

The
Union Central
Life Insurance Company

Founded in 1867...A Stock Company...P.O. Box 40888, Cincinnati, Ohio 45240
1-800-825-1551

INSURED: John Smith
POLICY NUMBER: N12345678D
POLICY DATE: February 1, 2006
ISSUE DATE: February 1, 2006

WE PROMISE to pay the benefits according to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

NONCANCELLABLE AND GUARANTEED RENEWABLE TO AGE 65

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between the *owner* and Union Central.

RIGHT TO EXAMINE. It is important to Union Central that *you* are satisfied with this policy. *You* have [20] days after *you* receive it to review this policy. If this policy is a replacement for an existing policy *you* have [20] days after *you* receive it to review this policy. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning and any premiums paid will be refunded.

Signed for the Company at Cincinnati, Ohio

Paul F. Winter

Secretary

Ray L. Hoffman

President

A Nonparticipating Disability Income Policy

Licensed Resident Agent

UC 4401 S

UnionCentral
A UNIFI Company

02/06

This is a general specimen and reflects policy rider and endorsement wording in contracts issued. Certain provisions may vary by state.

As long as premiums are paid, Union Central cannot cancel or change the contract or increase the rates.

You can have protection for a lifetime if you keep working and pay the premiums that are in effect.

POLICY INDEX

Schedule of Benefits and Premium Summary	3
Part I Glossary of Terms.	4
Part II Benefit Provisions	
Total Disability	5
Waiting Period	5
Successive Periods of Total Disability	5
Concurrent Disabilities	5
Maximum Benefit Period	5
Monthly Income	5
Presumptive Total Disability	5
Surgical Transplant	5
Rehabilitation	6
Treatment of Nondisabling Injuries	6
Waiver of Premium	6
Good Health Benefit	6
Survivor Benefit	6
Part III Exceptions/Limitations	
War	6
Self-Inflicted Injury	6
Incarceration	6
Loss or Suspension of License	7
Pre-existing Conditions	7
Residence	7
Pregnancy	7
Part IV Premium and Renewal Provisions	
Payment of Premiums	7
Grace Period	7
Reinstatement	8
Noncancellable and Guaranteed Renewable to Age 65	8
Conditionally Renewable for Life; Subject to Premium Change	8
Service in the Armed Forces	9
Part V How to File a Claim	
Notice of Claim	9
Claim Forms	9
Proof of Loss	9
Time of Loss	9
Your Responsibility	9
Time of Payment of Claims	9
Payment of Claims	10
Medical Examination	10
Legal Actions	10
Fraud	10
Part VI General Provisions	
Incontestability	10
Policy Ownership	10
Misstatement of Age and Sex.	10
Entire Contract	11
Nonparticipating Policy	11
Headings	11
Conformity with State Statutes	11
Duty to Cooperate	11

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	\$(n,nnn.nn)
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age [65]	[To Age 67]
(2) At or After Age [65]	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	\$(nnn.nn)

Rider Information

Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Maximum Rider Percentage	3%
Maximum Monthly Benefit Increase	\$(nnn.nn)
Future Increase Option Rider	
Total Maximum Increase	\$(nnn.nn)
Social Insurance Substitute Rider	
SIS Monthly Income	\$(nnn.nn)
SIS Waiting Period	[nn] Days
Catastrophic Disability Rider	
Catastrophic Income Benefit	\$(nnn.nn)
Catastrophic Waiting Period	[nn] Days
Catastrophic Maximum Benefit Period	
For Total Disability Starting	
(1) Before Age 50	[Lifetime]
(2) At or After Age 50, but Before Age [65]	[To Age 67]
(3) At or After Age [65]	24 Months

DEFINITION OF TOTAL DISABILITY

We will consider you totally disabled if a sickness or injury, in and of itself, prevents you from performing the material and substantial duties of your occupation. Your occupation means your occupation or occupations at the time disability began. If you are not employed at the beginning of a disability, your occupation means any reasonable occupation. A reasonable occupation is any occupation you are able to do based on your education, training and experience.

In order for us to consider you totally disabled, you must be under the regular care and treatment of a physician appropriate for the condition causing disability. If, in our opinion, continued medical treatment will not improve your condition, we will waive this requirement.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (65)

- 3 -

02/06

Broad flexibility in monthly benefit amounts, benefit periods and waiting periods.

This is an important benefit which is part of the basic policy.

A wide range of additional protection through optional coverages.

5AP – 4A To age 65, the inability to engage in your occupation. (Not available to 4A medical personnel or dental/surgical specialties age 50 and over unless they are members of a multi-life case where less than 25% of the total basic monthly benefit of the multi-life case is derived from the age 50 and over medical personnel or dental/surgical specialties. Not available in CA or to medical personnel in FL.)

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\$(nnn.nn)
Residual Disability Rider		\$(nnn.nn)
Cost of Living Adjustment Rider		\$(nnn.nn)
Automatic Increase Rider		None
Future Increase Option Rider		\$(nnn.nn)
Social Insurance Substitute Rider		\$(nnn.nn)
Catastrophic Disability Rider		\$(nnn.nn)
 Total		 \$(nnn.nn)
 Premium Discount		 \$(nnn.nn)
Policy Fee		\$(nnn.nn)
 Initial Total [Annual] Premium		 \$(nnn.nn)*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age [67] your policy is conditionally renewable for life at the premium then in effect.		
 Premium Modes at Issue:		
Annual		\$(nnn.nn)
Semiannual		\$(nnn.nn)
Quarterly		\$(nnn.nn)
Monthly		\$(nnn.nn)

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (65)

3A

02/06

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	\$[n,nnn.nn]
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age [65]	[To Age 67]
(2) At or After Age [65]	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	\$[nnn.nn]

Rider Information

Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Maximum Rider Percentage	3%
Maximum Monthly Benefit Increase	\$[nnn.nn]
Future Increase Option Rider	
Total Maximum Increase	\$[nnn.nn]
Social Insurance Substitute Rider	
SIS Monthly Income	\$[nnn.nn]
SIS Waiting Period	[nn] Days
Catastrophic Disability Rider	
Catastrophic Income Benefit	\$[nnn.nn]
Catastrophic Waiting Period	[nn] Days
Catastrophic Maximum Benefit Period	
For Total Disability Starting	
(1) Before Age 50	[Lifetime]
(2) At or After Age 50, but Before Age [65]	[To Age 67]
(3) At or After Age [65]	24 Months

DEFINITION OF TOTAL DISABILITY

We will consider you totally disabled if a sickness or injury, in and of itself, prevents you from performing the material and substantial duties of your occupation and you are not engaged in any occupation for wage or profit. Your occupation means your occupation or occupations at the time disability began. If you are not employed at the beginning of a disability, your occupation means any reasonable occupation. A reasonable occupation is any occupation you are able to do based on your education, training and experience.

In order for us to consider you totally disabled, you must be under the regular care and treatment of a physician appropriate for the condition causing disability. If, in our opinion, continued medical treatment will not improve your condition, we will waive this requirement.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (65NW)

3

02/06

Broad flexibility in monthly benefit amounts, benefit periods and waiting periods.

This is an important benefit which is part of the basic policy.

A wide range of additional protection through optional coverages.

5AP – 3A To age 65, the inability to engage in your occupation and not engaged in any other occupation. (Not available to 3AP/3A medical personnel/dentists age 50 and over, or to medical personnel or dentists in CA.)

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\$(nnn.nn)
Residual Disability Rider		\$(nnn.nn)
Cost of Living Adjustment Rider		\$(nnn.nn)
Automatic Increase Rider		None
Future Increase Option Rider		\$(nnn.nn)
Social Insurance Substitute Rider		\$(nnn.nn)
Catastrophic Disability Rider		\$(nnn.nn)
Total		\$(nnn.nn)
Premium Discount		\$(nnn.nn)
Policy Fee		\$(nnn.nn)
Initial Total [Annual] Premium		\$(nnn.nn)*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age [67] your policy is conditionally renewable for life at the premium then in effect.		
Premium Modes at Issue:		
Annual		\$(nnn.nn)
Semiannual		\$(nnn.nn)
Quarterly		\$(nnn.nn)
Monthly		\$(nnn.nn)

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (65NW)

3A

02/06

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	\$[n,nnn.nn]
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age [65]	[To Age 67]
(2) At or After Age [65]	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	\$[nnn.nn]

Rider Information

Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Maximum Rider Percentage	3%
Maximum Monthly Benefit Increase	\$[nnn.nn]
Future Increase Option Rider	
Total Maximum Increase	\$[nnn.nn]
Social Insurance Substitute Rider	
SIS Monthly Income	\$[nnn.nn]
SIS Waiting Period	[nn] Days
Catastrophic Disability Rider	
Catastrophic Income Benefit	\$[nnn.nn]
Catastrophic Waiting Period	[nn] Days
Catastrophic Maximum Benefit Period	
For Total Disability Starting	
(1) Before Age 50	[Lifetime]
(2) At or After Age 50, but Before Age [65]	[To Age 67]
(3) At or After Age [65]	24 Months

DEFINITION OF TOTAL DISABILITY

We will consider *you* totally disabled if a *sickness or injury*, in and of itself, prevents *you* from performing the material and substantial *duties* of *your* occupation. For the first 60 months of Monthly Income benefits, *your* occupation means *your* occupation or occupations at the time disability began. However, after you have received 60 months of Monthly Income benefits due to the same disability, *your* occupation then means any reasonable occupation. If you are not employed at the beginning of a disability, your occupation means any reasonable occupation. A reasonable occupation is any occupation *you* are able to do based on *your* education, training and experience.

In order for *us* to consider *you* totally disabled, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, *we* will waive this requirement.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (60)

- 3 -

02/06

Broad flexibility in monthly benefit amounts, benefit periods and waiting periods.

This is an important benefit which is part of the basic policy.

A wide range of additional protection through optional coverages.

5AP – 3A For 60 months the inability to engage in your occupation and then the inability to engage in any reasonable occupation. (Not available in CA or to medical personnel/dentists in FL.)

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\$[nnn.nn]
Residual Disability Rider		\$[nnn.nn]
Cost of Living Adjustment Rider		\$[nnn.nn]
Automatic Increase Rider		None
Future Increase Option Rider		\$[nnn.nn]
Social Insurance Substitute Rider		\$[nnn.nn]
Catastrophic Disability Rider		\$[nnn.nn]
 Total		 \$[nnn.nn]
 Premium Discount		 \$[nnn.nn]
Policy Fee		\$[nnn.nn]
 Initial Total [Annual] Premium		 \$[nnn.nn]*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age [67] your policy is conditionally renewable for life at the premium then in effect.		
 Premium Modes at Issue:		
Annual		\$[nnn.nn]
Semiannual		\$[nnn.nn]
Quarterly		\$[nnn.nn]
Monthly		\$[nnn.nn]

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	\$[n,nnn.nn]
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age [65]	[To Age 67]
(2) At or After Age [65]	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	\$[nnn.nn]

Rider Information

Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Maximum Rider Percentage	3%
Maximum Monthly Benefit Increase	\$[nnn.nn]
Future Increase Option Rider	
Total Maximum Increase	\$[nnn.nn]
Social Insurance Substitute Rider	
SIS Monthly Income	\$[nnn.nn]
SIS Waiting Period	[nn] Days
Catastrophic Disability Rider	
Catastrophic Income Benefit	\$[nnn.nn]
Catastrophic Waiting Period	[nn] Days
Catastrophic Maximum Benefit Period	
For Total Disability Starting	
(1) Before Age 50	[Lifetime]
(2) At or After Age 50, but Before Age [65]	[To Age 67]
(3) At or After Age [65]	24 Months

DEFINITION OF TOTAL DISABILITY

We will consider *you* totally disabled if a *sickness or injury*, in and of itself, prevents *you* from performing the material and substantial *duties* of *your* occupation and *you* are not engaged in any occupation for wage or profit. For the first 60 months of Monthly Income benefits, *your* occupation means *your* occupation or occupations at the time disability began. However, after you have received 60 months of Monthly Income benefits due to the same disability, *your* occupation then means any reasonable occupation. If you are not employed at the beginning of a disability, your occupation means any reasonable occupation. A reasonable occupation is any occupation *you* are able to do based on *your* education, training and experience.

