Better benefits at work.

Individual Disability Insurance

Annotated Sample Policy

850 Disability Income Policy

SD-1146 (3-20)

This policy is designed and available for multi-life sales. Please see your Unum representative for details regarding coverage available on an individual basis.

The specimen contract in this booklet shows the general coverage provided by the Unum 850 Individual Disability Insurance policy (non-cancellable coverage). Annotations are for general marketing purposes only and do not change the actual terms and conditions of any specific policy.

This annotated contract is based on Unum's Interstate Compact policy, ICC18-850. The actual policy and exclusions and limitations may vary by state and will include any state specific provisions. See the actual policy or your Unum representative for specific provisions and detail of availability.

Standard and Optional Features Listing

This page is not part of the actual policy. It has been added to help you identify and locate policy provisions more efficiently. Please contact your Unum representative to learn more.

STANDARD AND OPTIONAL FEATURES

Standard Features

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Our Individual Disability
Insurance product is designed to meet a wide variety of needs for highly compensated individuals.

Non-cancellable coverage
"Non-cancellable" means the coverage and premium rates cannot be changed until the guarantee date of the policy. For a to age 65 max period of payment, the guarantee date will be the insured's 65th birthday or the fifth anniversary of the policy, if later. For a to age 67 max period of payment, the guarantee date will be the insured's 67th birthday or the fifth anniversary of the policy, if later. For a to age 70 max period of payment, the guarantee date will be the insured's 68th birthday or the fifth anniversary of the policy, if later.

Renewal Option After Guarantee Date
The insured individual can renew this policy after the guarantee date, as long as the insured continues to work a minimum of 30 hours. Premiums and coverage are subject to change.

Satisfaction Guaranteed
A full refund will be issued if policy is cancelled within 30 days. Premiums will be refunded within 10 days of receiving the cancellation notice.

Provident Life and Accident Insurance Company
[1 Fountain Square
Chattanooga, TN 37402]
[(800) 633-7490]

Disability Income Policy

This is Your Disability Income Policy and describes the benefits for which You are insured. Disability Income coverage can ease the potential financial impact of unforeseen Injuries or Sicknesses by helping You pay for some of the expenses associated with a covered Disability.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Coverage Effective Date: [December 1, 2019]

Policy Date: [January 1, 2020]

This is a Non-Participating Policy. It is a legal contract between You and Us. This Policy is issued to You in return for the payment of required premiums. We will pay benefits to You according to the terms and provision outlined in this Policy.

NON-CANCELLABLE AND GUARANTEED RENEWABLE TO YOUR AGE 65, AGE 67, OR AGE 68. PLEASE SEE THE GUARANTEE DATE OF YOUR POLICY, NO CHANGE IN PREMIUM RATES. As long as the premium is paid on time, We cannot change Your Policy or its premium rate until the Guarantee Date shown in the Disability Income Highlights on Page 3.

RENEWAL OPTION AFTER YOU REACH THE GUARANTEE DATE. SUBJECT TO CHANGE IN PREMIUM RATES. You may continue Your Policy on a limited basis beyond the Guarantee Date provided You are Actively Employed. Your Policy will be subject to the terms of the Renewal Option if Employed provision. This provision is explained in the Disability Income Details | Other Features section of Your Policy. Only coverage for Total Disability and if attached, base Residual Disability will continue and premiums will be based on the Insured's attained age.

THIRTY DAY RIGHT TO EXAMINE POLICY. If You are not satisfied with Your Policy, You may return the Policy to Us or your authorized representative through whom it was purchased by midnight of the thirtieth day after the date You receive it. Within ten days after We receive the Policy, We will refund any premium, and policy fee You have paid. The Policy will be considered to have never been issued.

Pre-existing Condition Limitations or Exclusions and other Limitations or Exclusions may apply. Please read Your Policy and riders carefully and keep them in a safe place.

Glossary defined terms found within this Policy have been capitalized.

If You have any questions about the terms and provisions of this Policy, please contact Us at [(800) 633-7490]. After contacting Us and if You still have questions, You may contact the [XXX Department of Insurance] at [[000] 000-0000].

Signed for by Provident Life and Accident Insurance Company.

[ ] [President]

[ ] [Secretary]

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Table of Contents
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A copy of Your signed application, if applicable, added benefits You have purchased, and any added provisions are attached at the back of Your Policy and are part of Your Policy.

