

STANDARD INSURANCE COMPANY GME PLAN



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Summaries and Descriptions

Product Description: Individual Disability Income Protection

- Starter Plan: (\$1,500/month, Non-cancelable, Residual, Indexed COLA 3%, Own Occupation) Future Purchase Option and Catastrophic benefit rider is not available.
- Fellowship Plan: (\$2,000/month, Non-cancelable, Residual, Indexed COLA 3%, Own Occupation, \$8,000 Future Purchase Option) \$8,000 Catastrophic benefit rider is optional.
- Entering Practice Plan: (\$3,500 or \$5,000/month, Non-cancelable, Residual, Indexed COLA 3%, Own Occupation,) \$8,000 Catastrophic benefit rider is optional.

Disclaimer

This summary is not a contract. Please read your policy carefully for exact definitions.

Comparatives

Individual Disability Income Protection

	Standard
Policy Summary	
Contract Type	Non-Cancelable and Guaranteed Renewable
Waiver of Premium	Included
Total Disability	Regular Occupation with Specialty Language
Residual Disability	Included
Income Loss	20%
Recovery Benefit	Included
Presumptive	Included
Rehabilitation	Included
M&N, D&A	24 month benefit limitation
COLA	Included
Catastrophic	Optional benefit available, up to \$8,000 monthly benefit
Future Increase	Included
Automatic Benefit Increase	Not Included

Comparatives

	Standard
Total Disability	
Total Disability Definition	You are totally disabled if you are unable to perform the substantial and material duties of your regular occupation; and you are under the regular care of a physician appropriate for your injury or sickness. This Physician's requirement will be waived when Standard receives written proof, satisfactory to them, that further care would be no benefit of you. If you have limited your practice to a professionally recognized specialty in medicine or law, the specialty will be deemed your regular occupation.
Residual/Recovery	
Residual Disability Definition	Residual Disability means You are not Totally Disabled, but because of Your Injury or Sickness: 1. Your Monthly Earnings are reduced by 20% or more of Your Indexed Prior Monthly Earnings; and 2. You are under the regular care of a Physician appropriate for Your Injury or Sickness; and 3. You are able: a. To do some, but not all, of the substantial and material duties of Your Regular Occupation; or b. To do all of the substantial and material duties of Your Regular Occupation, but not for as long a time or as effectively as You did immediately prior to Your Injury or Sickness.
Required Income Loss	At least 20% of prior earnings
Recovery Definition	A recovery benefit may be paid if immediately following a disability, you return to work at least 30 hours per week after a period of disability for which partial disability benefits were paid. The benefit will be payable in a lump sum and will equal the lesser of: 1) six times the basic monthly benefit; 2) the total partial disability benefit paid prior to recovery; or 3) the number of months remaining in the maximum benefit period times the basic monthly benefit.
Contract Features	
Presumptive Disability	Presumptive is the total and permanent loss due to injury or sickness of speech, hearing in both ears and not restorable by hearing aids, sight in both eyes, use of both hands, use of both feet or use of one hand and one foot. You will be considered totally disabled however benefits will not be paid beyond the maximum benefit period.
Rehab and Modification	The program and rehabilitation benefit are voluntary. If you join a vocational rehabilitation program, approved by The Standard, while you are receiving disability benefits, Standard will pay the difference, if any, between the benefit you would be eligible for if you were totally disabled, and the disability benefit for which you are eligible. This benefit will be paid for the lesser of 36 months or the number of months left in the maximum benefit period. Standard will also pay any reasonable costs for the program not paid by other plans, policies or programs.

Comparatives

	Standard
Exclusions and Limitations	The policy will not pay disability benefits for the first 90 days of your disability due to pregnancy or childbirth, and will not pay for disability caused or contributed to by your committing an assault or felony or actively participating in a riot, or for disability caused by intentionally self-inflicted injury. The policy will not pay benefits for a pre-existing condition unless disclosed on your application and it is not specifically excluded. Payments of disability benefits are limited to 12 months for each period of continuous disability while you reside outside of the United States or Canada. Lastly, the policy will not pay disability benefits due to an act of war or act incident to War. War includes any declared or undeclared war, whether civil or international, involving nations and/or sovereign territories. Acts of War or acts incident to War do not include acts of terrorism so long as such acts are isolated in nature and unrelated to and not arising from War as defined above. There may be other exclusions or limitations included in your policy in addition to those stated in this section.
Mental, Nervous, Drug, Alcohol	Payment of Disability Benefits is limited to a total of 24 months during your entire lifetime for Disability caused or contributed to by one or both of the following, or by medical or surgical treatment for one or both of the following: 1. Mental Disorder; and/or 2. Substance Abuse. This limitation does not apply to any period during which you are confined in a Hospital solely because of a Mental Disorder.
Special Contract Features	Cosmetic and Transplant Surgery Benefit, Death Benefit
Optional Riders	
COLA	This rider provides for an increase to the monthly benefit payment during a prolonged period of disability based on changes in the CPI-U. The percentage applied is based on the average annual change in the CPI-U up to a 3% maximum.
Catastrophic Disability	Because of your injury or sickness you are unable to safely and completely perform two or more activities of daily living without hands-on assistance or standby assistance due to loss of functional capacity; you require substantial supervision for your health or safety due to severe cognitive impairment or you are presumptively totally disabled.
Future Increase	This rider allows benefit increases to be purchased subject only to financial underwriting requirements. The option pool amount is the total amount of increase that can be purchased under this rider. Option pool is based on attained age as follows: full option pool amount if your age is 41 and under on that option date; one half of the option pool amount if your age is 42-45 on that option date, or one third of the option pool amount if your age is 46-50 on that option date.
Automatic Benefit Increase	Not Available

Comparatives

	Standard
Other Optional Features	Not Applicable
Underwriting Requirements	
Application	Short Form Application Only
Telephone Interview	Not required
Paramedical Exam	Not required
Blood Profile	Not required
Urine	Not required

Comparatives

	Standard
EKG	Not required

Benefit Amounts	
Elimination Period	90 Days
Benefit Period	To Age 67
Monthly Benefit	\$1,500 (starter plan), \$2,000 (fellowship plan), \$3,500 OR \$5,000 (Entering Practice Plan)
Catastrophic Benefit	Optional; up to \$8,000 benefit
Future Increase Benefit	Subject to plan

Comparatives

	Standard
Pricing	
Single Life Monthly	Ask your advisor for a proposal
Multi Life Monthly	Ask your advisor for a proposal
Graded Monthly	Ask your advisor for a proposal
Total Monthly Premium	\$ 0.00