In order for *us* to consider *you* totally disabled, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, we will waive this requirement.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (60NW)

3

02/06

Broad flexibility in monthly benefit amounts, benefit periods and waiting periods.

This is an important benefit which is part of the basic policy.

A wide range of additional protection through optional coverages.

5AP – 3A For 60 months the inability to engage in your own occupation and not engaged in any other occupation and then the inability to engage in any reasonable occupation.

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\$(nnn.nn)
Residual Disability Rider		\$(nnn.nn)
Cost of Living Adjustment Rider		\$(nnn.nn)
Automatic Increase Rider		None
Future Increase Option Rider		\$(nnn.nn)
Social Insurance Substitute Rider		\$(nnn.nn)
Catastrophic Disability Rider		\$(nnn.nn)
Total		\$(nnn.nn)
Premium Discount		\$(nnn.nn)
Policy Fee		\$(nnn.nn)
Initial Total [Annual] Premium		\$(nnn.nn)*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age [67] your policy is conditionally renewable for life at the premium then in effect.		
Premium Modes at Issue:		
Annual		\$(nnn.nn)
Semiannual		\$(nnn.nn)
Quarterly		\$(nnn.nn)
Monthly		\$(nnn.nn)

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (60NW)

- 3A -

02/06

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	\$[n,nnn.nn]
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age [65]	[To Age 67]
(2) At or After Age [65]	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	\$(nnn.nn)

Rider Information

Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Maximum Rider Percentage	3%
Maximum Monthly Benefit Increase	\$(nnn.nn)
Future Increase Option Rider	
Total Maximum Increase	\$(nnn.nn)
Social Insurance Substitute Rider	
SIS Monthly Income	\$(nnn.nn)
SIS Waiting Period	[nn] Days
Catastrophic Disability Rider	
Catastrophic Income Benefit	\$(nnn.nn)
Catastrophic Waiting Period	[nn] Days
Catastrophic Maximum Benefit Period	
For Total Disability Starting	
(1) Before Age 50	[Lifetime]
(2) At or After Age 50, but Before Age [65]	[To Age 67]
(3) At or After Age [65]	24 Months

DEFINITION OF TOTAL DISABILITY

We will consider you totally disabled if a sickness or injury, in and of itself, prevents you from performing the material and substantial duties of your occupation. For the first 24 months of Monthly Income benefits, your occupation means your occupation or occupations at the time disability began. However, after you have received 24 months of Monthly Income benefits due to the same disability, your occupation then means any reasonable occupation. If you are not employed at the beginning of a disability, your occupation means any reasonable occupation. A reasonable occupation is any occupation you are able to do based on your education, training and experience.

In order for us to consider you totally disabled, you must be under the regular care and treatment of a physician appropriate for the condition causing disability. If, in our opinion, continued medical treatment will not improve your condition, we will waive this requirement.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (24)

3

02/06

Broad flexibility in monthly benefit amounts, benefit periods and waiting periods.

This is an important benefit which is part of the basic policy.

A wide range of additional protection through optional coverages.

5AP – 2A For 24 months the inability to engage in your occupation and then the inability to engage in any reasonable occupation thereafter.

Certain provisions may vary by state.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\$[nnn.nn]
Residual Disability Rider		\$[nnn.nn]
Cost of Living Adjustment Rider		\$[nnn.nn]
Automatic Increase Rider		None
Future Increase Option Rider		\$[nnn.nn]
Social Insurance Substitute Rider		\$[nnn.nn]
Catastrophic Disability Rider		\$[nnn.nn]
Total		\$[nnn.nn]
Premium Discount		\$[nnn.nn]
Policy Fee		\$[nnn.nn]
Initial Total [Annual] Premium		\$[nnn.nn]*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age [67] your policy is conditionally renewable for life at the premium then in effect.		
Premium Modes at Issue:		
Annual		\$[nnn.nn]
Semiannual		\$[nnn.nn]
Quarterly		\$[nnn.nn]
Monthly		\$[nnn.nn]

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Base Policy Information for Total Disability

Disability Monthly Income	[\$n,nnn.nn]
Waiting Period	[nn] DAYS
Maximum Benefit Period for Injury or Sickness	
For Total Disability Starting:	
(1) Before Age 63	To Age 65
(2) At or After Age 63	24 Months
Treatment of Nondisabling Injuries	
Maximum Amount per Event	[\$nnn.nn]

Rider Information - None

DEFINITION OF TOTAL DISABILITY

For the first 24 months of Monthly Income benefits, *we* will consider *you* totally disabled if a *sickness* or *injury*, in and of itself, prevents *you* from performing the material and substantial *duties* of *your* occupation and *you* are not engaged in any occupation for wage or profit. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at the beginning of a disability, *your* occupation means any reasonable occupation. A reasonable occupation is any occupation *you* are able to do based on *your* education, training and experience.

In order for *us* to consider *you* totally disabled, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, *we* will waive this requirement.

After *you* have received 24 months of Monthly Income benefits due to the same disability, *we* will consider *you* totally disabled if due to a *sickness* or *injury*:

- (1) *you* are cognitively impaired; or
- (2) *you* are unable to perform two or more Activities of Daily Living without Stand-By Assistance.

You must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, *we* will waive this requirement.

COGNITIVE IMPAIRMENT AND COGNITIVELY IMPAIRED mean that *you* have suffered a deterioration or *loss* in *your* intellectual capacity which requires another person's assistance or verbal cueing to protect yourself or others. This is measured by clinical evidence and standardized tests which reliably measure *your* impairment. Such *loss* in intellectual capacity can result from *injury*, *sickness*, Alzheimer's Disease or similar forms of senility or irreversible dementia.

ACTIVITIES OF DAILY LIVING ARE:

- Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
- Toileting: the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.
- Transferring: the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.
- Eating: the ability to get nourishment into the body by any means once it has been prepared and made available to *you*.

STAND-BY ASSISTANCE means *you* require the presence of another human being to ensure that all or part of an ADL may be completed or to ensure *your* safety.

PREMIUM SUMMARY ON NEXT PAGE

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
Issue Date: February 1, 2006

UC 4401 (24HP)

- 3 -

02/06

This is an important benefit which is part of the basic policy.

5AP – 2A Designed primarily for use in the “at home” marketplace. However, this definition of disability is available in FL only to those individuals not working from home. Not available in CA, CT, IA, MD, MO, NJ, OR, SC, VA, VT.

For 24 months the inability to engage in your occupation and not engaged in any other occupation and then Activities of Daily Living definition thereafter.

SCHEDULE OF BENEFITS AND PREMIUM SUMMARY

Premium Information	Payable:	[Annual]
Initial Base Premium		\${nnn.nn}
Total		\${nnn.nn}
Premium Discount		\${nnn.nn}
Policy Fee		\${nnn.nn}
Initial Total [Annual] Premium		\${nnn.nn}*
* Initial Total Premium reflects appropriate discounts to which you are entitled at date of issue.		
* Premium Basis – [5A Age 35 Male Nontobacco]		
* After age 65 your policy is conditionally renewable for life at the premium then in effect.		
Premium Modes at Issue:		
Annual		\$(nnn.nn)
Semiannual		\$(nnn.nn)
Quarterly		\$(nnn.nn)
Monthly		\$(nnn.nn)

Insured: John Smith, Age 35
Policy Number: N12345678D
Policy Date: February 1, 2006
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PART I GLOSSARY OF TERMS

Defined terms appear in italics throughout this policy.

AGE. Means *your age* on *your* last birthday. When we use "*age*" followed by a number (such as *age 65*) we refer to a point in time. That point is the policy anniversary on or after *your 65th* birthday.

DUTIES. Means all functions that *you* were performing before disability.

HOME OFFICE. Means the *home office* of The Union Central Life Insurance Company. It is located at 1876 Waycross Road, Cincinnati, Ohio 45240 (mailing address is P.O. Box 40888, Cincinnati, Ohio 45240).

IN FORCE. Means *you* have paid premiums when due and remain insured under the terms of this policy.

INJURY. Means any accidental bodily *injury* which occurs while this policy is *in force*.

ISSUE DATE. Means the date this policy is issued and from which the coverage and incontestability is measured. The date is stated as the *issue date* in the *schedule*.

LAPSE. Means a premium is in default and *you* are no longer insured under this policy.

LOSS. Means *injury, sickness* or disability which results in a claim while this policy is *in force*.

OWNER. Means the person or entity who owns this policy. The *insured* is the *owner* unless *our* records show otherwise. The rights of the *owner* are described in Part VI.

PHYSICIAN. Means a person (other than *you* or a member of *your* family, a business or professional partner or any person who has a financial affiliation or business interest with *you*) who is a licensed practitioner of the healing arts, and is practicing within the scope of such license.

POLICY DATE. Means the date from which policy anniversaries, policy years and premium due dates are determined.

PROOF OF LOSS. Means records and statements needed to establish a claim for benefits. (These records and/or statements may include but are not limited to tax records, medical records, employment records, financial records, etc.)

SCHEDULE. Means the policy *schedule* or the supplemental policy *schedule* most recently sent to *you* by *us*.

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

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

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

John Smith
N12345678D

UC 4401 S

-4-

02/06

PART II BENEFIT PROVISIONS

TOTAL DISABILITY. Total Disability is defined in the *schedule* of this policy.

WAITING PERIOD. Prior to the date *we* start paying benefits, *you* must be totally disabled for a specified period of time. This is called the Waiting Period and is shown in the *schedule*.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. Successive periods of Total Disability will be considered as one period if:

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

All other periods of Total Disability will be considered separate periods of Total Disability.

CONCURRENT DISABILITIES. Concurrent disabilities are disabilities arising from more than one cause at the same time. They will be treated as a single disability.

MAXIMUM BENEFIT PERIOD. After the date benefits start, *we* will pay *you* a Monthly Income as long as *you* are totally disabled up to the Maximum Benefit Period shown in the *schedule*.

MONTHLY INCOME. While this policy is *in force*, *we* will pay the Monthly Income shown in the *schedule* for each month *you* are totally disabled after the Waiting Period. Payments will not be made for more than the Maximum Benefit Period.

