# CATASTROPHIC DISABILITY BENEFIT RIDER

# BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- You become Catastrophically Disabled while this rider is in force; and
- You continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

# Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- You are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- You are Presumptively Disabled.

While you are eligible for a Catastrophic Disability Benefit, this benefit will be paid monthly at the same time Disability Benefits are paid.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

### **GENERAL PROVISIONS**

#### RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) 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 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 effective date of this rider.

#### **TERMINATION OF RIDER**

This rider will end on the Termination Date unless the policy ends for any reason prior to that.

PR9(7/10)

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**

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

Ву

J. Sig Am