIT

EFFECT OF AUTOMATIC INCREASES

An Automatic Increase will occur on each Increase Date. An Automatic Increase will affect benefit amounts that later become payable for Disability Benefits, {Recovery Benefits,} Family Care Benefits and the Survivor Benefit.

An Automatic Increase will only apply to a Disability or Serious Health Condition that begins after the Increase Date on which that Automatic Increase took effect.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

You're free to refuse any increase by letting us know in advance. If you refuse two consecutive increases, however, this rider will end.

Your premium will increase as your basic monthly benefit increases. The change in the amount you pay will be based on your age on each increase date and your original risk class.

PREMIUMS FOR AUTOMATIC INCREASES

The premium for each Automatic Increase will be based on our rates in effect for your attained age on the Increase Date, or Accelerated Option Date if applicable. Your Risk Class for each Automatic Increase will be the same as it was on the effective date of this rider. If on an Increase Date premium is being waived under the Premium Waiver Benefit, then premium for an Automatic Increase will be due on the next premium due date after premiums are no longer waived.

REFUSAL AND FORFEITURE OF AUTOMATIC INCREASE BENEFIT

If a new premium resulting from an Automatic Increase is not paid in full when due, we will consider that Automatic Increase as refused.

The Owner may also refuse an Automatic Increase by sending written notice to us at our Home Office. We must receive such notice at least 30 days before the Increase Date on which that Automatic Increase is to occur. Upon our receipt of such notice of refusal, we will cancel that Automatic Increase; and we will refund any premium that was paid for that Automatic Increase.

Refusal of two consecutive Automatic Increases will end the Automatic Increase Benefit and no future Automatic Increases will occur.

ADDITIONAL INCREASE PERIODS

The Owner may seek to renew the Automatic Increase Benefit by applying for an additional Increase Period. We must receive the application within 60 days prior to the end of the current Increase Period. If an Increase Period ends while any benefits are payable under the policy, then the Owner must apply not less than 60 days and not more than 120 days after the last benefit payment.

The application must be in writing. We will require evidence of your income and occupation. We will also require information on other disability income insurance in force or applied for, or for which you are or will become eligible. Approval of your application will be subject to our Issue And Participation Limits and our underwriting rules and guidelines in effect at the time of your application.

GENERAL PROVISIONS

RIDER PREMIUM

There is no premium for this rider.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

TERMINATION OF RIDER

This rider ends, and no further Automatic Increases will be allowed, on the earliest of the following dates:

- the last Increase Date in an Increase Period if you do not submit or we do not approve an application for an additional Increase Period;
- the second of two consecutive Increase Dates where Automatic Increases were refused;
- the date we receive your written request to end this benefit, or on the date the Owner requests, subject to our approval;
- the day after the Increase Date next following your 60th birthday; or
- the date the policy terminates.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

Daniel J. McMillan
President and CEO

Elizabeth A. Fouts
Corporate Secretary

STANDARD INSURANCE COMPANY

BENEFIT INCREASE RIDER

We want to make sure you have the highest level of income protection possible with your policy, and that means you can up your coverage as your income level increases. This rider allows you to purchase increases in coverage every three years, without having to provide medical information.

This rider provides the option for the Owner to purchase additional coverage without having to provide medical information.

DEFINITIONS

Accelerated Option means the option for a Benefit Increase to take effect prior to an Option Date.

Accelerated Option Date means the date a Benefit Increase takes effect under the Accelerated Option provision. It will be the same day of the month as the Policy Anniversary, but in the month we receive the application for the Accelerated Option.

Benefit Increase means the additional amount of Basic Monthly Benefit purchased under this rider.

Benefit Increase Application Period means the 60 day period prior to an Option Date.

Expiration Date, as shown on the Policy Data page, means the Policy Anniversary next following your 55th birthday; and it is the date this rider ends, unless it ends earlier under the Termination Of Rider provision.

Option Date means the Policy Anniversary occurring three years after the Policy Effective Date and every three years thereafter, while this rider is in force.

