



GROUP VOLUNTARY DISABILITY INCOME BENEFITS

Total Disability - We pay a monthly benefit after the elimination period if we receive sufficient proof that the employee is totally disabled. The employee is totally disabled when we determine that due to a sickness or injury the employee is unable to perform the material and substantial duties of his or her own occupation; and under the regular care of a doctor; and not working in any job for wage or profit. The employee will receive benefits as long as he or she remains totally disabled up to the maximum benefit period for any one total disability.

We will follow the process described below to determine the amount of payment:

- 1. Multiply the employee's monthly earnings by 60%.
2. Subtract any benefits the employee received (or was eligible to receive) from individual disability income policies or other group insurance coverage.
3. Determine the lesser of the benefit amount listed on the previous page and the result from item 2.
4. Compare item 3 with the \$100 minimum monthly payment and we will pay the greater of the two.

The amount calculated in item 4 is the monthly payment.

If a monthly benefit is payable for any period less than a full month, we pay 1/30th of the applicable monthly benefit for each day.

Monthly Benefit - The amount* elected by each insured employee or member, not to exceed 60% of monthly earnings, subject to a minimum of \$400 and a maximum of \$5,000, except as follows:

Table with 6 columns: Annual Salary, California residents, Hawaii residents, New Jersey residents, New York residents, Rhode Island residents. Rows show percentages for salary levels: Less than \$40,000 and \$40,000 or more.

*Payment may be reduced by deductible sources of income. Some disabilities may not be covered under this policy. This policy does not cover disabilities due to an occupational sickness or injury.

Partial Disability - We pay 50% of the monthly benefit if we receive sufficient proof that the employee is partially disabled. The employee is partially disabled when we determine that due to a sickness or injury the employee is unable to perform the material and substantial duties of his or her own occupation on a full-time basis but he or she is able to work on a part-time basis; and under the regular care of a doctor. The total disability benefit must have been payable for at least one full month immediately prior to being partially disabled. The maximum benefit period for a partial disability is 3 months. For a given period of disability, the employee may receive either a partial disability benefit or a total disability benefit, but not both. Benefits paid under this benefit count towards his or her maximum benefit period.

Concurrent Disability - If the employee is disabled due to more than one cause, benefits will be paid as if the employee is disabled due to only one cause. Being disabled due to more than one cause will not extend the time for which benefits will be paid under the maximum benefit period.

Recurrent Disability - The employee will not be required to satisfy the elimination period and a new maximum benefit period will not apply if the employee has a recurrent disability. A recurrent disability is a disability which is caused by a worsening condition or due to the same cause(s) or related cause(s) as the prior disability for which we made payment. We will treat the recurrent disability as part of the prior claim if the employee was continuously insured under the policy for the period between the prior claim and the recurrent disability and:

- 1. The recurrent disability occurs within 6 months of the end of the prior claim; or
2. The employee fully performed any occupation for his or her employer on a full-time basis for less than 30 full days and his or her current disability is unrelated to his or her prior disability.

Pregnancy Benefit - Pregnancy or childbirth will be covered the same as any covered sickness if the employee meets the definition of total disability provided that the coverage has been in effect for a period of 9 months or more from the effective date of coverage.

Organ Donor Benefit - We will pay the monthly benefit if the employee is totally or partially disabled as the result of serving as an organ donor in an organ transplant procedure performed while covered under the policy. Organ transplant means the surgical transplant of a kidney; lung; portion of the liver, pancreas or intestines; or bone marrow.

Waiver of Premium - We waive the premium for this coverage after the employee has been totally or partially disabled for 30 or more consecutive days for as long as monthly benefits are payable. We do not waive premiums beyond the maximum benefit period.

PRE-EXISTING CONDITION LIMITATION

We do not pay for disabilities during the first 12 months of coverage due to a pre-existing condition. The employee has a pre-existing condition if:

- 1. His or her disability begins in the first 12 months after his or her effective date of coverage; and
2. The employee received medical treatment, consultation, care or services, including diagnostic measures, took or was prescribed drugs or medicines, took over the counter medications or followed treatment recommendations in the 12 months just prior to his or her effective date of coverage or the date an increase in benefits would otherwise be effective; or
3. The employee had symptoms in the 12 months just prior to his or her effective date of coverage or the date an increase in benefits would otherwise be effective.



EXCLUSIONS

We will not pay benefits for any disabilities that are caused by, contributed by or result from:

1. Bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression or mental illness. We will pay, however, for covered disabilities resulting from Alzheimer's disease or similar forms of senility or senile dementia first manifested while coverage is in force. (Not applicable if Mental/Nervous Disorders are covered; see Benefits and Features page)
2. War, declared or undeclared, participation in a riot, insurrection or rebellion.
3. Illegal activities or participation in an illegal occupation.
4. Intentionally self-inflicted injury or action.
5. Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance.
6. Participation in any form of aeronautics except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.
7. Voluntary inhalation of fumes or gases.
8. Cosmetic surgery (except complications from such surgery will be covered).
9. Pre-existing conditions during the first 12 months of coverage.
10. Occupational sickness or injury, unless covered by an on-the-job disability rider.