Disability Income Highlights

Coverage Effective Date
The date coverage begins. This may be different from the policy date.

Four Ways to Pay Premium
This example shows premium amounts based on annual payments. Unum also offers semi-annual, quarterly and monthly payment options. Other options may be available to better fit an employer's pay schedule.

Premium Breakout
Annual Premium for Disability Benefits includes cost of base coverage, additional monthly coverage if applicable, and the policy fee.

Annual Premium for Additional Benefits accounts for the cost of any optional benefits that are added to the base policy.

Flexible Elimination Periods Work with Other Disability Coverage (Short-Term or Long-Term)
Elimination period options include 90 days, 180 days, 360 days, or 720 days.

Additional Monthly Indemnity Adds Flexibility
An additional monthly benefit can be added with a different elimination period than the base. In this example, the $5,000 monthly benefit would pay out first, upon satisfying the 180 day elimination period. After 360 days the additional benefit of $1,000 would also become payable.

Insured: [John Provident]
Coverage Effective Date: [December 1, 2018]
Policy Date: [January 1, 2019]
Guarantee Date: [January 1, 2039]

Owner: [John Doe]
Policy Number: [123456789]
Occupational Class: [B1]
Policy Fee: $[25.00]

This Policy provides financial protection for You by paying a portion of Your income while You are Disabled. This section includes highlights of Your coverage. Please refer to the rest of Your Policy for further information on the benefits available.

Summary of Premium

[Non-Tobacco User]

Annual Premium for Disability Benefits	$[2,454.70]
Annual Premium for Additional Benefits	$[2,072.05]
Total Annual Premium	$[4,526.75]
Your Discounted [Annual] Premium	$[3,168.73]
Other Premium Paying Methods	$[823.87] Quarterly $[1,647.74] Semi-Annual $[274.32] Monthly (Insurematic Bank Draft)

Elimination Period

The Elimination Period is the length of time that must elapse during a Disability resulting from an Injury or Sickness, before benefits start to accrue.

Your Elimination Period is [180] Days.

[If You have an additional Monthly Benefit Amount, the Elimination Period applicable to this benefit is [360] Days.]

These days need not be consecutive; they can be accumulated during a Disability to satisfy an Elimination Period subject to the terms of the Recurrent Disability provision. Benefits are not payable, nor do they accrue, during an Elimination Period.

Monthly Benefit Amount

Your Monthly Benefit Amount is $[5,000].

[Your additional Monthly Benefit Amount is $[1,000].]

Maximum Period of Payment

This schedule outlines the length of time benefits can be paid out according to the age when the insured becomes disabled. This schedule differs depending on the maximum period of payment selected. Here we've illustrated the schedule for a to age 65 maximum period of payment.

For a Maximum Period of Payment of To Age 67:

Age at Disability	Maximum Period of Payment
Less than Age 64	To Age 67
Age 64	36 Months
Age 65, but less than 75	24 Months
Age 75 and over	12 Months

For a Maximum Period of Payment of To Age 70:

Age at Disability	Maximum Period of Payment
Less than Age 68	To Age 70
Age 68, but less than 75	24 Months
Age 75 and over	12 Months

Additional Benefits

These optional benefits make it easy to customize coverage to fit the needs of employees.

Most of these benefits stay on the policy until the guarantee date, but some are removed once the Insured becomes a certain age, shown here as the expiration date of the benefit.

Work Incentive Benefit (WIB)

Value options greater than 3 months are available for additional premium. Options include 6 months, 12 months, 2 years, or 3 years.

Disability Income Highlights

Maximum Period of Payment

The Maximum Period of Payment for a continuous Disability is outlined below:

Age at Disability	Maximum Period of Payment
Less than Age 61	To Age 65
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65, but less than 75	24 Months
Age 75 and over	12 Months

[If You have an additional Monthly Benefit Amount, the Maximum Period of Payment applicable to this benefit is:

Age at Disability	Maximum Period of Payment
Less than Age 75	24 months
Age 75 or over	12 Months]

The Maximum Period of Payment begins once the Elimination Period has been satisfied. Refer to the provisions under End of Benefit Payments in the Disability Income Details section for further information on when Your benefits may end prior to the Maximum Period of Payment.

Additional Benefits, if applicable, may include a different Maximum Period of Payment.

Additional Benefits

Below are highlights of additional features of Your Policy. Please refer to the rest of Your Policy for further details on the benefits available.