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

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

We will pay the Monthly Income shown in the *schedule* for each month *you* are totally disabled due to one of the specific *losses* shown above. Payments will not be made for more than the Maximum Benefit Period. However:

- (1) benefits will begin to accrue from the date of the specific *loss* instead of after the Waiting Period ; and
- (2) *you* may work at any occupation and still receive benefits; and
- (3) *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, *we* will waive this requirement; and
- (4) Monthly Income payments will end if the specific *loss* is recovered; and
- (5) Total Disability must begin while this policy is *in force*.

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

John Smith
N12345678D

UC 4401 S

-5-

02/06

Attempts to return to work for 180 days or less within any one qualifying period will not cause a new qualifying period to begin.

Assumes total disability for certain specific losses. Loss need not be irrecoverable.

You can work full time and still receive benefits. No waiting period applies if you are disabled by specific loss.

A transplant that occurs more than six months after a policy is issued is treated as a sickness and benefits are payable from the first day.

Certain provisions may vary by state.

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

If *we* determine that such a program is appropriate, *we* will pay reasonable expenses for such items as assessments, examinations, vocational testing or training, tuition, books, training programs or living expenses. There is no minimum or maximum expense associated with this benefit.

The terms of *your* rehabilitation program, related expenses and Total Disability benefits during this program will be subject to *our* mutual agreement.

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

- (1) Benefits will be paid only for expenses incurred while this policy is *in force* within 90 days from the *injury* date.
- (2) Benefits will be paid only if a claim is submitted within 365 days from the *injury* date.
- (3) Benefits will be paid provided no other benefits are payable under this policy or any of its riders.
- (4) If *you* have one or more of *our* disability income policies providing this benefit *we* will not pay more than a total of 100% of the expense incurred under all policies.
- (5) If a nondisabling *injury* develops into a disability for which monthly benefits are paid, any benefits which have been paid under this provision will be offset against the monthly disability benefits.

WAIVER OF PREMIUM. The Waiting Period for premium waiver is 90 days. After 90 days, *we* will waive any premium on this policy as it comes due, until the Total Disability ends. *We* will also refund any premium *you* paid on or after the date *you* became totally disabled.

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

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

PART III EXCEPTIONS/LIMITATIONS

WAR. Benefits are not payable for a *sickness, injury* or disability caused or contributed to by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months.

SELF-INFLICTED INJURY. Benefits are not payable for *sickness, injury* or disability resulting from an intentionally self-inflicted *injury*.

INCARCERATION. Benefits are not payable during any period *you* are incarcerated for any reason.

John Smith
N12345678D

UC 4401 S

-6-

02/06

To help you get going again, basic benefits are still payable if you participate in an approved program of occupational rehabilitation.

We may participate in the cost.

This is a nondisabling medical expense reimbursement. This is a per occurrence benefit.

Premium payments are waived if you are disabled for 90 days or longer. Any premiums paid during that time will be refunded.

Waiting period reduced 2 days for every year you receive no benefits under this policy. (Not available in New York.)

A valuable “built-in” extra benefit that could be paid for three months.

LOSS OR SUSPENSION OF LICENSE. Except as a direct result of a *sickness or injury*, benefits are not payable if *you* are prevented from engaging in *your* occupation as the result of:

- (1) suspension; or
- (2) revocation; or
- (3) surrender of *your* professional or occupational license or certification.

PRE-EXISTING CONDITIONS. During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a Pre-existing Condition only if that Condition is:

- (1) fully disclosed and not misrepresented on this policy's application; and
- (2) not specifically excluded by name or specific description.

A Pre-existing Condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of this policy or rider:

- (1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
- (2) a reasonably prudent person would have sought medical advice, care, or treatment.

RESIDENCE. While *you* reside outside of the United States or Canada, *we* will not pay benefits for more than twelve months during the lifetime of this policy.

PREGNANCY. Benefits are not payable for normal pregnancy or childbirth until *you* have been disabled for 90 days.

PART IV PREMIUM AND RENEWAL PROVISIONS

PAYMENT OF PREMIUMS. The initial premium is due on the *policy date*. It is shown in the *schedule*. Subsequent premiums are payable on or before the date they are due. Premiums must be paid to *us* at *our home office*. All premiums are payable in United States currency.

Premiums may be paid once a year, twice a year or four times a year. Other modes of payment may be available with *our* approval. *You* may not change the mode of payment while receiving disability benefits.

If *we* accept a premium while this policy is *in force*, this policy will continue *in force* until the end of the period for which the premium was paid.

We will refund the unused portion of *your* premium in the event of *your* death.

GRACE PERIOD. A 31-day Grace Period is allowed for premiums not paid on or before due dates. Coverage will continue *in force* during the Grace Period.

John Smith
N12345678D

UC 4401 S

-7-

02/06

As long as pre-existing conditions have been fully disclosed and they are not specifically excluded, they will be covered.

You have extra time to pay a premium that is due while coverage continues.

REINSTATEMENT. If a premium is not paid by the end of the Grace Period, this policy will *lapse* as of the premium paid to date. Within one year after this policy *lapses*, we will consider reinstatement of this policy upon payment of all due premiums. We may require an application and evidence of insurability.

If we accept the premium with no further requirements, we will reinstate this policy effective the date the premium was received. If we require an application, this policy will be reinstated:

- (1) when we approve *your* application; or
- (2) 45 days after the date of the application unless we have refunded *your* premium and notified *you* in writing of *our* denial.

The reinstated policy will cover only:

- (1) an *injury* that occurs after the date of reinstatement; or
- (2) a *sickness* beginning more than 10 days after the date of reinstatement.

All other rights of this policy will remain the same except for changes made during the reinstatement process.

Provisions regarding Incontestability shall apply to reinstated policies from the effective date of the reinstatement.

NONCANCELLABLE AND GUARANTEED RENEWABLE TO AGE 65. *You* have the right to continue this policy to *age* 65 by paying the premium as due. Until *age* 65, we shall not:

- (1) cancel this policy except for nonpayment of premium; nor
- (2) increase the premium; nor
- (3) add any restrictions.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. *You* may renew this policy on each policy anniversary from *age* 65 for life, if, at the time of renewal:

- (1) *you* are not receiving a benefit under this policy or any attached rider; and
- (2) *you* are actively working at least 30 hours each week at *your* normal place of employment; and
- (3) the policy is *in force* with no premium in default; and
- (4) *you* pay the premium in effect for *your age* at that time; and
- (5) *you* furnish proof of *your* current income.

If this policy is renewed under this provision, only the benefit for Total Disability will be renewed. At the time of renewal, all:

- (1) exclusion riders; and
- (2) limitations; and
- (3) exceptions; and
- (4) endorsements; and
- (5) ratings

will be renewed and remain part of this policy. All other non-exclusion riders attached to this policy and *in force* at *age* 65 are non-renewable and will terminate according to the terms of those riders.

John Smith
N12345678D

UC 4401 S

-8-

02/06

Reinstating coverage is possible after the end of the grace period.

Certain provisions may vary by state.

SERVICE IN THE ARMED FORCES. If *you* are on active duty in any armed forces for more than 30 days, *you* have the option to suspend this policy. During such suspension:

- (1) the provisions of this policy will not be in effect; and
- (2) the contestability period in Part VI shall be tolled; and
- (3) premium payments are not required.

You must request this suspension in writing. *We* will refund the part of any premium paid beyond *your* active duty date. If *your* active service ends before *you* reach age 65, *you* may reinstate this policy, within 90 days after *your* active service ends. *We* must receive *your* request in writing along with *your* deactivation notice and payment of the premium due for coverage until the next premium due date. *We* will reinstate this policy effective the date premium is received. This policy will not cover *loss* from *injuries* which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, *you* and *we* shall enjoy the same rights under this policy as each had before it was suspended.

PART V HOW TO FILE A CLAIM

NOTICE OF CLAIM. If *you* have a claim *you* must send *us* a written notice of claim within 30 days after the covered *loss*, or as soon as reasonably possible. The notice should be submitted to *us* at *our* home office.

The notice must include:

- (1) *your* name; and
- (2) *your* policy number.

CLAIM FORMS. When *we* receive *your* notice of claim *we* will send *you* forms for filing *your* proof of loss. If *we* don't send these forms to *you* within 15 days, *you* may meet the *proof of loss* by giving *us* a written statement. This written statement should include the nature and extent of *your* loss. *You* should send it to *us* within the time limit stated below.

PROOF OF LOSS. *You* must send *us* written *proof of loss* within 90 days after:

- (1) the end of the first month for which benefits are due; or
- (2) the date of the *loss* for all other claims.

If *you* are not able to send it within that time, it may be sent as soon as reasonably possible without affecting *your* claim. The additional time allowed cannot exceed one year unless *you* are legally incapacitated. *We* may request additional *proof of loss* as often as *we* deem necessary.

TIME OF LOSS. All *losses* must occur while this policy is *in force*.

YOUR RESPONSIBILITY. It is *your* responsibility, at *your* expense, to submit to *us* records and statements needed to establish a claim of benefits. These include but are not limited to Internal Revenue records, attending *physicians*' statements, employment records, etc.

TIME OF PAYMENT OF CLAIMS. After *we* receive *your* written *proof of loss* and if *your* claim is approved, *we* will pay disability benefits due on a monthly basis. Benefits for any other *loss* will be paid as soon as *we* receive proper written *proof*.

John Smith
N12345678D

UC 4401 S

-9-

02/06

You have a reasonable length of time to file a claim.

PAYMENT OF CLAIMS. All benefits payable under this policy will be paid to the *owner*, unless assigned to another person.

If the person who is to receive payments is dead, or incompetent, *we* will make the payments to the legal representative for the property of that person. If no legal representative exists, *we* may make payment to any relative of that person *we* consider to be justly entitled to payment. If *we* do this, *we* will be discharged to the extent of such payment made in good faith. The amount *we* pay will not exceed \$5,000 or, if greater, the limit allowed by state law for payments of this kind.

Payment of monthly benefits for a period of less than one month will be at the daily rate of 1/30 of the applicable Total or Partial Disability benefit rate.

MEDICAL EXAMINATION. *We* have the right, at *our* expense, to obtain another medical opinion. *We* may have *you* examined by a *physician* of *our* choice as often as is reasonably necessary.

LEGAL ACTIONS. No legal action may be brought to recover on this policy within 60 days after written *proof of loss* has been given as required by this policy. No such action may be brought after three years from the time written *proof of loss* is required to be given. All actions must be brought in either a state or federal court within the United States.

FRAUD. In the event this policy is procured by fraud or a claim is made with intent to defraud, this policy will be void. This provision shall control over all other policy provisions.

PART VI GENERAL PROVISIONS

INCONTESTABILITY. After two years from the *issue date* of this policy, only fraudulent misstatements in the application for this policy may be used to void this policy for *loss* incurred or disability that starts after the two-year period. However, prior to the two-year period, *we* may void *your* policy if *you* made material misrepresentations in *your* application.

Provisions regarding Incontestability shall apply to reinstated policies from the effective date of reinstatement.

POLICY OWNERSHIP. *You*, the insured, are the *owner* of this policy unless *our* records show otherwise. The *owner* has the right to:

- (1) receive any benefits due under this policy; and
- (2) assign this policy; and
- (3) exercise other rights that this policy provides, or that *we* permit.