We will not pay a benefit for any period of disability during which the employee is incarcerated.

WHEN COVERAGE ENDS

The employee's coverage under the certificate ends on the earliest of the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day the employee is in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; or the date he or she is no longer in an eligible class; or the date his or her class is no longer eligible; or upon our discovery of fraud or material misrepresentation in the presentation of a claim.

DISCLOSURE

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to public.

This material is valid as long as information remains current. Group Voluntary Disability benefits provided by policy form GVDIP, or state variations thereof.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Representative at The Standard. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.



Group Voluntary Disability Income (Massachusetts)

Product Illustration

Industry Class:	Preferred Platinum	Accident Elimination Period:	7 days
Benefit Period:	3 Months	Sickness Elimination Period:	7 days
Portability:	No	Premium Mode:	Monthly
SIC Code:	6411		

Additional Features:
None

Monthly Benefit	Issue Ages				
	18-49	50-59	60-64	65-69	70 +
\$400	\$10.92	\$13.00	\$15.76	\$17.24	\$18.16
\$500	\$13.65	\$16.25	\$19.70	\$21.55	\$22.70
\$600	\$16.38	\$19.50	\$23.64	\$25.86	\$27.24
\$700	\$19.11	\$22.75	\$27.58	\$30.17	\$31.78
\$800	\$21.84	\$26.00	\$31.52	\$34.48	\$36.32
\$900	\$24.57	\$29.25	\$35.46	\$38.79	\$40.86
\$1,000	\$27.30	\$32.50	\$39.40	\$43.10	\$45.40
\$1,100	\$30.03	\$35.75	\$43.34	\$47.41	\$49.94
\$1,200	\$32.76	\$39.00	\$47.28	\$51.72	\$54.48
\$1,300	\$35.49	\$42.25	\$51.22	\$56.03	\$59.02
\$1,400	\$38.22	\$45.50	\$55.16	\$60.34	\$63.56
\$1,500	\$40.95	\$48.75	\$59.10	\$64.65	\$68.10
\$1,600	\$43.68	\$52.00	\$63.04	\$68.96	\$72.64
\$1,700	\$46.41	\$55.25	\$66.98	\$73.27	\$77.18
\$1,800	\$49.14	\$58.50	\$70.92	\$77.58	\$81.72
\$1,900	\$51.87	\$61.75	\$74.86	\$81.89	\$86.26
\$2,000	\$54.60	\$65.00	\$78.80	\$86.20	\$90.80
\$2,100	\$57.33	\$68.25	\$82.74	\$90.51	\$95.34
\$2,200	\$60.06	\$71.50	\$86.68	\$94.82	\$99.88
\$2,300	\$62.79	\$74.75	\$90.62	\$99.13	\$104.42
\$2,400	\$65.52	\$78.00	\$94.56	\$103.44	\$108.96
\$2,500	\$68.25	\$81.25	\$98.50	\$107.75	\$113.50
\$2,600	\$70.98	\$84.50	\$102.44	\$112.06	\$118.04
\$2,700	\$73.71	\$87.75	\$106.38	\$116.37	\$122.58
\$2,800	\$76.44	\$91.00	\$110.32	\$120.68	\$127.12
\$2,900	\$79.17	\$94.25	\$114.26	\$124.99	\$131.66
\$3,000	\$81.90	\$97.50	\$118.20	\$129.30	\$136.20
\$3,100	\$84.63	\$100.75	\$122.14	\$133.61	\$140.74
\$3,200	\$87.36	\$104.00	\$126.08	\$137.92	\$145.28
\$3,300	\$90.09	\$107.25	\$130.02	\$142.23	\$149.82
\$3,400	\$92.82	\$110.50	\$133.96	\$146.54	\$154.36
\$3,500	\$95.55	\$113.75	\$137.90	\$150.85	\$158.90
\$3,600	\$98.28	\$117.00	\$141.84	\$155.16	\$163.44
\$3,700	\$101.01	\$120.25	\$145.78	\$159.47	\$167.98
\$3,800	\$103.74	\$123.50	\$149.72	\$163.78	\$172.52
\$3,900	\$106.47	\$126.75	\$153.66	\$168.09	\$177.06
\$4,000	\$109.20	\$130.00	\$157.60	\$172.40	\$181.60
\$4,100	\$111.93	\$133.25	\$161.54	\$176.71	\$186.14
\$4,200	\$114.66	\$136.50	\$165.48	\$181.02	\$190.68
\$4,300	\$117.39	\$139.75	\$169.42	\$185.33	\$195.22
\$4,400	\$120.12	\$143.00	\$173.36	\$189.64	\$199.76
\$4,500	\$122.85	\$146.25	\$177.30	\$193.95	\$204.30
\$4,600	\$125.58	\$149.50	\$181.24	\$198.26	\$208.84
\$4,700	\$128.31	\$152.75	\$185.18	\$202.57	\$213.38
\$4,800	\$131.04	\$156.00	\$189.12	\$206.88	\$217.92
\$4,900	\$133.77	\$159.25	\$193.06	\$211.19	\$222.46
\$5,000	\$136.50	\$162.50	\$197.00	\$215.50	\$227.00

This rate illustration is incomplete and cannot be used without the accompanying proposal illustration pages that provide a complete description of all benefits, limitations and exclusions.