Residual Disability Benefit	Premium $[562.83]
Residual Disability Effective Date:	[January 1, 2020]
Residual Disability Expiration Date:	[January 1, 2040]
Maximum Period of Payment for Residual Disability:	[24] Months
Work Incentive Benefit (WIB):	Premium: Included in Your Premium for Disability Benefits
Period of Payment for Work Incentive Benefit:	3 Months
Recovery Benefit	Premium $[12.08]
[Period of Payment for Recovery Benefits:	[12 Months]
Additional Monthly Benefit (AMB)	Premium $[336.95]
AMB Effective Date:	[January 1, 2020]
AMB Expiration Date:	[January 1, 2040]
AMB Benefit Amount:	$[344.70] per month
Additional Annual Benefit (AAB)	Premium $[144.90]
AAB Effective Date:	[January 1, 2020]
AAB Expiration Date:	[January 1, 2040]
AAB Benefit Amount:	$[10,000]
AAB Lifetime Maximum Benefit:	$[30,000]
Catastrophic Disability Benefit (CAT)	Premium $[85.96]
CAT Effective Date:	[January 1, 2020]
CAT Expiration Date:	[January 1, 2040]
CAT Elimination Period:	[180] Days
CAT Benefit Amount:	$[2,500] per month

Disability Income Highlights

Cost of Living Adjustments - CPI Benefit (COLA CPI)	Premium $[731.75]
COLA CPI Effective Date:	[January 1, 2020
COLA CPI Expiration Date:	[January 1, 2040]
Cost of Living Adjustments – Fixed 3% Benefit (COLA FIXED)	Premium $[462.35]
COLA FIXED Effective Date:	[January 1, 2020]
COLA FIXED Expiration Date:	[January 1, 2040]
Cost of Living Adjustments – Two-Year Deferred Fixed 3% Benefit (COLA FIXED DEFERRED)	Premium $[367.75]
COLA FIXED DEFERRED Effective Date:	[January 1, 2020
COLA FIXED DEFERRED Expiration Date:	[January 1, 2040]
LTD Insurability Option Benefit (LTD)	Premium $[49.16]
LTD Effective Date:	[January 1, 2020]
LTD Expiration Date:	[January 1, 2035]
LTD Insurability Increase Amount:	$[1,000]
Right to Purchase Increase Benefit (RPI)	Premium $[54.62]
RPI Effective Date:	[January 1, 2020]
RPI Expiration Date:	[January 1, 2031]
RPI Maximum Increase:	$[1,000]
Serious Illness Benefit (SI)	Premium $[34.50]
SI Effective Date:	[January 1, 2020]
SI Expiration Date:	[January 1, 2040]
SI Elimination Period:	[180 days]
SI Benefit Amount:	$[25,000]
Social Insurance Substitute Benefit (SIS)	Premium $[263.10]
SIS Effective Date:	[January 1, 2020]
SIS Expiration Date:	[January 1, 2040]
SIS Maximum Benefit:	$[1,000] per month
SIS Elimination Period:	[180] Days

Update Increase Benefit

Update Effective Date: [January 1, 2020]

Schedule of Update Increases:

Increase Date	Monthly Benefit Increase	[Annual] Premium Increase
[January 1, 2021]	$[50]	$[20.37]
[January 1, 2022]	$[50]	$[20.91]
[January 1, 2023]	$[50]	$[21.01]

Pre-Existing Condition Limitation

Pre-Existing Condition Limitation
This optional feature can make coverage more affordable.

Options for 3/12, 6/12, or 12/12, with varying premium discount levels, are available. These options determine how far back a pre-existing condition had to have been present, prior to coverage becoming effective, for it to be considered pre-existing (3 months, 6 months, or 12 months).

This sample shows the 3/12 option.

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[1 Fountain Square
Chattanooga, TN 37402]
[(800) 633-7490]

Pre-Existing Condition Limitation

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

This rider is effective on the Coverage Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Pre-Existing Condition Limitation

We will not pay benefits for a Disability that begins in the first twelve months following Your Coverage Effective Date and that Disability is caused by, contributed to by, or occurs as a result of a Pre-existing Condition unless the Pre-existing Condition is fully disclosed by You in the application and is not excluded from coverage by name or specific description.

You have a Pre-existing Condition if, within the three months just prior to Your Coverage Effective Date, You have an Injury or Sickness, whether diagnosed or not, for which:
- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed for which an ordinarily prudent person would have sought medical care or consulted a Physician.