MISSTATEMENT OF AGE AND SEX. If *your age* or sex has been misstated, *your* benefits will be the amount *your* premium would have purchased at *your* correct *age* and sex.

If, however, no coverage would have been issued at the correct *age*, *you* will not be covered and *we* will refund all premiums paid.

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N12345678D

UC 4401 S

-10-

02/06

During the first two years, the policy is contestable for misrepresentation. After two years, the policy is contestable only for fraud.

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy; and
- (2) any riders; and
- (3) any endorsements; and
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable *schedule(s)*.

No change in this policy will be effective until approved by one of *our* authorized officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

NONPARTICIPATING POLICY. This policy is non-participating. No dividends will be paid under this policy.

HEADINGS. The paragraph headings in this policy are included for convenience only and do not modify or control the scope of any of the provisions of this policy.

CONFORMITY WITH STATE STATUTES. If any provisions of this policy are in conflict with the laws of the state where *you* reside on the *issue date*, those provisions are amended to conform to the minimum requirements of those laws.

DUTY TO COOPERATE. *You* have the duty to cooperate with *us* concerning all matters relating to this policy and any claims thereunder. This cooperation includes, but is not limited to:

- (1) submitting all required forms and other documentation according to this policy's provisions; and
- (2) mitigating all covered expenses; and
- (3) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefit under this policy is based. This includes such corrective/remedial surgery or generally accepted medical procedures which to an ordinarily prudent person would appear medically reasonable for such condition(s).

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N12345678D

UC 4401 S

-11-

02/06

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

RESIDUAL DISABILITY RIDER

This rider is designed to supplement your income when *you* are Residually Disabled as defined below. Benefits are a percentage of the Total Disability Monthly Income.

DEFINITIONS

RESIDUAL DISABILITY. *We* will consider *you* Residually Disabled if due to *sickness* or *injury*:

- (1) *your* Loss of Monthly Earnings is more than 20% of *your* Prior Monthly Earnings; and
- (2) *your* Loss of Monthly Earnings is the result, directly and apart from any other cause, of an *injury* or *sickness* as defined in the policy; and
- (3) *you* are unable to perform one or more of the material and substantial daily *duties* of *your* occupation; or *you* are unable to engage in *your* occupation for more than 80% of the time as was usual prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found in the *schedule* of *your* policy.

In order for *us* to consider *you* Residually Disabled, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, *we* will waive this requirement.

WAITING PERIOD. The definition of Waiting Period in Part II of this policy is revised. Days of both Total and Residual Disability will satisfy the Waiting Period.

SUCCESSIVE PERIODS OF DISABILITY. Periods of Total Disability referred to in the Successive Periods of Total Disability provision will be construed to include periods of Residual Disability. This is shown in Part II of this policy.

MONTHLY EARNINGS. Monthly Earnings are:

- (1) all wages, fees, salaries, bonuses, commissions; and
- (2) pension and profit-sharing contributions and deferred compensation; and
- (3) other payments for service *you* do;
less
- (4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, Monthly Earnings also include:

- (1) *your* share of profits or losses generated by the business;
less
- (2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

- (1) are not in excess of the expenses that were incurred before the start of the Waiting Period; and
- (2) *you* can deduct for federal income tax purposes; and
- (3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the last 60 days before disability began; and
- (4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

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UC 4461-1 S

-1-

02/06

This version of the long-term Residual Rider is not available in California.

**Available to risk classifications 5AP – 3A.
Not available to Residential Real Estate Agents.**

Same occupation protection as base contract.

Successive periods include days of both total and residual disability.

Earnings means more than just salary.

Certain provisions may vary by state.

Monthly Earnings do not include:

- | | |
|----------------|---|
| (1) royalties; | (6) sick pay; |
| (2) rent; | (7) benefits received for disability under a formal wage or salary continuation plan; |
| (3) annuities; | (8) income of a corporation imputed to a disabled single owner; |
| (4) interest; | (9) any other form of unearned income. |
| (5) dividends; | |

Monthly Earnings may be considered earned:

- (1) in the period actually received (this is the cash accounting method);
- (2) in the period actually earned (this is the accrual accounting method).

We allow either the cash or accrual accounting method. The method *you* choose must be used to determine the Prior Monthly Earnings and the Current Monthly Earnings during a period for which benefits are payable. If the cash accounting method is chosen, with the exception of deferred compensation, income earned but not received before the start of disability will be excluded from Monthly Earnings during disability.

PRIOR MONTHLY EARNINGS. Prior Monthly Earnings are *your* average Monthly Earnings for the last 12 or 24 months before the start of disability, whichever is higher.

CURRENT MONTHLY EARNINGS. Current Monthly Earnings are *your* Monthly Earnings during each month of Residual Disability for which claim is made.

During any Residual Disability, usual and customary business expenses will be construed to be only those expenses which:

- (1) are not in excess of the expenses that were incurred before the start of the *Waiting Period*; and
- (2) *you* can deduct for federal income tax purposes; and
- (3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the last 60 days before disability began.

LOSS OF MONTHLY EARNINGS. Loss of Monthly Earnings is:

- (1) *your* Prior Monthly Earnings;
less
- (2) *your* Current Monthly Earnings.

DEMONSTRABLE RELATIONSHIP. Means reasonable evidence that supports a direct and primary causal relationship between the Loss of Monthly Earnings and the Residual Disability. There is no Demonstrable Relationship if the Loss of Monthly Earnings is primarily due to intervening causes that are not related to the Residual Disability.

BENEFITS

RESIDUAL MONTHLY INCOME. *We* will pay *you* Residual Monthly Income under this rider for each month *you* are Residually Disabled. The income will begin on the later of:

- (1) the day after the end of the Waiting Period; or
- (2) the day following a period of Total Disability for which benefits have been paid.

$$\begin{array}{rcll} \text{Residual} & & \text{Loss of Monthly Earnings} & \text{(times)} \\ \text{Monthly Income} & = & \text{Prior Monthly Earnings} & \times & \text{Total Disability} \\ & & & & \text{Monthly Income} \end{array}$$

John Smith
N12345678D

UC 4461-1 S

-2-

02/06

You may choose which accounting method you use.

Cash method excludes income earned for services performed but not received before disability began.

You may choose which prior monthly earnings to use.

The first six monthly payments for Residual Disability will be the greater of:

- (1) 50% of *your* Total Disability Monthly Income; or
- (2) the amount determined by the above formula.

We will not pay a Residual Monthly Income for any day for which *we* pay Total Disability or Presumptive Total Disability benefits.

If *your* Loss of Monthly Earnings is less than 20% of *your* Prior Monthly Earnings: *we* will pay no Residual Monthly Income.

If *your* Loss of Monthly Earnings is more than 75% of *your* Prior Monthly Earnings: it will be deemed a 100% *loss*.

RECOVERY BENEFIT. After satisfying the Waiting Period, upon full recovery and return to *your* occupation or any occupation, Residual Monthly Income will continue to be paid provided:

- (1) Loss of Monthly Earnings are at least 20%; and
- (2) a Demonstrable Relationship exists between the Loss of Monthly Earnings and the previous disability. This relationship will be reevaluated periodically.

COST OF LIVING ADJUSTMENT. *We* will make an adjustment to *your* Prior Monthly Earnings in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the start of *your* disability.

To make this adjustment, *we* will use the Consumer Price Index for all Urban Consumers (CPI-U). It is published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that, in *our* judgment, most clearly reflects the change in the cost of living in the United States. CPI-U will then mean the chosen index.

For each disability claim, *we* will determine the CPI-U value for the third month prior to the start of *your* disability. This is called the prior index.

On each anniversary of the start of the disability, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then determined by dividing the current index by the prior index. This ratio will remain constant for 12 months. Then *we* will recalculate it. In no case will this ratio be less than one.

The Prior Monthly Earnings is then multiplied by this ratio. The result is the adjusted Prior Monthly Earnings.

The adjusted Loss of Monthly Earnings equals the difference between adjusted Prior Monthly Earnings and Current Monthly Earnings.

Then:

$$\begin{array}{lclcl} \text{Adjusted Residual} & & \text{adjusted Loss of} & & \\ \text{Monthly Income} & = & \text{Monthly Earnings} & (\text{times}) & \text{Total Disability} \\ & & \text{adjusted Prior} & \text{X} & \text{Monthly Income} \\ & & \text{Monthly Earnings} & & \end{array}$$

If *your* adjusted Loss of Monthly Earnings is less than 20% of *your* adjusted Prior Monthly Earnings: residual benefits will not be paid.

If *your* adjusted Loss of Monthly Earnings is more than 75% of *your* adjusted Prior Monthly Earnings: it will be deemed a 100% *loss*.

John Smith
N12345678D

UC 4461-1 S

-3-

02/06

A 50% minimum benefit is payable during the first six months of residual disability.

The minimum loss of income required is 20%.

Full 100% benefit paid if income loss is greater than 75%.

If you satisfy the waiting period and upon recovery return to work, residual benefits will continue to be paid if your loss of earnings is at least 20%.

Your prior monthly earnings are indexed based on the actual changes in the CPI-U. There is no limit to the amount of this increase.

Certain provisions may vary by state.

No Prior Monthly Earnings adjustment is made during the first year of disability.

Nothing in this rider will increase *your* Total Disability Monthly Income.

RESIDUAL MAXIMUM BENEFIT PERIOD.

For disability that begins before age 63:

The Residual Maximum Benefit Period is equal to any unused portion of the Maximum Benefit Period for Total Disability shown in the *schedule* of this policy. However, in no case will payments be made under this rider beyond age 65.

For disability that begins at or after age 63:

The Residual Maximum Benefit Period is equal to 24 months less any period for which Total Disability benefits have been paid.

Payment of Monthly Benefits, under all provisions of this rider combined, will not be made for more than the Residual Maximum Benefit Period.

WAIVER OF PREMIUM. The Waiver of Premium Benefit provision in Part III of the policy is amended. Days of both Total and Residual Disability will be used to satisfy the qualifying period for premium waiver.

GENERAL PROVISIONS

PROOF OF EARNINGS. *We* will require financial proof necessary to accurately determine *your* Current and Prior Monthly Earnings. Such proof is required before *we* can determine and approve any benefits. *We*, or an independent accountant retained by *us*, shall have the right to examine *your* financial records as often as *we* may reasonably require.

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of this policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for the rider and payment of premium.

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

- (1) the *issue date*; or
- (2) the *rider issue date*.

This rider may be renewed concurrently with this policy, under the same terms as this policy. It may not be renewed beyond age 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY

David F. White **SPECIMEN** *Ray L. Hoffman*

Secretary

President

John Smith
N12345678D

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02/06

Benefits could be paid for up to 24 months if still disabled.

Days of both total and residual disability may be used to qualify for premium waiver.

Certain provisions may vary by state.

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

RESIDUAL DISABILITY RIDER

This rider is designed to supplement *your* income when *you* are residually disabled as defined below. Benefits are a percentage of the Total Disability Monthly Income.

DEFINITIONS

RESIDUAL DISABILITY. We will consider *you* residually disabled if due to *sickness* or *injury*:

- (1) *your* Loss of Monthly Earnings is more than 20% of *your* Prior Monthly Earnings; and
- (2) *your* Loss of Monthly Earnings is the result, directly and apart from any other cause, of an *injury* or *sickness* as defined in the policy; and
- (3) *you* are unable to perform one or more of the material and substantial daily *duties* of *your* occupation; or *you* are unable to engage in *your* occupation for more than 80% of the time as was usual prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found in *your* policy.

In order for *us* to consider *you* residually disabled, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in our opinion, continued medical treatment will not improve *your* condition, we will waive this requirement.

WAITING PERIOD. The definition of Waiting Period in Part II of the policy is revised. Days of both Total and Residual Disability will satisfy the Waiting Period.

SUCCESSIVE PERIODS OF DISABILITY. Periods of Total Disability referred to in the Successive Periods of Total Disability provision will be construed to include periods of Residual Disability. This is shown in Part II of the policy.

MONTHLY EARNINGS. Monthly Earnings are:

- (1) all wages, fees, salaries, bonuses, commissions; and
- (2) pension and profit-sharing contributions and deferred compensation; and
- (3) other payments for service *you* do;
less
- (4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, Monthly Earnings also include:

- (1) *your* share of profits or losses generated by the business;
less
- (2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

- (1) are not in excess of the expenses that were incurred before the start of the Waiting Period; and
- (2) you can deduct for federal income tax purposes; and
- (3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the last 60 days before disability began; and
- (4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

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UC 4461 (24)

- 1 -

7/99

This 24 month Residual Rider is not available in California.

Available to risk classifications 5AP – 2A except Residential Real Estate Agents. Residual benefits could be paid for up to 24 months.

Same occupation protection as base contract.

Successive periods include days of both total and residual disability.

Earnings means more than just salary.

Monthly Earnings do not include:

- | | |
|----------------|---|
| (1) royalties; | (6) sick pay; |
| (2) rent; | (7) benefits received for disability under a formal wage or salary continuation plan; |
| (3) annuities; | (8) income of a corporation imputed to a disabled single owner; |
| (4) interest; | (9) any other form of unearned income. |
| (5) dividends; | |

Monthly Earnings may be considered earned:

- | |
|--|
| (1) in the period actually received (this is the cash accounting method); |
| (2) in the period actually earned (this is the accrual accounting method). |

We allow either the cash or accrual accounting method. The method *you* choose must be used to determine the Prior Monthly Earnings and the Current Monthly Earnings during a period for which benefits are payable. If the cash accounting method is chosen, with the exception of deferred compensation, income earned but not received before the start of disability will be excluded from Monthly Earnings during disability.

PRIOR MONTHLY EARNINGS. Prior Monthly Earnings are *your* average Monthly Earnings for the last 12 or 24 months before the start of disability, whichever is higher.

CURRENT MONTHLY EARNINGS. Current Monthly Earnings are *your* Monthly Earnings during each month of Residual Disability or Transition Period for which claim is made.

During any Residual Disability or Transition Period, usual and customary business expenses will be construed to be only those expenses which:

- | |
|--|
| (1) are not in excess of the expenses that were incurred before the start of the Waiting Period; and |
| (2) you can deduct for federal income tax purposes; and |
| (3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to <i>you</i> or to any member of <i>your</i> immediate family who was not a full-time paid employee of the business during the last 60 days before disability began. |

LOSS OF MONTHLY EARNINGS. Loss of Monthly Earnings is:

- | |
|------------------------------------|
| (1) your Prior Monthly Earnings; |
| less |
| (2) your Current Monthly Earnings. |

TRANSITION PERIOD. A Transition Period is a period in which:

- | |
|---|
| (1) <i>you</i> are able to return to work on a full-time basis; and |
| (2) <i>your</i> Loss of Monthly Earnings is continuous; and |
| (3) <i>your</i> Loss of Monthly Earnings is more than 20% of <i>your</i> Prior Monthly Earnings; and |
| (4) <i>your</i> Loss of Monthly Earnings is the result, directly and apart from any other cause, from an <i>injury</i> or <i>sickness</i> as defined in the policy. |

This period is not to exceed 12 months.

John Smith
N12345678D

UC 4461 (24)

- 2 -

7/99

You may choose which accounting method to use.

Cash method excludes income earned for services performed but not received before disability began.

You may choose which prior monthly earnings to use.

BENEFITS

RESIDUAL MONTHLY INCOME. We will pay *you* Residual Monthly Income under this rider for each month *you* are residually disabled. The income will begin on the later of:

- (1) the day after the end of the Waiting Period; or
- (2) the day following a period of Total Disability for which benefits have been paid.

$$\text{Residual Monthly Income} = \frac{\text{Loss of Monthly Earnings}}{\text{Prior Monthly Earnings}} \text{ (times) } X \text{ Total Disability Monthly Income}$$

The first six monthly payments for Residual Disability will be the greater of:

- (1) 50% of *your* Total Disability Monthly Income; or
- (2) the amount determined by the above formula.

We will not pay a Residual Monthly Income for any day for which we pay Total Disability or specific loss benefits.

If *your* Loss of Monthly Earnings is less than 20% of *your* Prior Monthly Earnings: we will pay no Residual Monthly Income.

If *your* Loss of Monthly Earnings is more than 75% of *your* Prior Monthly Earnings: it will be deemed a 100% loss.

TRANSITION BENEFIT. Following a period of compensable Total or Residual Disability, we will pay Residual Monthly Income for any Transition Period. We will pay no more than twelve months of benefits under this provision for all Transition Periods following Successive Periods of Disability due to the same or related causes.

COST OF LIVING ADJUSTMENT. We will make an adjustment to *your* Prior Monthly Earnings in order to reflect the changes in cost of living. For those controlling a business entity, we will make the same adjustment to revenue and expenses. We will make this adjustment on the first and each successive anniversary of the start of *your* disability.

To make this adjustment, we will use the Consumer Price Index for all Urban Consumers (CPI-U). It is published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, we will use the index that, in *our* judgement, most clearly reflects the change in the cost of living in the United States. CPI-U will then mean the chosen index.

For each disability claim, we will determine the CPI-U value for the third month prior to the start of *your* disability. This is called the prior index.

On each anniversary of the start of the disability, we will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then determined by dividing the current index by the prior index. This ratio will remain constant for 12 months. Then we will recalculate it. In no case will this ratio be less than one.

The Prior Monthly Earnings is then multiplied by this ratio. The result is the adjusted Prior Monthly Earnings.

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N12345678D

UC 4461 (24)

- 3 -

7/99

A 50% minimum benefit is payable during the first six months of residual disability.

The minimum loss of income required is 20%.

Full 100% benefit paid if income loss is greater than 75%.

Twelve month Transition/Return To Work benefits.

Your prior monthly earnings are indexed based on the actual changes in the CPI-U. There is no limit to the amount of this increase.

Certain provisions may vary by state.

The adjusted Loss of Monthly Earnings equals the difference between adjusted Prior Monthly Earnings and Current Monthly Earnings.

Then:

$$\begin{array}{rclcl} \text{Adjusted Residual} & & \text{adjusted loss of} & & \\ \text{Monthly Income} & = & \frac{\text{Monthly Earnings}}{\text{adjusted prior}} & (\text{times}) & \text{Total Disability} \\ & & \text{Monthly Earnings} & \text{X} & \text{Monthly Income} \end{array}$$

If *your* adjusted Loss of Monthly Earnings is less than 20% of *your* adjusted Prior Monthly Earnings: residual benefits will not be paid.

If *your* adjusted Loss of Monthly Earnings is more than 75% of *your* adjusted Prior Monthly Earnings: it will be deemed a 100% loss.

No Prior Monthly Earnings adjustment is made during the first year of disability.

Nothing in this rider will increase *your* Total Disability Monthly Income.

RESIDUAL MAXIMUM BENEFIT PERIOD.

For disability that begins before age 63:

The Residual Maximum Benefit Period is equal to any unused portion of the Maximum Benefit Period for Total Disability shown on the *schedule* page of the policy, but in no case will more than 24 monthly payments, whether residual or transitional, be made in one period of disability. However, in no case will payments be made under this rider beyond age 65.

For disability that begins at or after age 63:

The Residual Maximum Benefit Period is equal to 24 months less any period for which Total Disability benefits have been paid.

Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the Residual Maximum Benefit Period. Payment will not be made for both Residual Disability and Transition Periods at the same time.

WAIVER OF PREMIUM. The waiver of premium benefit provision in Part II of the policy is amended. Days of both total and residual disability will be used to satisfy the qualifying period for premium waiver.

GENERAL PROVISIONS

PROOF OF EARNINGS. *We* will require financial proof necessary to accurately determine *your* Current and Prior Monthly Earnings. Such proof is required before *we* can determine and approve any benefits. *We*, or an independent accountant retained by us, shall have the right to examine *your* financial records as often as *we* may reasonably require.

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for the rider and payment of premium.

John Smith
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UC 4461 (24)

- 4 -

7/99

Benefits could be paid for up to 24 months.

Days of both total and residual disability may be used to qualify.

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

- (1) the *issue date*; or
- (2) the rider *issue date*.

This rider may be renewed concurrently with the policy, under the same terms as the policy. It may not be renewed beyond age 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY

 **SPECIMEN** 

Secretary

President

John Smith
N12345678D

UC 4461 (24)

- 5 -

7/99

Certain provisions may vary by state.

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

PARTIAL DISABILITY RIDER

This rider provides a reduced Monthly Benefit while you are partially disabled as defined below.

DEFINITIONS

PARTIAL DISABILITY. Once Total Disability Benefits begin to accrue, we will consider *you* partially disabled if, due to *sickness or injury*:

- (1) *you* are able to do one or more but not all of the main *duties* of *your* occupation; or
- (2) *you* can only perform all of *your* main *duties* for 50% or less of the time normally required.

You must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in *our* opinion, continued medical treatment will not improve *your* condition, we will waive this requirement.

SUCCESSIVE PERIODS OF DISABILITY. Periods of total disability referred to in the Successive Periods of Total Disability provision will be construed to include periods of Partial Disability. This is shown in Part II of the policy.

BENEFITS

PARTIAL DISABILITY. While you are partially disabled, we will pay one-half of the Disability Monthly Income shown on the *schedule* page for a period not to exceed 6 months. Payments will not be made beyond the Maximum Benefit Period.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for this rider and payment of premium.

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

- (1) the *issue date*; or
- (2) the rider *issue date*.

This rider may be renewed concurrently with the policy, under the same terms as the policy. It may not be renewed beyond *age* 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY

David F. Winter

Secretary

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UC 4462

- 1 -

7/99

Available to risk classifications 5AP – 2A.

Successive periods include days of both total and residual disability.

We will pay 50% of the Disability Monthly Income for up to six months.

Certain provisions may vary by state.

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

SOCIAL INSURANCE SUBSTITUTE RIDER

This rider will pay additional income each month if:

- (1) *you* are totally disabled due to *injury* or *sickness*; and
- (2) *you* are receiving limited or no Social Insurance Benefits; and
- (3) if *your* policy contains the residual benefit, *we* will increase those benefits. This is described in the Benefits for Residual Disability provision of this rider.

