

CATASTROPHIC DISABILITY BENEFIT RIDER

This rider is part of the policy. It is issued in consideration of the application and payment of the premiums for this rider and for the policy to which it is attached. All definitions, provisions, exceptions, limitations, and other terms of the policy apply to this rider unless specifically changed by this rider. The effective date of this rider is shown on the Data Page.

DEFINITIONS

ACTIVITIES OF DAILY LIVING (ADL) are:

Bathing – which means the ability to wash Yourself in the tub, shower or by sponge bath, with or without adaptive devices.

Continence – which means the ability to voluntarily control bowel and bladder function, or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).

Dressing – which means the ability to put on and take off clothing and any medically necessary braces or artificial limbs.

Eating/Feeding – which means the ability to feed Yourself by mouth, feeding tube or intravenously.

Toileting – which means the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene.

Transferring – which means the ability to move in and out of a chair, bed or wheelchair with or without assistive devices such as canes, walkers, crutches, grab bars or mechanical or motorized devices.

ADL DISABLED - means, solely due to an Injury or Sickness, You are unable to perform two or more Activities of Daily Living without Assistance.

ASSISTANCE – means the presence of, or the help of, another person that is necessary to either:

1. prevent, by physical intervention or verbal cueing, injury to You while You are performing the Activity of Daily Living; or
2. help You in performing the Activity of Daily Living.

CATASTROPHIC DISABILITY/CATASTROPHICALLY DISABLED – means, solely due to an Injury or Sickness, You are:

1. ADL Disabled; or
2. Cognitively Impaired; or
3. Presumptively Disabled.

CATASTROPHIC DISABILITY BENEFIT – means the monthly benefit amount provided by this rider and is shown on the Data Page.

CATASTROPHIC DISABILITY ELIMINATION PERIOD – means the number of days from the start of a Continuous Catastrophic Disability for which no benefits under this rider will be paid. The Catastrophic Disability Elimination Period is shown on the Data Page. The Catastrophic Disability Elimination Period is waived for Presumptive Disability.

CATASTROPHIC DISABILITY MAXIMUM BENEFIT PERIOD – starts after satisfaction of the Catastrophic Disability Elimination Period and is the longest time for which benefits under this rider will be paid. The Catastrophic Disability Maximum Benefit Period is shown on the Data Page.

COGNITIVELY IMPAIRED – means a measurable impairment to short term or long term memory, orientation as to people, places or time, and/or deductive or abstract reasoning that severely impairs Your ability to function independently. This loss or deterioration must be documented by clinical evidence of an Injury or Sickness and medically recognized standardized neurological testing such as MRI and CAT, and testing used to assess neuropsychological function.

CONTINUOUS CATASTROPHIC DISABILITY – means Your Catastrophic Disability that continues with no interruption. You will be considered to have a Continuous Catastrophic Disability if an Interrupted Catastrophic Disability Elimination Period or Recurring Catastrophic Disability occurs.

INTERRUPTED CATASTROPHIC DISABILITY ELIMINATION PERIOD – means, even if Your Catastrophic Disability is not continuous, the Catastrophic Disability Elimination Period will be met if the required number of days of Catastrophic Disability occur in a period that is:

1. Twice as long as the Catastrophic Disability Elimination Period; and
2. Less than one year.

Your Catastrophic Disability may result from the same or a different cause. The periods of Catastrophic Disability will be combined to meet the Catastrophic Disability Elimination Period.

PRESUMPTIVE DISABILITY/PRESUMPTIVELY DISABLED – means, solely due to an Injury or Sickness, You have a total loss of use for any and every purpose or activity without any possibility of recovery of:

1. Power of speech; or
2. Hearing in both ears; or
3. Sight of both eyes; or
4. The use of both hands, both feet, or one hand and one foot.

RECURRING CATASTROPHIC DISABILITY – means a continuation of a prior Catastrophic Disability when the recurrence of Catastrophic Disability:

1. Begins while the policy and this rider are in force; and
2. Results from the same or directly related cause as the prior Catastrophic Disability for which We paid benefits under this rider; and
3. Occurs within six months from the end of the prior Catastrophic Disability.

No new Catastrophic Disability Elimination Period is required. We will pay Catastrophic Disability Benefits during the Recurring Catastrophic Disability for the remainder of the Catastrophic Disability Maximum Benefit Period, if any.

CATASTROPHIC DISABILITY BENEFIT

We will pay the Catastrophic Disability Benefit for Your Continuous Catastrophic Disability that begins on or after the effective date of this rider and while the policy and this rider are in force and subject to the policy and rider provisions. Benefits start to accrue at the end of the Catastrophic Disability Elimination Period, except if You are Presumptively Disabled, benefits start to accrue on the day Your Presumptive Disability begins. Benefits will continue during Your Continuous Catastrophic Disability but not beyond the Catastrophic Disability Maximum Benefit Period.

The Catastrophic Disability Benefit is payable in addition to any other benefit provided by the policy.

CLAIM INFORMATION

To be considered Catastrophically Disabled, You must provide notice of claim and proof of loss as described in the Claim Information section of the policy. All provisions and requirements of the Claim Information section of the policy apply to this rider and the term "Disability/Disabled", as used in that section, is amended to include "Catastrophic Disability/Catastrophically Disabled".

OTHER BENEFITS

WAIVER OF PREMIUM BENEFIT

The Waiver of Premium Benefit provision of the policy will also apply to Your Continuous Catastrophic Disability, and the terms as used in the Waiver of Premium Benefit provision are amended as follows:

1. "Continuous Disability " is amended to include "and/or Continuous Catastrophic Disability".
2. "Disability/Disabled" are amended to include "and/or Catastrophic Disability/Catastrophically Disabled".
3. "Elimination Period" is amended to include "and/or Catastrophic Disability Elimination Period".

BENEFIT UPDATE

We will include an offer to increase the Catastrophic Disability Benefit, if the Benefit Update Rider is part of this policy and an offer to increase coverage is made under that Rider. In the event You lose group long term disability insurance that includes a catastrophic disability benefit, You may also elect to request a review of Your Catastrophic Disability Benefit under the Benefit Update Adjustment – Advance Option. Any offer is subject to Our then current underwriting guidelines except You will not be required to provide evidence of medical insurability. You may accept all, part or none of the offer to increase the Catastrophic Disability Benefit. The amount of Catastrophic Disability Benefit accepted has no effect on the Benefit Update Rider.

The new premium amount for the Catastrophic Disability Benefit resulting from a Benefit Update adjustment will be automatically billed. Increases are accepted by paying the new premium. Increases may be rejected by notifying Us in writing no later than 30 days after the Policy Anniversary or by not paying the increase in premium.

The adjusted Catastrophic Disability Benefit applies to new Catastrophic Disabilities which start on or after the Benefit Update Adjustment Date. A Recurring Catastrophic Disability is not a new Catastrophic Disability.

A Benefit Update adjustment in the Catastrophic Disability Benefit will be effective on the Policy Anniversary following Our offer, subject to the Owner accepting Our offer. New Data Pages reflecting any increase in benefits will be provided.

COST OF LIVING

If the Cost Of Living Adjustment Rider is part of this policy, all of the provisions of that rider will apply to the Catastrophic Disability Benefit, and the terms as used in the Cost Of Living Adjustment Rider are amended as follows:

1. "Maximum Monthly Benefit "is amended to include "and/or Catastrophic Disability Benefit".
2. "Continuous Disability" is amended to include "and/or Continuous Catastrophic Disability".
3. "Disability" is amended to include "and/or Catastrophic Disability".
4. "Maximum Benefit Period" is amended to include "and/or Catastrophic Disability Maximum Benefit Period".

EXCLUSIONS AND LIMITATIONS

All exclusions and limitations in the policy, or attached to and a part of the policy, will apply to this rider.

If the Limitation Of Benefits For Mental/Nervous/Substance Abuse Disorders rider is part of this policy, all of the provisions of that rider will apply to the Catastrophic Disability Benefit, and the terms as used in the Limitation Of Benefits For Mental/Nervous/Substance Abuse Disorders rider are amended as follows:

1. "Disability " is amended to include "and/or Catastrophic Disability".
2. "Monthly Benefit " is amended to include "and/or Catastrophic Disability Benefit".
3. "Maximum Benefit Period" is amended to include "and/or Catastrophic Disability Maximum Benefit Period".

TERMINATION

This rider terminates on the first of:

1. Your Age 65 Policy Anniversary or five years after the Policy Date, whichever is later; or
2. Our receipt of the Owner's written request to terminate it; or
3. Termination of the policy of which it is a part.

If You are Catastrophically Disabled under the terms of this rider (not to include the Waiver of Premium Benefit) prior to and continuing through the date specified in number 1 above, then the policy and this rider will remain in force with no further premiums due until the earlier of the end of Your Catastrophic Disability or the end of the Catastrophic Disability Maximum Benefit Period.

(Company Officers' Signature and Title)

Principal Life Insurance Company
Des Moines, Iowa 50392-0001