The Pre-Existing Condition Limitation will also apply to an increase in coverage subject to the Coverage Effective Date of the increase. An increase in coverage includes, but is not limited to:
- A decrease in an Elimination Period;
- An increase in the Maximum Period of Payment; or
- An addition of a rider.

Signed for by Provident Life and Accident Insurance Company

[]

[President]

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Disability Income Details

Recurrent Disability
If an insured becomes disabled again from related causes, within 6 months of the end of their prior Disability, they do not have to satisfy a new elimination period and benefits will be paid according to their prior maximum period of payment schedule.

Definition of Disability
Our standard policy provides benefits for a total disability. When the policy is issued with our optional Residual benefit the policy also includes benefits for a less-than-total disability that results in a loss of income.

Presumptive Disability Waives the Elimination Period
An insured is considered Presumptively Disabled if due to injury or sickness they suffer the total and permanent loss of:

- Speech;
- hearing in both ears;
- sight in both eyes; or
- use of both arms, both legs, or one arm and one leg

Concurrent Disability and Recurrent Disability

Concurrent Disability
Concurrent disabilities are disabilities arising from more than one cause at the same time. They will be treated as a single Disability. In no event will We pay longer than the Maximum Period of Payment for any one continuous Disability.

Recurrent Disability
After the end of a Disability, if You become Disabled again from the same or related causes:
- if such recurrence is within 6 months of the end of a Disability, this will be a Recurrent Disability and considered a continuation of Your prior Disability. You will not need to satisfy a new Elimination Period and a new Maximum Period of Payment will not apply; or
- if such recurrence is separated by 6 months or more, this will not be a Recurrent Disability. We will consider this a new Disability. You will need to satisfy a new Elimination Period and a new Maximum Period of Payment will apply.

Policy Benefits

Benefits for Total Disability
If You are Totally Disabled, benefits start to accrue on the first day of Total Disability following the Elimination Period.

The Monthly Benefit Amount will be paid for as long as Total Disability continues, but not beyond the Maximum Period of Payment.

Benefits for Presumptive Disability
You will be considered Totally Disabled if, after the Coverage Effective Date and while this Policy is in force, You become Presumptively Disabled**.**

If You are Presumptively Disabled, We will waive the Elimination Period and benefits start to accrue on the first day of Your Presumptive Disability.

For Total Disability resulting from Presumptive Disability, We will pay Your Monthly Benefit Amount. The Monthly Benefit Amount will be paid for as long as Presumptive Disability continues, but not beyond the Maximum Period of Payment.

End of Benefit Payments

When Benefit Payments End
We will stop sending You payments and Your claim will end on the earliest of the following:
- the end of the Maximum Period of Payment;
- the date You are no longer Disabled;
- the date You fail to submit proof of continuing Disability; or
- the date of Your death.

Rehabilitation Benefits
These benefits can help an insured regain self-sufficiency as soon as possible. While the insured is disabled and receiving benefits, Unum may pay rehabilitation expenses in addition to monthly benefits.

Rehabilitation Program

Rehabilitation Program

Your Policy includes a Rehabilitation Program to assist You in returning to a level of work activity that is appropriate to Your functional and cognitive capacity. Rehabilitation in this program will be voluntary on Your part and on Our part. If You and We agree on a program of occupational rehabilitation in advance, We will pay for the program as set forth in a written agreement. The goal of the program must be to return You to work. Nonparticipation in the Rehabilitation Program shall not affect Our determination of whether You are Disabled.

The extent of Our role will be determined by Us in a written agreement. Generally, We may pay the expenses of the program that are not already covered by some other social or insurance program. Some of the services that might be provided could include, but are not limited to:

- coordination of physical rehabilitation and medical services;
- financial and business planning;
- vocational evaluation and transferable skills analysis;
- career counseling and retraining;
- labor market surveys and job placement services; and
- evaluation of necessary worksite modifications and adaptive equipment.

We can periodically review the program and Your progress in it. We will continue to pay for the agreed upon program as long as We determine that it is helping You return to work. Participation in the program will not, of itself, be considered a recovery from Injury or Sickness.

Disability Income Details | Exclusions and Limitations

Exclusions
This section describes the circumstances in which Unum would not pay a benefit for a disability.

