

Insurance  
Specialists

# Disability Income Policy

The Preferred Professional

Insurance Specialists Company  
100 Main Street  
Anycity, Anystate 99999-9999

Insurance Specialists Company will pay the benefits provided in this Policy for loss due to Injury or Sickness.

We have issued this Policy to You in consideration of the payment of the premium and the statements made in Your application. Your application is part of Your Policy.

Insured      Geoffrey R Stephens

Policy Number      324-1443255-11      03-25-53      Date of Issue

**NON-CANCELLABLE AND GUARANTEED CONTINUABLE TO AGE 65. NO CHANGE IN PREMIUM RATES.**

As long as the premium is paid on time, We cannot change Your Policy or its premium rate until the first premium due date after Your 65th birthday.

**RENEWAL OPTIONS AFTER YOU REACH AGE 65. SUBJECT TO CHANGE IN PREMIUM RATES.** From age 65 to age 72, You may continue Your Policy for a Total Disability benefit with a limited benefit period while You are actively and regularly employed full time. This option is explained in PART 5.

When You are no longer actively and regularly employed after age 65 or when You reach age 72, You may continue Your Policy for the rest of Your life. The benefit will be limited to a Hospital Confinement Indemnity. This benefit will take the place of all other benefits under the Policy. This option is explained in PART 6.

**YOUR RIGHT TO CANCEL.** If You are not satisfied with Your Policy, You may cancel it. Return the Policy to Us or Our agent by midnight of the tenth day after the date You receive it. If You return the Policy by mail, it must be properly addressed, postage prepaid, and postmarked no later than midnight of that tenth day. Our mailing address is 100 Main Street, Anycity, Anystate 99999-9999. Within ten days after We receive the Policy, We will refund any premium You have paid. The Policy will be considered to have never been issued.

**READ YOUR POLICY CAREFULLY.** It is a legal contract between You and Us.

Signed for Insurance Specialists Company.

Secretary

President

Countersigned by:



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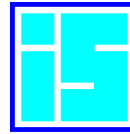
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Total Disability	Commencement Date	Rate of Monthly Indemnity	Maximum Benefit Period
FROM INJURY:	91ST DAY OF DISABILITY	\$3,000.00	TO AGE 65
FROM SICKNESS:	91ST DAY OF DISABILITY	\$3,000.00	TO AGE 65

QUALIFICATION PERIOD FOR RESIDUAL DISABILITY: 0 DAYS  
AMENDMENT TO POLICY 647 -  
REVISED DEFINITION PRIOR EARNINGS/ADD RETURN TO WORK

Additional mium Benefits Attached	Amount of Benefits	Maximum Benefit Period	Annual Prior to Age 65	Pre-
FUTURE INCOME OPTION:		--		\$23.00
UNIT OF INCREASE:	\$500.00	--		
MAXIMUM NUMBER OF UNITS:	9 UNITS			
EXPIRATION DATE:	SEP 01, 2001			
TOTAL DISABILITY IN YOUR OCCUPATION:	--	--		\$72.00

Annual Premium for Additional Benefits:	\$ 95 . 00
Annual Premium for Total Disability Benefits:	\$ 877 . 20
Total Annual Premium:	\$ 972 . 20



## Part 1 - Definitions

THE FOLLOWING WORDS HAVE SPECIAL MEANINGS. THEY ARE IMPORTANT IN DESCRIBING YOUR RIGHTS AND OUR RIGHTS UNDER THE POLICY. REFER BACK TO THESE MEANINGS AS YOU READ YOUR POLICY.

<b><i>“Policy ”</i></b> .....	means the legal contract between You and Us. The policy, the application, the Policy Schedule, and any attached papers that We call riders, amendments, or endorsements make up the entire contract between You and Us.
<b><i>“You ” and “Your ”</i></b> .....	refer to the Insured named in the Policy Schedule.
<b><i>“We ”, “Us ” and “Our ”</i></b>	refer to Insurance Specialists Company. Our Home Office is 100 Main Street, Anycity, Anystate 99999-9999
<b><i>“Date of Issue ”</i></b> .....	means the date that the Policy becomes effective. It is shown on the Policy Schedule.
<b><i>“Injury ”</i></b> .....	means accidental bodily injury sustained after the Date of Issue and while Your Policy is in force.
<b><i>“Sickness ”</i></b> .....	means sickness or disease which first manifests itself after the Date of Issue and while Your Policy is in force.
<b><i>“Physician ”</i></b> .....	means any licensed practitioner of the healing arts practicing within the scope of his or her license. A Physician must be a person other than You.
<b><i>“Monthly Earnings ”</i></b> .....	<p>If You own any portion of a business or profession, Your “Monthly Earnings” means:</p> <ol style="list-style-type: none"><li>1. Income earned by that business or profession due to Your personal activities;</li><li>2. Less Your share of business expenses which are deductible for Federal income tax purposes;</li><li>3. Plus Your salary and any contributions to a pension or profit sharing plan made on Your behalf.</li></ol> <p>From any other source of employment, “Monthly Earnings ” means Your salary, fees, commissions and bonuses and any other income earned for services performed.</p>
<b><i>“Monthly Earnings ”</i></b> .....	<p>does not include:</p> <ol style="list-style-type: none"><li>1. Income from deferred compensation plans, disability income policies, or retirement plans; or</li><li>2. Income not derived from Your vocational activities.</li></ol>
<b><i>“Prior Earnings ”</i></b> .....	<p>means the greater of:</p> <ol style="list-style-type: none"><li>1. Your average Monthly Earnings for the six calendar months just before Your Disability began; or</li><li>2. Your highest average Monthly Earnings for any two successive years during the five-year period just before Your Disability began.</li></ol>