BENEFIT FOR PRESUMPTIVE DISABILITY

You will be considered Totally Disabled if you become Presumptively Disabled.

Presumptive Disability/Presumptively Disabled means that you have an Injury or Sickness that prior to the Termination Date results in your total and permanent loss of any of the following:

- Speech.
- Hearing in both ears, not restorable by hearing aids.
- Sight in both eyes which measures at or below 20/200, after reasonable efforts are made to correct your vision using the most advanced, medically acceptable procedures and devices available.
- Use of both hands.
- Use of both feet.
- Use of one hand and one foot.

For Total Disability resulting from Presumptive Disability, we will pay a Disability Benefit equal to the Basic Monthly Benefit regardless of your Monthly Earnings. We will waive the Benefit Waiting Period, and the monthly Disability Benefit for Presumptive Disability will be payable from the date of your loss [until the end of the Maximum Benefit Period.] / [for your lifetime.]

BENEFITS FOR PARTIAL DISABILITY

You will be eligible for a Disability Benefit during your Partial Disability if you are not Totally Disabled and you meet the requirements below.

INITIAL PERIOD OF PARTIAL DISABILITY

The Benefit Waiting Period and the first 6 months that Disability Benefits are payable for Partial Disability is called the **Initial Period**. During the Initial Period, after you have satisfied the Benefit Waiting Period, the Disability Benefit payable each month for Partial Disability will equal the Basic Monthly Benefit, regardless of your Monthly Earnings.

During the Initial Period, Partial Disability/Partially Disabled means:

- you are working in your Own Occupation or any other occupation; and
- you are not Totally Disabled; and
- due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; 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.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Own Occupation prior to the date of Disability.

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