Mental and Nervous Limitation
This sample shows a 24-month coverage period for mental disorders. Full coverage is also available for employer-sponsored cases. If the full benefit were selected this limitation would not appear.

This Policy is subject to all Exclusions and Limitations in this section, unless stated otherwise in a specific provision.

Exclusions

We will not provide benefits for a Disability contributed to or caused by:
- participating in war or any act of war, whether declared or undeclared;
- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not; or
- any loss We have excluded by name or specific description (any such Exclusion will appear in the Disability Income Highlights).

No benefits will be paid nor will premiums be waived during any period of legal incarceration or legal detainment in a penal or correctional institution of more than 7 days.

Mental and Nervous Disorders Limitation

Limitation

The lifetime cumulative maximum benefit period for all Disabilities due to Mental and Nervous Disorders is 24 months. Only 24 months of will be paid even if the Disabilities:
- are not continuous; and/or
- are not related.

However, We will send You payments beyond the 24 month period if You meet one of these conditions:

1. If You are confined to a Hospital at the end of the 24 month period, We will continue to send You payments during Your confinement.

   If You are still Disabled when You are discharged, We will send You payments for a recovery period of up to 90 days.

   If You become reconfined at any time during the recovery period and remain confined for at least 14 days in a row, We will send payments during that additional confinement and for one additional recovery period up to 90 more days.

2. If You are not confined to a Hospital or institution but become confined for a period of at least 14 days within 90 days after the 24 month period for which You have received payments, We will send payments during the length of the confinement.

Under no circumstances will We pay beyond the Maximum Period of Payment as indicated in the Disability Income Highlights section of Your Policy.

We will not apply this Limitation to dementia if it is a result of:
- stroke;
- trauma;
- viral infection;
- Alzheimer's disease; or
- other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Definitions

Hospital A licensed institution supervised by Physicians and operated pursuant to law on a full-time basis.

In no event will Hospital include any institution that is used as a clinic, convalescent home, rest home, home for the aged, nursing home, and facilities primarily affording custodial, educational or rehabilitative care.

Disability Income Details | Other Features

Survivor Benefit
This benefit pays a lump sum of 3x the monthly benefit to the insured's eligible survivor or estate if the insured dies while receiving disability benefits.

Voluntary Suspension During Military Service
This benefit allows the insured to keep their policy but suspend the payment of premiums while engaged in full time active duty or the Reserves or National Guard. The policy will not pay out any benefits for a disability that occurs while the policy is suspended.

Survivor Benefit

Benefit Amount	We will pay a lump sum benefit in the amount of three times Your Monthly Benefit.
Benefit Eligibility	This benefit is payable if, on the date of Your death and prior to the Guarantee Date, You were: - Disabled under the terms and conditions of the Policy; and - receiving payments under the Policy.
Payment of Benefits	Benefits will be paid to Your Eligible Survivor. If You have no Eligible Survivors, payment will be made to Your estate. However, if an overpayment exists on Your claim, We will first apply the Survivor Benefit to the overpayment.

Definitions
Eligible Survivor Your spouse, if living; otherwise Your children equally.

Voluntary Suspension During Military Service

Policy Suspension Eligibility	A suspension of Your Policy may be requested if You enter full time, active duty in the military service of any nation or international authority or in a reserve component of the armed forces of the United States, including the National Guard. Active duty does not include training that lasts three months or less.
Policy Suspension Begins	If You are eligible to suspend Your Policy, You may provide Us written notice with the request to suspend Your Policy. Your Policy will be suspended as of the date We receive Your written request or a later date if requested by You. Premiums must be paid to date of suspension. We will refund the pro-rata portion of any premium paid for a period beyond the date of suspension.
During Policy Suspension	While Your Policy is suspended: - We will neither require premium nor pay benefits under Your Policy; - Your Policy will not cover losses due to Injuries that occur or Sickness that first manifested while Your Policy is suspended; - You have no coverage under the Policy; and - no Policy options or rider options are exercisable during this period.
Policy Suspension Ends	The suspension of Your Policy ends when You are no longer on active duty. In order to resume Your Policy, You must Request to Place Your Policy Back In Force as noted below. If the Guarantee Date occurs while the Policy is suspended, the Policy will terminate.
Request to Place Policy Back In Force	On the date We receive a written Request to Place Your Policy Back In Force and the required pro rata premium, Your Policy will be placed back in force as of the date active duty ended. Evidence of insurability will not be required. