

STANDARD INSURANCE COMPANY

**FUTURE PURCHASE OPTION RIDER**

**DEFINITIONS**

**Expiration Date** means the date this rider ends. This date is shown on the Policy Data page.

**Option Date** means a Policy Anniversary occurring on or before this Rider's Expiration Date, and while this rider is in force.

**Option Pool Amount** means the total amount of increase in your Basic Monthly Benefit that can be purchased under this rider while it is in force. This amount is shown on the Policy Data page.

**Option Pool Balance** means the Option Pool Amount less the sum of all purchases made under this rider on all prior Option Dates.

**BENEFITS**

**FUTURE PURCHASE BENEFIT**

On any Option Date, subject to the limitations below, the Owner may apply for the purchase of up to:

- The full Option Pool Amount, if your age is 44 or under on that Option Date;
- One third of the Option Pool Amount, if your age is 45 through 55 on that Option Date.

No purchase on any Option Date can exceed the Option Pool Balance as of that Option Date. The minimum purchase made under this rider must equal at least \$200. If, on any Option Date, the requested purchase will result in an Option Pool Balance of \$200 or less, the entire Option Pool Balance may be purchased. However, if at any time the Option Pool Balance is less than \$200, any future purchase must equal that remaining amount. Once the entire Option Pool Amount has been purchased this rider ends. (See Termination Of Rider, below.)

You must qualify for each purchase under the requirements outlined below. We will issue additional disability income coverage under this rider to the Owner for the amount applied for, up to the amount you qualify for. The purchase will be in the form of: an increase to this policy; an increase to a policy issued under this rider; or a new policy, as determined by us. Each purchase made under this rider will be effective on its Option Date. However, if you are Disabled, or if Recovery Benefits or Compassionate Disability Benefits are payable on the Option Date, the purchased coverage will not affect those benefit payments. Purchased coverage under this rider will apply only to a Disability or Serious Health Condition that begins after the Option Date on which the increase became effective. A purchased increase will not apply to any recurrent Disability or Serious Health Condition that began prior to that Option Date.

PR4(7/10)

## **QUALIFYING AND APPLYING FOR THE PURCHASE**

The Owner must apply for the purchase in writing, on a form approved by us, within 60 days before the next Option Date. The amount of purchase applied for, when added to all existing and applied for disability income insurance coverage on you with us, any other insurer, and any government agency, may not exceed our Issue And Participation Limits in effect at the time of the application. We will require income documentation and financial information. Evidence of your health will not be required.

## **ACCELERATED OPTION DATE**

The Owner may request that an Option Date be changed from a Policy Anniversary to another date, called an Accelerated Option Date, if all of the following are true at the time of your request and on the Accelerated Option Date:

- You are the Owner of the policy; and
- You are not Disabled; and
- In the 90 days preceding the date of your request:
  - You experience a loss of employer-paid disability income insurance coverage; or
  - You financially qualify to purchase at least \$500 of coverage, even if the remaining Option Pool Balance that is available to you at your attained age is less than \$500.

An Accelerated Option Date will be approved no more than once in any 12 consecutive month period.

The minimum amount of coverage that can be purchased on an Accelerated Option Date is the lesser of \$500 or the remaining Option Pool Balance that is available to you at your attained age, as outlined under Future Purchase Benefit, above.

We will require you to complete an application form and submit income documentation and evidence of your current occupation. We will also require information on other disability income insurance in force or applied for or for which you are eligible. Approval of your application will be subject to our Issue And Participation Limits, rules and guidelines in effect at the time of your application.

We must receive your application for an Accelerated Option Date at least 60 days before the next Option Date. Any application that we receive less than 60 days before the next Option Date will be considered an application for a purchase on that Option Date.

## **PREMIUM FOR EACH PURCHASE**

### **PR4(7/10)**

This is a specimen Protector Platinum<sup>SM</sup> policy. It is not an actual contract. Policy provisions and the availability of some benefits and riders may vary by state. Riders are available at extra cost.

The premium for each purchase will be based on the rate for your age on the applicable Option Date. We will figure the rate by using that Risk Class below which is more favorable to you:

- Your Risk Class at the time this rider is issued; or
- Your Risk Class on the applicable Option Date.

The first premium for each purchase must be paid when the purchase is applied for. Payment may be made at our Home Office or to an authorized sales representative.

## **GENERAL PROVISIONS**

### **RIDER PREMIUM**

The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

- After the rider has been in force for three years; and
- If the change applies to all policies with like benefits insuring the same Risk Class.

### **RIDER EFFECTIVE DATE**

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

### **TIME LIMIT ON CERTAIN DEFENSES**

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

### **TERMINATION OF RIDER**

This rider will end on the earliest of:

- The Expiration Date;
- The date the entire Option Pool Amount has been purchased; or
- The date the policy ends for any reason.

In addition, the Owner may terminate this rider by sending Us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

### **PART OF POLICY**

**PR4(7/10)**

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By



Holley Y. Franklin  
Corporate Secretary

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