This is the maximum amount of insurance coverage you can receive based on your income and risk class.

Issue And Participation Limits means the maximum amount of insurance coverage we will issue in relation to your income and Risk Class, taking into account all other disability income coverage in force with us and any other company.

BENEFIT INCREASE PROVISIONS

BENEFIT INCREASE

Any Benefit Increase we offer, when added to all existing and applied for disability income insurance coverage you have with us, any other insurer, and any government agency, will not exceed our Issue And Participation Limits in effect at the time of the application.

The Benefit Increase will be in one of the following forms, as determined by us:

- an increase to this policy;
- an increase to a policy previously issued under this rider; or
- a new policy.

If a new policy is issued, it will be on the same form, having the same terms, as we are regularly offering to new applicants at the time of the Benefit Increase. The provisions, benefits and riders of the new policy may be different from this policy. The new policy will be subject to the same ratings, exclusions and limitations in effect for this policy; however, no new medical exclusions or limitations will be added.

Before each benefit-increase period, we'll send you a reminder letter and an application. We'll ask you to provide information about your income, but we won't require any medical information. Then we'll determine whether you're eligible for a benefit increase. If so, we'll offer you an increase of up to the maximum amount you qualify for.

Each Benefit Increase purchased under this rider will be effective on its Option Date, or on the Accelerated Option Date if applicable. However, if you are Disabled or any benefits under this policy are payable on the Option Date or Accelerated Option Date, or if you are receiving disability benefits from any other source on that date, the Benefit Increase will not take effect until any such benefits are no longer payable and you are no longer Disabled. A Benefit Increase will apply only to a Disability or Serious Health Condition that begins after the date on which that Benefit Increase became effective. A Benefit Increase will not apply to any Recurrent Disability or recurrent Serious Health Condition that began prior to the effective date of the Benefit Increase.

ELIGIBILITY AND APPLICATION FOR A BENEFIT INCREASE

Applications for a Benefit Increase are submitted by the Owner. To keep this rider in force, the Owner must submit an application during each Benefit Increase Application Period for which you may be eligible for an increase. Failure to do so will result in the termination of this rider.

You may be eligible for a Benefit Increase if on the date of the application:

- you are not Disabled; and
- no benefits are payable under this policy; and
- you are not receiving disability benefits from any other source; and
- the policy is not in suspension for active military service.

If you are not eligible for a Benefit Increase, or if an Accelerated Option Date occurred within the last 12 months, this rider will continue in force and the Owner may apply for a Benefit Increase during the next Benefit Increase Application Period.

The application for a Benefit Increase will request information about your income and other disability income coverage in force or applied for. In addition, we will require documentation of your income and other information demonstrating that you are insurable under our then current underwriting rules and guidelines. Evidence of your health will not be required.

Based on the information in the application and other required information, we will determine the amount of Benefit Increase, if any. We will offer a Benefit Increase up to the maximum amount you qualify for.

If the Owner submits an application and you do not qualify for a Benefit Increase, this rider will remain in force. The Owner may then apply during the next Benefit Increase Application Period in order to keep this rider in force.

During the first three years of your policy only, you may apply for monthly benefit increases at any time. If you increase your coverage any time in the first three years, your Benefit Increase Rider will be automatically renewed for another three-year period on the policy's third anniversary.

ACCELERATED OPTION

Once in any three consecutive year period the Owner may apply for an Accelerated Option, if at the time of the application:

- you are age 50 or younger; and
- you meet the eligibility requirements listed above in the Eligibility And Application For A Benefit Increase provision, above; and
- at least one of the following occurs:
  - your Earnings have increased by at least 30% since the last Option Date or, if the first Option Date has not yet occurred, since the Policy Effective Date; or
  - you are no longer eligible to participate in an employer's group long-term disability (LTD) insurance plan; or a group LTD plan under which you were covered ends and has not been replaced with similar coverage. Discontinuing your participation in your employer's voluntary group LTD plan does not satisfy this requirement.

We must receive the application for an Accelerated Option not more than 90 days after the date your Earnings have increased or the date your coverage under a group LTD plan ends, whichever is applicable. In addition to the application, income documentation and other financial information, we may require information about your loss of LTD coverage, if applicable.

If we receive the application less than 60 days before the next Option Date, it will be considered an application for a Benefit Increase on that Option Date.

Approval of the application will be subject to our Issue And Participation Limits and our underwriting rules and guidelines in effect at the time of your application.

A Benefit Increase approved and accepted under the Accelerated Option will be effective on the Accelerated Option Date.

ACCEPTANCE OF BENEFIT INCREASE

No Benefit Increase will be placed in force until the Benefit Increase has been accepted by the Owner and the first full premium is paid. The Owner may accept less than 100% of any Benefit Increase we offer; however, acceptance of less than 50% will terminate this rider.

PREMIUM FOR EACH BENEFIT INCREASE

The premium for each Benefit Increase will be based on the rate for your attained age on the Option Date, or Accelerated Option Date if applicable. Your Risk Class for each Benefit Increase will be the same as it was on the effective date of this rider.

Starting in the fourth year of the policy – as long as the rider is still in force – you may use this option to increase coverage before the next benefit increase application period.

You may decline an increase, but to keep this rider in effect, you must accept at least 50% of any benefit increase we offer and agree to pay the additional premium. For example, if we offer you a $400 increase in your basic monthly benefit, you must accept at least a $200 increase or this rider will end.

Your premium will increase as your basic monthly benefit increases. The change in the amount you pay will be based on your age on the increase date and your original risk class.

GENERAL PROVISIONS

RIDER PREMIUM

There is no premium for this rider.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the rider's effective date.

TERMINATION OF RIDER

This rider will end and no further Benefit Increases will take effect when the first of the following occurs:

- The Expiration Date is reached;
- An application for a Benefit Increase is not received in accordance with the Eligibility And Application For A Benefit Increase provision;
- Information we require with an application for a Benefit Increase is not received during any Benefit Increase Application Period;
- The Owner does not accept a Benefit Increase offered or accepts less than 50% of a Benefit Increase offered;
- The Owner requests to reduce the Basic Monthly Benefit of this policy while this rider is in force; or
- This policy terminates for any reason.

In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our home office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

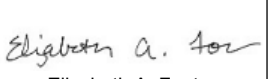
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

If you are catastrophically disabled, you will be paid a monthly benefit, in addition to any other benefit under the policy.

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

This rider provides benefits for Catastrophic Disability if you meet the eligibility requirements as defined below.

DEFINITIONS

Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- you are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity;
- you require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- you are Presumptively Disabled.

BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- you become Catastrophically Disabled while this rider is in force; and
- you continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

While you are eligible for a Catastrophic Disability Benefit, payment of this benefit will begin at the same time Disability Benefits begin, will be paid monthly at the same time Disability Benefits are paid and will cease at the end of the Maximum Benefit Period shown on the Policy Data page.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

Catastrophic Disability benefits will not directly or indirectly provide any coverage for long term care services.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the policy's Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

Daniel J. McMillan
President and CEO

Elizabeth A. Fouts
Corporate Secretary

To help your disability benefits keep up with inflation while you are disabled, we can build in annual increases to your monthly benefit with compounding.

When you recover from your disability, you can apply to increase your coverage up to the adjusted benefit amount that you received under this rider.

STANDARD INSURANCE COMPANY

INDEXED COST OF LIVING BENEFIT RIDER

This rider provides a Cost of Living Adjustment to the Basic Monthly Benefit, compounded each year for a Disability continuing more than one year.

DEFINITIONS

Adjusted Basic Monthly Benefit means the Basic Monthly Benefit plus any Cost Of Living Adjustment(s) made under this rider.

Adjustment Rate means the percentage used to determine the adjustment under this rider.

Change Date means the first of the month following any anniversary of the date your Disability started.

Cost Of Living Adjustment means the net financial effect of applying the Adjustment Rate on each Change Date.

CPI-U means the Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.

COST OF LIVING ADJUSTMENT

If Disability Benefits are payable on an applicable Change Date, we will make an adjustment to the Basic Monthly Benefit under this rider. A Cost of Living Adjustment will be made on the first Change Date and will continue on any subsequent Change Date while you remain Disabled for the same claim.

If Disability Benefits are not payable on a Change Date because you have Recovered from a prior Disability, a Cost of Living Adjustment will be made on that Change Date if you later have a Recurrent Disability. A Cost Of Living Adjustment will not be made on a Change Date, however, if Disability Benefits are not payable on a Change Date and you have a Recovery longer than [6] [12] months.

If you no longer qualify for Recurrent Disability for a period of Disability due to the length of your Recovery, any Cost of Living Adjustment for that period of Disability will no longer apply. For any future Disability covered by this policy, the Adjusted Basic Monthly Benefit will again be the then current Basic Monthly Benefit before its first Change Date.

COST OF LIVING ADJUSTMENT RATE

On the first Change Date, we will adjust the Basic Monthly Benefit by multiplying the Basic Monthly Benefit by the Adjustment Rate. On each subsequent Change Date, the Adjusted Basic Monthly Benefit on and after that Change Date is equal to the Adjusted Basic Monthly Benefit before that Change Date, multiplied by the Adjustment Rate of that Change Date.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

The Adjustment Rate is calculated by dividing the CPI-U for the calendar month four months before the Change Date by the CPI-U for the calendar month 16 months before that Change Date. If this ratio is less than 1.00, the Adjustment Rate shall be 1.00. If this ratio is greater than [1.03] [1.06], then the Adjustment Rate shall be [1.03] [1.06]

COST OF LIVING BENEFIT PURCHASE OPTION

Within 90 days after Disability Benefits {and Recovery Benefits} end, and while this policy is in force, the Owner may apply to purchase an increase in the policy's Basic Monthly Benefit.

To qualify for the increase, the following must be true on the date of the application to purchase an increase:

- a Cost Of Living Adjustment was made under this rider at the time Disability Benefits {and Recovery Benefits} ended; and
- you are working at least 30 hours per week.

Evidence of your health is not required.

The Owner may choose to increase the Basic Monthly Benefit to:

- the Adjusted Basic Monthly Benefit at the time Disability Benefits {and Recovery Benefits} ended; or
- a lower amount, but not less than $200 more than the current Basic Monthly benefit.

The amount of purchase will be subject to our Issue And Participation Limits and our underwriting rules and guidelines at the time of purchase. After this purchase any amount of increase remaining will not be available for later purchase.

The effective date of the purchased increase is the Policy Anniversary day falling in the next Policy Month starting after Disability Benefits {and Recovery Benefits} ended and premiums are no longer waived. The purchased increase will apply only to benefits resulting from a Disability that begins after the effective date of the purchase.

The premium for the purchase will be based on our rates in effect for your age and Risk Class on the date the increase takes effect.

The Owner's written application for the increase must be received at our Home Office within 90 days after Disability Benefits {and Recovery Benefits} end and premiums are no longer waived. In addition, the required premium for the increase must be received within 31 days after our receipt of the application. The purchase will be in the form of an increase to this policy or a new policy, as determined by us.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

TERMINATION OF RIDER

This rider will end on the policy's Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

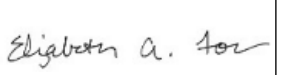
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider; and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

As long as you pay premiums on time, The Standard can't change or cancel your policy, or raise the premium rate at any time before the policy's termination date.

STANDARD INSURANCE COMPANY

NONCANCELABLE POLICY RIDER

This rider changes the policy and all riders made part of the policy from Guaranteed Renewable to Noncancelable and Guaranteed Renewable.

The entire paragraph on the policy face page, starting with "GUARANTEED RENEWABLE TO AGE [65] [67]," is replaced with the following:

> NONCANCELABLE AND GUARANTEED RENEWABLE TO AGE [65] [67]. If the Insured's Issue Age, as shown on the Policy Data page, is under age 65, this policy is noncancelable and guaranteed renewable until the Policy Anniversary on or next following the Insured's [65th] [67th] birthday (the Termination Date shown on the Policy Data page). If the Insured's Issue Age is age 65 or older, this policy is noncancelable and guaranteed renewable until the first Policy Anniversary (the Termination Date shown on the Policy Data page).
>
> NO CHANGE IN PREMIUM RATES. As long as the premium is paid by the end of each grace period, until the Termination Date, we cannot change: (1) The policy; or (2) Its premium. The policy will end on the Termination Date, except as provided by the RENEWAL OPTION AFTER THE TERMINATION DATE provision. See that provision for premium changes that apply if the policy is continued under the Renewal Option.

The first paragraph of the Premiums provision in the policy under PREMIUMS, REINSTATEMENT, TERMINATION is replaced with the following:

> **PREMIUMS**
>
> The premium is the amount we charge at regular intervals to keep this policy in force and is shown on the Policy Data Page. We cannot change the premium while this policy is in force, prior to the Termination Date. Premiums are payable at our Home Office. The first premium is due on or before the Policy Effective Date. If the first premium is not paid, the policy is never in force.

On any riders issued with this policy, other than this rider and any rider for which there is no premium, the Rider Premium provision under GENERAL PROVISIONS is replaced with the following:

> **RIDER PREMIUM**
>
> The annual premium for this rider is shown on the Policy Data page. We cannot change the premium amount.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is included on the Policy Data page as part of the base policy premium.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TERMINATION OF RIDER

This rider will end on the policy's Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

PART OF POLICY

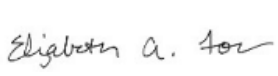
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

This rider changes the policy's definition of total disability to mean that you'll be considered totally disabled if you can't perform the duties of your regular occupation even if you're earning money in another occupation.

Your regular occupation may include a professionally recognized specialty in medicine, dentistry or law.

STANDARD INSURANCE COMPANY

OWN OCCUPATION RIDER

This rider changes the definition of Total Disability/Totally Disabled in the policy's BENEFIT FOR TOTAL DISABILITY section to read as follows:

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Regular Occupation; and
- you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

If you are a physician or dentist and have limited your Regular Occupation to the performance of the Substantial And Material Duties of a single specialty recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) or American Dental Association (ADA), then that specialty will be deemed your Regular Occupation.

If you are an attorney and have limited your Regular Occupation to the performance of the usual and customary activities of a trial attorney, then trial attorney will be deemed your Regular Occupation. The usual and customary activities of a trial attorney are personal participation in: civil or criminal trials, administrative rule making or contested case hearings, Workers' Compensation hearings, arbitration and mediation hearings, and the taking or defending of depositions. No legal specialty other than trial attorney will be accepted as a Regular Occupation for the purposes of this rider.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TERMINATION OF RIDER

This rider will end on the policy's Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

PART OF POLICY

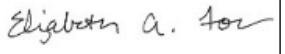
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

STANDARD INSURANCE COMPANY

STUDENT LOAN RIDER

If you become totally disabled, we'll reimburse all or a portion of your student loan payments so you don't fall behind.

If you become Totally Disabled under the policy and you meet the requirements of this rider, we will pay a Student Loan Benefit.

DEFINITIONS

Student Loan Agreement means a legally binding loan agreement, signed by you as the borrower, which:

- establishes your personal obligation to repay the loan in monthly installments over a period of time; and
- is secured from a bank or lending institution in the United States, or U.S. federal, state or local government program, or their lawful successor(s) or assigns; and
- is obtained, while you are not Disabled, for the sole purpose of paying for education expenses; and
- is separate and distinct from any other loans or obligations you may have with the same or any other lender.

Monthly Student Loan Expense means the amount you paid in a given month, while this rider is in force, to meet your obligation under a Student Loan Agreement.

This is the maximum amount we'll reimburse in any month.

Maximum Monthly Student Loan Benefit is shown on the Policy Data page. The Student Loan Benefit payable in any month may not exceed the Maximum Monthly Student Loan Benefit.

