

**Standard Life and Accident Insurance Company**

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

**GROUP GUARANTEED RENEWABLE DISABILITY INCOME POLICY**

**GROUP POLICY NUMBER:**  
**EMPLOYER/POLICYHOLDER:**  
**POLICY DATE:**  
**ANNIVERSARY DATE:**  
**STATE OF ISSUE:** AZ

This Policy is a legal contract between the Employer and the Company. To understand the coverage, the Policy must be read as a whole.

The Company agrees to insure eligible Employees of the Employer against loss covered by this Policy subject to its provisions, limitations, and exclusions. This Policy is non-participating. Benefit payment is governed by the terms of this Policy.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Policy Application, which is attached to and made part of this Policy.

This Policy is effective on the Policy Date. The Policy Date will be the date of issue. The first Policy Year will end on the anniversary date shown above. Each Policy Year after that will end on the same date of each year. All periods will begin at 12:01 a.m. and end at 11:59 p.m. Standard Time at the Employer's main address.

**RENEWABILITY.** The Company guarantees that it will renew this Policy and that it will renew an Employee's Certificate until the Employee's 75th birthday, subject to the incorporated Termination provisions.

**30 DAY RIGHT TO EXAMINE POLICY.** Within 30 days after the Employer receives the Policy, it may be returned in person or by regular mail to the Company, its agency office or the agent who sold it to the Employer for any reason. The Company will return the premium to the payee. Then the Employer and the Company will be in the same position as if a Policy had never been issued.

The Policy is governed by the laws of the state in which this Policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

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## INCORPORATION PROVISION

The provisions of the attached Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The provisions listed below are shown in the Certificate and are hereby incorporated into and made a part of this Group Policy.

Certificate Schedule of Benefits  
Definitions  
Eligibility and Effective Dates  
Termination and Continuation  
Portability of Insurance  
Total Disability Benefit  
Partial Recovery Benefit  
Additional Optional Benefits  
Exclusions and Limitations  
Premiums  
Claim Provisions  
General Provisions

**BENEFIT AMOUNTS AVAILABLE UNDER THIS POLICY ARE CHOSEN BY THE EMPLOYEE IN THE ENROLLMENT FORM AND SHOWN IN THE EMPLOYEE'S CERTIFICATE OF COVERAGE.**

### **PREMIUM RATES:**

Premium rates are shown in the Employee's Certificate Schedule of Benefits.

### **PARTICIPATION REQUIREMENTS**

At least 100% of the Employer's eligible Employees must be insured to keep this Policy in force.

At least 100% of the Employer's eligible Employees must be insured to keep the premiums from changing .

All eligible Employees within a current eligible class listed in the group Application must be offered coverage under the group Policy.

The Company may require a specific participation of Employees in order to continue coverage under the Policy.

If for any reason an Employer's group participation levels fall below the percentage Participation Requirements stated above, the Employer has a 3 month period, beginning on the premium due date that coincides with or next follows the date the event occurs, to reestablish and continue the minimum percentage Participation Requirements. If the minimum Participation Requirements are not reestablished within such time period, all insurance under the Policy for the Employer and Covered Persons will terminate.

## **POLICY TERMINATION**

The Company or the Employer can terminate or non-renew coverage under the Policy under any of the following conditions:

1. the Employer requests termination of the Policy;
2. the premiums have not been paid in accordance with the terms of the Policy or We have not received timely premium payments;
3. the Employer has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in applying for coverage or under the terms of the Policy, subject to the incorporated provision titled Time Limit on Certain Defenses; or
4. the Employer fails to maintain the minimum participation requirements stated above in the Participation Requirements provision.

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under the Policy.

## **CERTIFICATES OF COVERAGE**

A Certificate of Coverage will be delivered to each Employee, or to the Employer for delivery to the Employee. The Certificate of Coverage will describe insurance coverage to which that person is entitled, to whom the insurance benefits are payable and a statement of the Employee's dependent's coverage. The benefits and coverage terms described in the Certificate of Coverage are controlled by the provisions of the Policy and are subject to any changes in the Policy.

## **POLICY CHANGES**

We may agree with the Employer to modify a plan of benefits without the Employee's or his/her covered Spouse's consent.

## **EXAMINATION OF RECORDS**

We will be permitted to examine all of the Employer's records relating to this Policy. Examination may occur at any reasonable time while the Group Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Group Policy; or, if later,
2. upon the final adjustment and settlement of all Group Policy claims.

The Employer is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Employer will not be considered Our actions.