

**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY**

A Stock Life Insurance Company  
Home Office: One Moody Plaza, Galveston, Texas, 77550

**WAIVER OF PREMIUM RIDER**

This Rider is part of the Group Policy and must be attached to the Covered Employee's Certificate providing evidence of coverage under the Group Policy. This Rider is effective on the later of the Covered Employee's Certificate Date or the Effective Date shown below. This Rider is subject to all provisions, terms, definitions, and limitations of the Group Policy which do not conflict with the provisions of this Rider.

**DEFINITIONS**

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

**CLOSE RELATIVE** means anyone related to the Covered Employee by blood, marriage, or adoption; or a court appointed representative.

**ELIGIBLE EMPLOYEE** means the Policyholder's Employee who is Totally Disabled, but meets the other Employee eligibility requirements for being a Covered Employee with the exception of being Actively at Work. This definition replaces the Policy definition of "Eligible Employee" while this Rider is effective.

**PHYSICIAN** means a person, other than You, a Close Relative, or a business or professional partner who is:

1. duly licensed to practice medicine in the jurisdiction where the Diagnosis is made, or the procedure performed where such jurisdiction is a continuing member of the United States of America or a territory within the jurisdiction of the United States of America (embassies, military zones, and similarly designated non-domestic extensions of the United States government are not included); and
2. acting within the scope of his/her license.

**TOTAL DISABILITY OR TOTALLY DISABLED** - The inability of the Covered Employee, because of a bodily injury or disease, to engage in any occupation for which he or she is qualified by education, training, or experience.

Bodily injury must occur or disease must manifest itself after the date the Covered Employee's coverage under this Rider begins. Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously for not less than 6 consecutive months. Such disability must begin on or after the Covered Employee's 16th birthday and prior to the Covered Employee's 60th birthday.

We will also recognize as Total Disability the Covered Employee's complete and irrecoverable loss of any one of the following:

1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot; or
4. Hearing in both ears.

**BENEFIT**

Once a Covered Employee has been Totally Disabled for 6 consecutive months, We will waive all premiums related to the Covered Employee's Supplemental Benefit coverage, including Spouse and Dependent Supplemental Benefit coverage, if any, under the Group Policy, beginning with the premium next due. We will continue to waive such premiums while the Covered Employee continues to be Totally Disabled, subject to the Termination provisions in this Rider. Such waiver will end on the premium due date next following the date the Covered Employee is no longer Totally Disabled and premium, then required, must be paid for coverage to remain in effect.

No benefit will be provided that falls due:

1. More than one year prior to Our receipt of a written notice of claim;
2. After the Covered Employee's recovery from Total Disability; or
3. After the Covered Employee's coverage under this Rider ends.

No premiums will be waived during periods of Total Disability if the Covered Employee is not under the normal and customary care of a Physician. No premiums will be waived after the Covered Employee ceases to be Totally Disabled.

## CLAIMS

**NOTICE AND PROOF OF LOSS** - Before We waive any premium, We must receive written notice and satisfactory proof of the Covered Employee's Total Disability:

1. While the Covered Employee is living;
2. While the Covered Employee is Totally Disabled; and
3. Not later than one year after the due date of any premium that is to be waived. Unless the Covered Employee has been legally incapable of filing proof of Total Disability, We will not accept it if it is filed more than 12 months after the date it should otherwise have been filed.

At reasonable intervals, We can require satisfactory proof that the Total Disability is continuing. If We do not receive this continuing proof of loss, We will stop waiving premiums. After the first two years of Total Disability, We will not ordinarily require proof more often than once a year. As part of satisfactory proof, We can require, at Our expense, that the Covered Employee be examined by a Physician of Our choice. The Covered Employee has the obligation to inform Us immediately if he or she is no longer Totally Disabled or returns to work.

## TERMINATION

**Benefit Payments** - The benefits provided by this Rider stop on the earliest of the following dates:

1. The date the Covered Employee's Total Disability ends;
2. The date the Insured refuses to give us proof of his or her continuing Total Disability if we have asked for it;
3. The date the Insured refuses to be examined by a Physician of our choice if asked to do so;
4. The date the Covered Employee's coverage under this rider ends; or
5. The date the Policy ends.

**Termination of Rider** - This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

**Termination of Coverage** - A Covered Employee's coverage under this Rider will end on the earliest of:

1. The Anniversary Date on or following the Covered Employee's 60th birthday, unless the Insured is Totally Disabled prior to that date and remains Totally Disabled, in which case coverage under this Rider will end no later than the Anniversary Date on or following the Covered Employee's 65th birthday;
2. The date the Rider terminates; or
3. The date the Covered Employee's coverage ends under the Policy.

Effective Date, if different from Certificate Date:

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY at Galveston, Texas.



Secretary