This illustration does not validate income rules for any States. The Maximum Monthly Benefit that can be applied for must be reduced by the Monthly Benefits of all other existing coverage. This illustration and rates expire: 5/7/2026.

This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Representative at The Standard. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.



Group Voluntary Disability Income (Massachusetts)

Product Illustration

Industry Class:	Preferred Platinum	Accident Elimination Period:	14 days
Benefit Period:	3 Months	Sickness Elimination Period:	14 days
Portability:	No	Premium Mode:	Monthly
SIC Code:	6411		

Additional Features:
None

Monthly Benefit	Issue Ages				
	18-49	50-59	60-64	65-69	70 +
\$400	\$7.44	\$9.36	\$11.36	\$12.00	\$13.32
\$500	\$9.30	\$11.70	\$14.20	\$15.00	\$16.65
\$600	\$11.16	\$14.04	\$17.04	\$18.00	\$19.98
\$700	\$13.02	\$16.38	\$19.88	\$21.00	\$23.31
\$800	\$14.88	\$18.72	\$22.72	\$24.00	\$26.64
\$900	\$16.74	\$21.06	\$25.56	\$27.00	\$29.97
\$1,000	\$18.60	\$23.40	\$28.40	\$30.00	\$33.30
\$1,100	\$20.46	\$25.74	\$31.24	\$33.00	\$36.63
\$1,200	\$22.32	\$28.08	\$34.08	\$36.00	\$39.96
\$1,300	\$24.18	\$30.42	\$36.92	\$39.00	\$43.29
\$1,400	\$26.04	\$32.76	\$39.76	\$42.00	\$46.62
\$1,500	\$27.90	\$35.10	\$42.60	\$45.00	\$49.95
\$1,600	\$29.76	\$37.44	\$45.44	\$48.00	\$53.28
\$1,700	\$31.62	\$39.78	\$48.28	\$51.00	\$56.61
\$1,800	\$33.48	\$42.12	\$51.12	\$54.00	\$59.94
\$1,900	\$35.34	\$44.46	\$53.96	\$57.00	\$63.27
\$2,000	\$37.20	\$46.80	\$56.80	\$60.00	\$66.60
\$2,100	\$39.06	\$49.14	\$59.64	\$63.00	\$69.93
\$2,200	\$40.92	\$51.48	\$62.48	\$66.00	\$73.26
\$2,300	\$42.78	\$53.82	\$65.32	\$69.00	\$76.59
\$2,400	\$44.64	\$56.16	\$68.16	\$72.00	\$79.92
\$2,500	\$46.50	\$58.50	\$71.00	\$75.00	\$83.25
\$2,600	\$48.36	\$60.84	\$73.84	\$78.00	\$86.58
\$2,700	\$50.22	\$63.18	\$76.68	\$81.00	\$89.91
\$2,800	\$52.08	\$65.52	\$79.52	\$84.00	\$93.24
\$2,900	\$53.94	\$67.86	\$82.36	\$87.00	\$96.57
\$3,000	\$55.80	\$70.20	\$85.20	\$90.00	\$99.90
\$3,100	\$57.66	\$72.54	\$88.04	\$93.00	\$103.23
\$3,200	\$59.52	\$74.88	\$90.88	\$96.00	\$106.56
\$3,300	\$61.38	\$77.22	\$93.72	\$99.00	\$109.89
\$3,400	\$63.24	\$79.56	\$96.56	\$102.00	\$113.22
\$3,500	\$65.10	\$81.90	\$99.40	\$105.00	\$116.55
\$3,600	\$66.96	\$84.24	\$102.24	\$108.00	\$119.88
\$3,700	\$68.82	\$86.58	\$105.08	\$111.00	\$123.21
\$3,800	\$70.68	\$88.92	\$107.92	\$114.00	\$126.54
\$3,900	\$72.54	\$91.26	\$110.76	\$117.00	\$129.87
\$4,000	\$74.40	\$93.60	\$113.60	\$120.00	\$133.20
\$4,100	\$76.26	\$95.94	\$116.44	\$123.00	\$136.53
\$4,200	\$78.12	\$98.28	\$119.28	\$126.00	\$139.86
\$4,300	\$79.98	\$100.62	\$122.12	\$129.00	\$143.19
\$4,400	\$81.84	\$102.96	\$124.96	\$132.00	\$146.52
\$4,500	\$83.70	\$105.30	\$127.80	\$135.00	\$149.85
\$4,600	\$85.56	\$107.64	\$130.64	\$138.00	\$153.18
\$4,700	\$87.42	\$109.98	\$133.48	\$141.00	\$156.51
\$4,800	\$89.28	\$112.32	\$136.32	\$144.00	\$159.84
\$4,900	\$91.14	\$114.66	\$139.16	\$147.00	\$163.17
\$5,000	\$93.00	\$117.00	\$142.00	\$150.00	\$166.50

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