DEFINITIONS

SOCIAL INSURANCE BENEFITS. Social Insurance Benefits means payments of disability or retirement benefits under the following:

- (1) the Federal Social Security Act under:
 - (a) a Primary Insurance Amount (PIA); or
 - (b) a PIA and a Family Benefit for dependents;
- (2) any Worker's Compensation, Occupational Disease, or Employer's Liability;
- (3) Government Retirement and Disability Fund Benefit which would include:
 - (a) disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which *you* may be eligible; or
 - (b) any payment that results from elective retirement;
- (4) any other similar federal, state or local program.

SIS MONTHLY INCOME. This is the maximum amount of monthly income that will be paid each month under this rider, as shown on the *schedule* page of the policy.

SIS WAITING PERIOD. Prior to the date *we* start to pay benefits under this rider, *you* must be disabled for a specified period of time. This is called the SIS Waiting Period. It is shown on the *schedule* page. This period does not need to consist of consecutive days. Attempts to return to work of 180 days or less, during the satisfaction of a Waiting Period for disabilities from the same or related conditions, will not cause a new Waiting Period to start.

SUCCESSIVE PERIODS OF DISABILITY. Successive periods of disability will be considered, for the purpose of determining maximum benefits, as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than six months; and
- (3) benefits were paid for the prior period of disability; and
- (4) the successive periods each begin while this policy is *in force*.

All other periods of disability will be considered separate periods of disability.

BENEFITS

BENEFITS FOR TOTAL DISABILITY. *We* will pay the SIS Monthly Income, reduced by any Social Insurance Benefits being received, for each month *you* are totally disabled after the SIS Waiting Period if:

- (1) *you* are receiving Total Disability Monthly Income benefits under this policy; and
- (2) *you* are not engaged in any occupation for wage or profit.

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UC 4459

-1-

7/99

This version of the Social Insurance Substitute Rider (SIS) is not available in New York & New Jersey.

(See SIS Rider–New York Only and SIS Rider–New Jersey Only)

This rider can increase your benefit during total, residual or partial disability.

Dollar-for-dollar offset.

Certain provisions may vary by state.

BENEFITS FOR RESIDUAL DISABILITY (Provided *your* policy contains the residual benefit). *We* will increase *your* residual benefits for each month *you* are residually disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Residual Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when *we* determine what benefits to pay under residual disability.

BENEFITS FOR PARTIAL DISABILITY (Provided *your* policy contains the partial benefit). *We* will increase *your* partial benefits for each month *you* are partially disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Partial Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when *we* determine what benefits to pay under Partial Disability.

MAXIMUM BENEFIT PERIOD. The monthly income payable under this rider will be paid for up to the Maximum Benefit Period for this rider as shown on the *schedule* page. In no case will payments be made beyond *age* 65.

With respect to all provisions of this rider combined, payment will not be made for more than the Maximum Benefit Period.

GENERAL PROVISIONS

We can not make *you* choose to reduce Social Security retirement benefits.

If SIS Monthly Income benefits have been paid and a retroactive payment is made by a social insurance program, *we* will not make *you* repay *us*.

If *you* are receiving Social Insurance Benefits at the time claim is made under this rider and *we* are not so informed, *we* have the right to ask for payment of the overpaid benefit.

If *you* receive a lump sum award in lieu of continued periodic payments for loss of income, *you* will be deemed to be receiving the monthly equivalent of the Social Insurance Benefit to which *you* would have been entitled had there not been a lump sum award. This equivalent amount will be determined by dividing the lump sum award amount by the monthly amount of Social Insurance Benefits that were previously payable. *We* will allow for reasonable adjustments to the lump sum amount if the award specifies that portions of the lump sum were for loss of function, dismemberment, attorney fees, and/or medical treatment. If such portions of the lump sum are not otherwise determinable, no adjustments will be allowed.

LEGISLATIVE INCREASES. During *your* disability, legislated automatic increases may be made to *your* Social Insurance Benefits. These increases will not be included in computing the benefit payable under this rider.

PROOF OF SOCIAL INSURANCE BENEFIT STATUS. *We* must receive proof acceptable to *us* of the status of *your* Social Insurance Benefits before *we* will pay benefits under this rider. This proof must show that:

- (1) *you* have applied for all Social Insurance Benefits to which *you* may be entitled; and
- (2) such benefits have been:
 - (a) approved;
 - (b) denied; or
 - (c) are still pending.

If a member of *your* family may be eligible for Social Insurance Benefits due to *your* disability, these same proof requirements must be met. *You* must send *us* this proof as often as *we* judge reasonably necessary.

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UC 4459

-2-

7/99

SISR also applies to the residual benefit if the Residual Rider is part of your base contract.

SISR also applies to the partial benefit if the Partial Rider is part of your base contract.

No refund is required if your social insurance payment includes retroactive benefits.

Certain provisions may vary by state.

APPEAL OF SOCIAL INSURANCE BENEFITS. If Social Insurance Benefits are denied, *we* may require *you* to follow any appeals process open to *you*. *We* will pay the expense incurred for such appeal if:

- (1) *we* have required *you* to appeal; and
- (2) *we* have agreed in writing to pay the cost of such appeal.

If *we* do not require *you* to appeal a verdict, *you* may do so on *your* own. It will be at *your* own expense.

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for this rider and payment of premium.

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

- (1) the *issue date* of the policy; or
- (2) the rider *issue date*.

This rider may be renewed at the same time as the policy, under the same terms as the policy. It may not be renewed beyond *age* 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY

Secretary

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UC 4459

-3-

7/99

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

SOCIAL INSURANCE SUBSTITUTE RIDER

This rider will pay additional income each month if:

- (1) *you* are totally disabled due to *injury* or *sickness*; and
- (2) *you* are receiving limited or no Social Insurance Benefits; and
- (3) if *your* policy contains the residual benefit, *we* will increase those benefits. This is described in the Benefits for Residual Disability provision of this rider.

DEFINITIONS

SOCIAL INSURANCE BENEFITS. Social Insurance Benefits means payments of disability or retirement benefits under the following:

- (1) the Federal Social Security Act under:
 - (a) a Primary Insurance Amount (PIA); or
 - (b) a PIA and a Family Benefit for dependents;
- (2) any Worker's Compensation or Occupational Disease program.

This rider will work with *your* existing benefits to make up a total disability program.

SIS MONTHLY INCOME. This is the amount of monthly income that will be paid each month under this rider as shown on the schedule page of the policy.

SIS WAITING PERIOD. Prior to the date *we* start to pay benefits under this rider, *you* must be disabled for a specified period of time. This is called the SIS Waiting Period. It is shown on the schedule page. This period does not need to consist of consecutive days. Attempts to return to work of 180 days or less, during the satisfaction of a Waiting Period for disabilities from the same or related conditions, will not cause a new Waiting Period to start.

SUCCESSIVE PERIODS OF DISABILITY. Successive periods of disability will be considered, for the purpose of determining maximum benefits, as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than six months; and
- (3) benefits were paid for the prior period of disability; and
- (4) the successive periods each begin while this policy is *in force*.

All other periods of disability will be considered separate periods of disability.

BENEFITS

SIS MONTHLY INCOME FOR TOTAL DISABILITY. *We* will pay the SIS Monthly Income for each month *you* are totally disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Total Disability Monthly Income benefits under this policy; and
- (3) *you* are not engaged in any occupation for wage or profit.

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UC 4453-1 NY

-1-

6/97

**Social Insurance Substitute Rider
New York Only**

This rider can increase your benefit during total, residual or partial disability.

Pays if you receive no social insurance benefits.

REDUCED SIS BENEFITS FOR TOTAL DISABILITY. *We will pay 1/3 of the SIS Monthly Income for each month you are totally disabled after the SIS Waiting Period if:*

- (1) the only Social Insurance Benefit *you* are receiving is:
 - (a) Social Security PIA; or
 - (b) one benefit from a source other than Social Security; and
- (2) the terms of 2 and 3 in the preceding provision are also satisfied.

BENEFITS FOR RESIDUAL DISABILITY (Provided your policy contains the residual benefit). *We will increase your residual benefits for each month you are residually disabled after the SIS Waiting Period if:*

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Residual Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when we determine what benefits to pay under residual disability.

BENEFITS FOR PARTIAL DISABILITY (Provided your policy contains the partial benefit). *We will increase your partial benefits for each month you are partially disabled after the SIS Waiting Period if:*

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Partial Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when we determine what benefits to pay under Partial Disability.

MAXIMUM BENEFIT PERIOD. The monthly income payable under this rider will be paid for up to the Maximum Benefit Period for this rider as shown on the schedule page. In no case will payments be made beyond *age* 65.

With respect to all provisions of this rider combined, payment will not be made for more than the Maximum Benefit Period.

GENERAL PROVISIONS

We can not make you choose to reduce Social Security retirement benefits.

If SIS Monthly Income benefits have been paid and a retroactive payment is made by a social insurance program, *we* will not make *you* repay *us*.

If *you* are receiving Social Insurance Benefits at the time claim is made under this rider and *we* are not so informed, *we* have the right to ask for payment of the overpaid benefit.

PROOF OF SOCIAL INSURANCE BENEFIT STATUS. *We must receive proof acceptable to us of the status of your Social Insurance Benefits before we will pay benefits under this rider. This proof must show that:*

- (1) *you* have applied for all Social Insurance Benefits to which *you* may be entitled; and
- (2) such benefits have been:
 - (a) approved;
 - (b) denied; or
 - (c) are still pending.

If a member of *your* family may be eligible for Social Insurance Benefits due to *your* disability, these same proof requirements must be met. *You* must send *us* this proof as often as *we* judge reasonably necessary.

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UC 4453-1 NY

-2-

6/97

Pays if you receive only certain social insurance benefits.

No refund is required if your social insurance payment includes retroactive benefits.

APPEAL OF SOCIAL INSURANCE BENEFITS. If Social Insurance Benefits are denied, *we* may require *you* to follow any appeals process open to you. *We* will pay the expense incurred for such appeal if:

- (1) *we* have required *you* to appeal; and
- (2) *we* have agreed in writing to pay the cost of such appeal.

If *we* do not require *you* to appeal a verdict, *you* may do so on *your* own. It will be at *your* own expense.

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for this rider and payment of premium.

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

- (1) the *issue date* of the policy; or
- (2) the rider *issue date*.

This rider may be renewed at the same time as the policy, under the same terms as the policy. It may not be renewed beyond *age* 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY



Secretary



President

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N12345678D

UC 4453-1 NY

-3-

6/97

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

SOCIAL INSURANCE SUBSTITUTE RIDER

This rider will pay additional income each month if:

- (1) *you* are totally disabled due to *injury* or *sickness*; and
- (2) *you* are receiving limited or no Social Insurance Benefits; and
- (3) if *your* policy contains the residual benefit, *we* will increase those benefits. This is described in the Benefits for Residual Disability provision of this rider.

DEFINITIONS

SOCIAL INSURANCE BENEFITS. Social Insurance Benefits means payments of disability or retirement benefits under the following:

- (1) the Federal Social Security Act under:
 - (a) a Primary Insurance Amount (PIA); or
 - (b) a PIA and a Family Benefit for dependents;
- (2) any Worker's Compensation, Occupational Disease, or Employer's Liability.

SIS MONTHLY INCOME. This is the maximum amount of monthly income that will be paid each month under this rider, as shown on the *schedule* page of the policy.

SIS WAITING PERIOD. Prior to the date *we* start to pay benefits under this rider, *you* must be disabled for a specified period of time. This is called the SIS Waiting Period. It is shown on the *schedule* page. This period does not need to consist of consecutive days. Attempts to return to work of 180 days or less, during the satisfaction of a Waiting Period for disabilities from the same or related conditions, will not cause a new Waiting Period to start.

SUCCESSIVE PERIODS OF DISABILITY. Successive periods of disability will be considered, for the purpose of determining maximum benefits, as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than six months; and
- (3) benefits were paid for the prior period of disability; and
- (4) the successive periods each begin while this policy is *in force*.

All other periods of disability will be considered separate periods of disability.

BENEFITS

SIS MONTHLY INCOME FOR TOTAL DISABILITY. We will pay the SIS Monthly Income for each month *you* are totally disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Total Disability Monthly Income benefits under this policy; and
- (3) *you* are not engaged in any occupation for wage or profit.

John Smith
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UC 4459 NJ

- 1 -

5/99

**Social Insurance Substitute Rider
New Jersey Only**

**This rider can increase your benefit during
total, residual or partial disability.**

**Pays if you receive no social insurance
benefits.**

REDUCED SIS BENEFITS FOR TOTAL DISABILITY. We will pay $\frac{1}{3}$ of the SIS Monthly Income for each month *you* are totally disabled after the SIS Waiting Period if:

- (1) the only Social Insurance Benefit *you* are receiving is:
 - (a) Social Security PIA; or
 - (b) one benefit from a source other than Social Security; and
- (2) the terms of 2 and 3 in the preceding provision are also satisfied.

BENEFITS FOR RESIDUAL DISABILITY (Provided *your* policy contains the residual benefit). We will increase *your* residual benefits for each month *you* are residually disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Residual Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when we determine what benefits to pay under residual disability.

BENEFITS FOR PARTIAL DISABILITY (Provided *your* policy contains the partial benefit). We will increase *your* partial benefits for each month *you* are partially disabled after the SIS Waiting Period if:

- (1) *you* are not receiving any Social Insurance Benefits; and
- (2) *you* are receiving Partial Monthly Income benefits under this policy.

We will add the SIS Monthly Income to the Total Disability Monthly Income when we determine what benefits to pay under Partial Disability.

MAXIMUM BENEFIT PERIOD. The monthly income payable under this rider will be paid for up to the Maximum Benefit Period for this rider as shown on the *schedule* page. In no case will payments be made beyond *age* 65.

With respect to all provisions of this rider combined, payment will not be made for more than the Maximum Benefit Period.

GENERAL PROVISIONS

We can not make *you* choose to receive Social Security retirement benefits.

If SIS Monthly Income benefits have been paid and a retroactive payment is made by a social insurance program, we will not make *you* repay *us*.

If *you* are receiving Social Insurance Benefits at the time claim is made under this rider and we are not so informed, we have the right to ask for payment of the overpaid benefit.

PROOF OF SOCIAL INSURANCE BENEFIT STATUS. We must receive proof acceptable to *us* of the status of *your* Social Insurance Benefits before we will pay benefits under this rider. This proof must show that:

- (1) *you* have applied for all Social Insurance Benefits to which *you* may be entitled; and
- (2) such benefits have been:
 - (a) approved;
 - (b) denied; or
 - (c) are still pending.

If a member of *your* family may be eligible for Social Insurance Benefits due to *your* disability, these same proof requirements must be met. *You* must send *us* this proof as often as we judge reasonably necessary.

John Smith
N12345678D

UC 4459 NJ

- 2 -

5/99

Pays if you receive only certain social insurance benefits.

No refund is required if your social insurance payment includes retroactive benefits.

APPEAL OF SOCIAL INSURANCE BENEFITS. If Social Insurance Benefits are denied, *we* may require *you* to follow any appeals process open to *you*. *We* will pay the expense incurred for such appeal if:

- (1) *we* have required *you* to appeal; and
- (2) *we* have agreed in writing to pay the cost of such appeal.

If *we* do not require *you* to appeal a verdict, *you* may do so on *your* own. It will be at *your* own expense.

RIDER SPECIFICATIONS. This rider is:

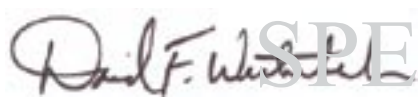
- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for this rider and payment of premium.

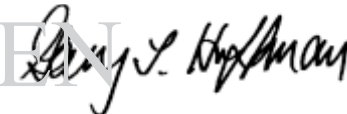
This rider takes effect on the *issue date* unless a different rider *issue date* is shown on a supplemental *schedule* page of the policy. As applied to this rider, the Incontestability and Pre-existing Conditions provisions will be measured from the later of:

- (1) the *issue date* of the policy; or
- (2) the rider *issue date*.

This rider may be renewed at the same time as the policy, under the same terms as the policy. It may not be renewed beyond age 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY


Secretary


President

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UC 4459 NJ

- 3 -

5/99

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

COST OF LIVING ADJUSTMENT RIDER

This rider provides for a yearly increase in *your* monthly income benefits during disability as shown in the *schedule* of *your* policy.

DEFINITIONS

CPI-U. *CPI-U* is the Consumer Price Index for All Urban Consumers. It is published by the United States Department of Labor. If the *CPI-U* is replaced or changed, *we* will use the index that, in *our* judgment, most clearly reflects the change in the cost of living of the United States. *CPI-U* will then mean the chosen index.

PRIOR INDEX. For each disability claim *we* will determine the *CPI-U* value for the third month prior to the start of *your* disability. This is called the *Prior Index*.

CURRENT INDEX. On each anniversary of the start of disability *we* will determine the *CPI-U* value for the third month prior to that date. This is called the *Current Index*.

INCREASED BENEFIT. The *Increased Benefit* will be the *Monthly Income Benefits Otherwise Payable* times the ratio of the *Current Index* divided by the *Prior Index*. This ratio can never be less than 1 nor greater than 1 plus 6% compounded annually.

MONTHLY INCOME BENEFITS OTHERWISE PAYABLE. These are the benefits payable under the terms of this policy excluding any increases provided for under the terms of this rider.

BENEFITS

Monthly Income Benefits Otherwise Payable under the terms of this policy will increase once a year during the continuance of a disability. The increase begins on the anniversary of the date the disability began.

BENEFIT INCREASES. Benefits will be increased by the lesser of 6% compounded annually or the change in the *CPI-U*.

Benefits will not be increased by this rider after *age* 65. If benefits are payable beyond *age* 65, benefits will remain at the same level applicable at *age* 65 until benefits cease.

RIGHT TO PURCHASE ADDITIONAL COVERAGE UPON RECOVERY. *You* have the right to purchase more Total Disability Income coverage if:

- (1) for a period of disability *you* have received benefits that were increased under the terms of this rider; and
- (2) *you* are no longer disabled, and *you* are actively and gainfully employed in *your* own occupation on a full-time basis; and
- (3) *you* are not receiving benefits under this policy or any of its riders; and
- (4) *you* make application for this additional coverage within:
 - (a) 90 days from the date *your* disability ends; and
 - (b) before the anniversary of this policy when *your age* is 60; and

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N12345678D

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-1-

02/06

With this valuable rider, your benefits increase automatically.

No limitation on the number of increases.

Benefits cannot be decreased below the amount shown on the schedule page as a result of a drop in the CPI-U.

Increase applies to the total disability benefit, Residual Rider, Social Insurance Substitute Rider and the Catastrophic Disability Rider if these riders are made part of your base policy.

This is a compound computation.

You have the conditional right to purchase the increased amount upon recovery.

Certain provisions may vary by state.

- (5) the application includes satisfactory evidence that *you*:
 - (a) have fully recovered; and
 - (b) are working in *your* occupation on a full-time basis; and
- (6) a plan similar to this policy to which this rider is attached is available at *your* attained *age*.

The new coverage:

- (1) will be on a form that:
 - (a) is regularly used at the time of issue; and
 - (b) has terms most like those of this policy, exclusive of riders; and
- (2) may contain riders if approved by *us*; and
- (3) will have as an effective date of the coverage the later of the date that:
 - (a) the application is approved by *us*; and
 - (b) the first premium of the new policy is paid; and
- (4) will have the Incontestability provision measured from the effective date of the new coverage; and
- (5) may contain coverage limitations or extra premiums due to extra risks if they were a part of this policy; and
- (6) may be in an amount up to:
 - (a) the *Increased Benefit* payable at the end of the disability qualifying *you* for the new coverage; reduced by
 - (b) the Total Disability Monthly Income of this policy as shown in the *schedule*; but,
- (7) will be issued only if the monthly income benefits for which *you* qualify are at least \$100 per month.

GENERAL PROVISION

RIDER SPECIFICATIONS. This rider is:

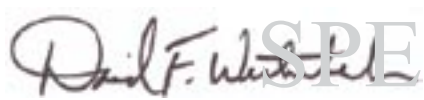
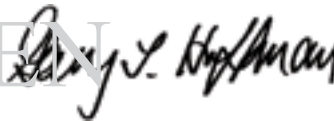
- (1) made a part of this policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for this rider and payment of premium.

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

- (1) the *issue date*; or
- (2) the rider *issue date*.

This rider may be renewed concurrently with this policy, under the same terms as this policy. It may not be renewed beyond *age* 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY

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-2-

02/06

Certain provisions may vary by state.

THE UNION CENTRAL LIFE INSURANCE COMPANY

Cincinnati, Ohio

AUTOMATIC INCREASE RIDER

This rider is designed to provide for an automatic increase in the Disability Monthly Income shown on the *schedule* page of your policy. This increase will be made without evidence of insurability. The increase will apply to the amount of the base, the residual, the partial and the inflation riders.

AMOUNT OF INCREASE. The amount of the increases will be subject to the following conditions:

- (1) This benefit will take place automatically on each policy anniversary for up to five years.
- (2) The maximum increase allowed will be the Maximum Rider Percentage shown on the *schedule* page times the Disability Monthly Income, up to the Maximum Monthly Benefit Increase shown for this rider on the *schedule* page of the policy.

RIGHTS TO COVERAGE. You are entitled to an automatic increase on the dates shown on the *schedule* page of your policy. Acceptance will be automatic. You may refuse an increase but to refuse forfeits your right to any future automatic increases. You may, however, reapply for your right to further automatic increases, subject to new evidence of insurability.

- (1) The automatic increase benefit will apply only to a period of disability which starts after the effective date of the increase. It must qualify as a separate period of disability. If the premium for the policy is being waived on the effective date of the increase, the premium for the increase will also be waived. When payment of premiums for the policy is resumed, the premium for the increase must also start to be paid.
- (2) If you are under the age of 56 and your last automatic increase has occurred, you may apply for additional automatic increases. This can be done by making formal application within the 90 days that follow your last scheduled increase. Approval will be subject to our underwriting guidelines then in effect. The first increase will take place on the next policy anniversary following approval. In no event will increases be made past age 60.

RIDER SPECIFICATIONS. This rider is:

- (1) made a part of the policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the applications for this rider.

This rider will take effect on the *Issue Date* unless a different rider *Issue Date* is shown on a supplemental *schedule* page of the policy. As applied to this rider, the Incontestability and Pre-existing Conditions provisions will be measured from the later of:

- (1) the *Issue Date* of the policy; or
- (2) the rider *Issue Date*.

This rider may be renewed concurrently with the policy, under the same terms as the policy.

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Secretary



President

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UC 4458

- 1 -

7/99

Available to risk classifications 5AP – 3A.

Provides automatic 3% increases to your monthly benefit for 5 years so that your benefits do not become outdated. No physical exam is required.

If you refuse to take an increase, you may apply for additional automatic increases in the future. You must provide physical and financial evidence.

Certain provisions may vary by state.

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

FUTURE INCREASE OPTION RIDER

BENEFITS

INCREASE IN TOTAL DISABILITY MONTHLY INCOME. *You* have the right to increase the Total Disability Monthly Income shown in the *schedule* of the policy. Increases permitted under this rider do not apply to the Catastrophic Disability Rider or to the Social Insurance Substitute Rider benefits, if any. An increase will be made without evidence of physical insurability. *You* must, however, be insurable from a financial standpoint.

AMOUNT OF INCREASE. The amount of increase will be subject to these conditions.

- (1) The maximum increase allowed will be based on:
 - (a) *your* earnings at the time *you* apply for the increase; and
 - (b) *our* published financial underwriting requirements then in effect.
- (2) The maximum increase allowed is one-half the Total Disability Monthly Income originally issued as shown in the *schedule*.
- (3) The total of all increases combined may not exceed:
 - (a) the Total Maximum Increase amount shown in the *schedule* for this rider; or
 - (b) the Issue and Participation tables at the time of the increase.
- (4) The minimum increase is \$300 of Monthly Income.

You may apply on any or every policy anniversary up to and including the one when *you* are age 50.

An increase will apply only to a separate period of disability that starts after the effective date of the increase.

If *you* are disabled when *you* apply for an increase, *your* earnings prior to the start of disability will be used for the basis of any increase.

Premiums will be waived for this rider and for any increase in benefits when they are waived for the rest of the policy.

HOW TO APPLY FOR AN INCREASE. *You* must make a formal application for an increase and submit a current federal tax return. It must be made within the 31 days before or after this policy anniversary on which *you* want the increase.

PREMIUM FOR AN INCREASE. When *you* elect an increase, *you* must pay the required premium within 31 days of the policy anniversary. Later premiums must be paid when due. The premium rate for the increase will be based on the attained age of the insured at the time of the increase and will use the rate that was *in force* at the *issue date* of this policy.

The occupation class used to determine the premium rate for an increase will be *your* occupation class of the base policy on the effective date of the increase.

TERMINATION OF BENEFIT. This rider will terminate and no further increase in benefits will be made under this rider at the earlier of:

- (1) *your* age 50; or
- (2) when the total of all increases elected equals the Total Maximum Increase Amount shown in the *schedule*.

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02/06

Only financial documentation is needed to increase your coverage at the time of your future application for an increase. Medical documentation is not required.

You may elect increases annually until age 50.

The policy provisions for the increase will be the same as those contained in your policy. We will use the same premium rates as your policy. Those rates will be based on your age at the time you elect an increase.

GENERAL PROVISION

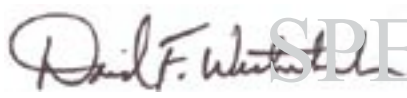
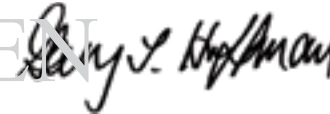
RIDER SPECIFICATIONS. This rider is:

- (1) made a part of this policy; and
- (2) subject to all provisions consistent with this rider; and
- (3) based on the application for the rider and payment of premium.

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

- (1) the *issue date*; or
- (2) the rider *issue date*.

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UC 4460-1 S

-2-

02/06

THE UNION CENTRAL LIFE INSURANCE COMPANY
Cincinnati, Ohio

CATASTROPHIC DISABILITY RIDER

DEFINITIONS

CATASTROPHIC INCOME BENEFIT. This is the amount of monthly income that will be paid each month under this rider as shown in the *schedule* of this policy.

CATASTROPHIC WAITING PERIOD. Prior to the date *we* start to pay benefits under this rider *you* must be *Catastrophically Disabled* for a specified period of time. This is called the *Catastrophic Waiting Period*. It is shown in the *schedule* of this policy. This period does not need to consist of consecutive days. Recovery periods of 180 days or less, during the satisfaction of a waiting period for *Catastrophic Disabilities* from the same or related conditions, will not cause a new *Catastrophic Waiting Period* to begin.

CATASTROPHIC MAXIMUM BENEFIT PERIOD. After the date benefits start, *we* will pay *you* a monthly income as long as *you* are *Catastrophically Disabled* up to the *Catastrophic Maximum Benefit Period* shown in the *schedule* of this policy.

CATASTROPHIC DISABILITY AND CATASTROPHICALLY DISABLED. *We* will consider *you* *Catastrophically Disabled* if due to a *sickness* or *injury*:

- (1) *you* are under the care of a *physician* appropriate for the condition causing the disability. *We* will waive this requirement if *we* receive written proof acceptable to *us* that further *physician's* care would be no benefit to *you*; and
- (2) *you* are unable to perform two or more *Activities of Daily Living* without *Stand-by Assistance* due to *loss* of functional capacity; or
- (3) *you* require *Substantial Supervision* due to *Severe Cognitive Impairment*.

ACTIVITIES OF DAILY LIVING. Activities of Daily Living are:

- (1) Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
- (2) Toileting: the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene.
- (3) Transferring: the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- (4) Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.
- (5) Eating: the ability to feed yourself by getting food into *your* body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.
- (6) Bathing: the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

STAND-BY ASSISTANCE. Means *you* require the presence of another human being within arm's reach of *you* to prevent, by physical intervention or verbal cueing, *injury* to *you* while *you* are performing the *Activities of Daily Living*.

SEVERE COGNITIVE IMPAIRMENT. Means *you* have suffered a *loss* or deterioration in intellectual capacity requiring *Substantial Supervision* that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places or time; and deductive or abstract reasoning.

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02/06

Payable in addition to base policy benefits.

You need only be unable to perform 2 of 6 ADL's or be cognitively impaired to receive benefits.

Certain provisions may vary by state.

SUBSTANTIAL SUPERVISION. Means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect *you* from threats to *your* health or safety (such as may result from wandering).

SUCCESSIVE PERIODS OF DISABILITY. *Successive Periods of Disability* for this rider will be considered as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than six months; and
- (3) benefits were paid for the prior period of disability; and
- (4) the successive periods each begin while this policy is *in force*.

All other periods of disability will be considered separate periods of disability.

BENEFIT

CATASTROPHIC MONTHLY INCOME BENEFIT. While this rider is *in force*, we will pay the *Catastrophic Income Benefit* for each month *you* are *Catastrophically Disabled* after the *Catastrophic Waiting Period*. Payments will not be made for more than the *Catastrophic Maximum Benefit Period* shown in the *schedule* of this policy.

GENERAL PROVISION

RIDER SPECIFICATIONS. This rider is:

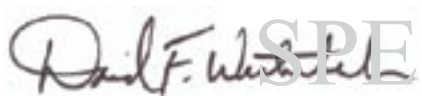
- (1) made a part of the policy; and
- (2) subject to all benefit, exception and limitation provisions consistent with this rider; and
- (3) based on the application for the rider and payment of premium.

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

- (1) the *issue date*; or
- (2) the rider *issue date*.

This rider may be renewed concurrently with this policy, under the same terms as this policy. It may not be renewed beyond *age* 65.

THE UNION CENTRAL LIFE INSURANCE COMPANY



Secretary



President

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N12345678D

UC 4457-1 S

-2-

02/06

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Cincinnati, Ohio

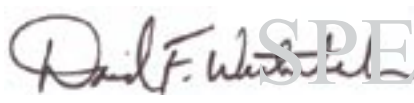
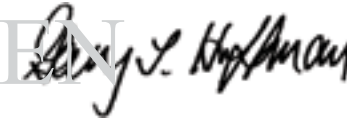
TO AGE 67 EXTENSION RIDER

This rider extends the Noncancellable and Guaranteed Renewable provision, defined in Part IV of this policy, from *age 65* to *age 67*. All references to "*age 65*" found in this provision and elsewhere in this policy, or any rider attached to this policy, are replaced by "*age 67*".

If you purchased a Residual Disability Rider, all references to "*age 63*" found in this rider are replaced by "*age 65*".

In all other respects this policy remains unchanged. This rider is made a part of the policy to which it is attached.

THE UNION CENTRAL LIFE INSURANCE COMPANY

 **SPECIMEN** 

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President

John Smith
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02/06

THE UNION CENTRAL LIFE INSURANCE COMPANY

Cincinnati, Ohio

ENDORSEMENT

Your policy has been endorsed as follows:

The **GLOSSARY OF TERMS PROVISION** is endorsed to include the following definition:

Mental and Nervous Disorders means any disorder (except dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of the period of disability. Such disorders include, but are not limited to, psychotic, emotional, or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a period of disability.

Hospital means a licensed institution legally operating as a facility which:

- (1) is mainly engaged in providing in-patient medical care for diagnosis and treatment of *Injuries* or *Sickness*, and routinely makes a charge for such care;
- (2) is supervised by a staff of physicians on the premises; and
- (3) provides on the premises 24-hour nursing services by registered graduate nurses.

In no event will Hospital include any institution:

- (1) which is run mainly as a rest, nursing or convalescent home;
- (2) in which any part is mainly for the care of the aged; or
- (3) which is engaged in the schooling of its patients.

The following are added to the **BENEFITS PROVISION**:

ALCOHOLISM OR DRUG ABUSE BENEFITS

Benefits for alcoholism or drug abuse are provided to a lifetime maximum of 24 months, regardless of the benefit period shown on the schedule page. However, we will pay benefits, subject to the Maximum Benefit Period shown on the schedule page, for *loss* caused by Alcoholism or Drug Abuse for as long as *you* are thereby continuously confined in a Hospital under the care of a *physician*.

MENTAL OR NERVOUS DISORDER BENEFITS

Benefits for mental or nervous disorders are provided to a lifetime maximum of 24 months, regardless of the benefit period shown on the schedule page. However, we will pay benefits, subject to the Maximum Benefit Period shown on the schedule page, for *loss* caused by Mental or Nervous Disorder for as long as *you* are thereby continuously confined in a Hospital under the care of a *physician*.

In all other respects, *your* policy remains the same.

THE UNION CENTRAL LIFE INSURANCE COMPANY

David F. Winterstein **SPECIMEN** *Gregory J. Hoffman*

Secretary

President

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Benefits paid for as long as you remain confined in a hospital under the care of a physician, according to the maximum benefit period shown in your schedule page.

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