

INTRODUCTION

We agree to pay benefits according to the terms of this policy if you become Disabled while this policy is in force and you give us Proof Of Loss for any benefits for which you submit a claim.

In this policy **you/your** mean the Insured; **we/us/our** mean Standard Insurance Company. Other defined terms have initial capital letters and are defined in the DEFINITIONS section or in the provisions in which they first appear and to which they primarily pertain.

Disability/Disabled means that you are either Totally Disabled or Partially Disabled.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Partial Disability that are made under this policy.

BENEFITS FOR DISABILITY

BENEFIT FOR TOTAL DISABILITY

You will be eligible for a Disability Benefit during your Total Disability if you meet the requirements below. The Disability Benefit we will pay each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Own Occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Substantial And Material Duties means the usual duties that are essential to your ability to perform in your Own Occupation.

Own Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins.

If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Own Occupation.

If you are unemployed at the time Disability begins, then the last occupation in which you worked at least 30 hours per week will be deemed your Own Occupation.

If you are retired at the time Disability begins, then being retired will be deemed your Own Occupation.

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