Student Loan Benefit is an amount we reimburse you for your Monthly Student Loan Expense.

Student Loan Benefit Waiting Period means the number of days, beginning on the first day that you are Totally Disabled, that must elapse before Student Loan Benefits become payable. The Student Loan Benefit Waiting Period is shown on the Policy Data page. You must be Totally Disabled, from the same or different causes, on all of the days of the Student Loan Benefit Waiting Period. However, the days need not be consecutive; they may be interrupted by periods of Recovery, as long as the total number of days is reached within a larger period of consecutive days, as follows:

Student Loan Benefit Waiting Period (days of Total Disability and Not Working)		Consecutive Days
60 days	must be reached within	120 days
90 days		180 days
180 days		360 days
365 days		540 days

Student Loan Benefit Expiration Date means the date, shown on the Policy Data page, that coverage under this rider expires if this rider has not already terminated under the Termination Of Rider provision.

This is a specimen of our Platinum Advantage policy. It is not an issued contract.
Some provisions may vary in some states. Riders are available at extra cost.

STUDENT LOAN BENEFIT

The Student Loan Benefit payable each month during your Total Disability will equal the Monthly Student Loan Expense for that month, subject to the Maximum Monthly Student Loan Benefit. We will pay the Student Loan Benefit under this rider if:

- You become Totally Disabled while this rider is in force; and
- Benefits for Total Disability are payable under the policy; and
- You satisfy the Student Loan Benefit Waiting Period; and
- You incur a Monthly Student Loan Expense prior to the Student Loan Benefit Expiration Date; and
- You provide the required Proof Of Loss for each month you claim a Student Loan Benefit.

PROOF OF LOSS

The policy's Proof Of Loss provision is amended to include:

- proof of your Student Loan Agreement; and
- proof of payment of your Monthly Student Loan Expense; and
- other information and documentation we may reasonably require pertaining to your claim for a Student Loan Benefit.

PAYMENT OF THE STUDENT LOAN BENEFIT

We will pay Student Loan Benefits to the Owner, unless the Owner names a payee to receive such benefits. The payee for the Student Loan Benefit may be different from the payee named to receive other benefits under the policy.

We will not be responsible for any tax consequences of Student Loan Benefit payments to the Owner or to any designated payee.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. This rider will end and no further premium will be due for it after the Student Loan Benefit Expiration Date or, if earlier, the date this rider terminates under the Termination of Rider provision.

If your Student Loan Agreement ends before the date this rider terminates, we will refund any premium paid for this rider as of the date the Student Loan Agreement ended. However, in no event will we refund more than 12 months of premium paid for this rider.

You are responsible for notifying us of the date your Student Loan Agreement(s) end(s) if such date is before the Student Loan Benefit Expiration Date.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will terminate on the earliest of:

1. The Student Loan Benefit Expiration Date;
2. The date the Student Loan Agreement ends;
3. The date you no longer have any Monthly Student Loan Expenses under a Student Loan Agreement; or
4. The policy's Termination Date.

In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders. No Student Loan Benefit will be payable after the termination of the rider. We will refund not more than 12 months' premium paid for the period beyond the date the rider terminated if termination occurs due to numbers 1, 2 or 3, above.

PART OF POLICY

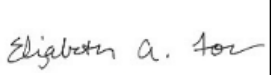
This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Daniel J. McMillan
President and CEO



Elizabeth A. Fouts
Corporate Secretary

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a sample of the Platinum Advantage policy. This is not a contract. Any coverage issued is subject to the terms of the policy. Some policy provisions and available riders may vary by state. Optional riders are subject to underwriting and reinsurance availability, and may increase premiums. A medical exam may be required when you apply for a policy.

This policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or terminated. For complete costs and coverage details, please contact your insurance representative or The Standard at 800.247.6888.

ICC17-B180

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

Platinum Advantage Individual Disability Insurance:
Annotated Sample Policy
SI **18468** (5/26)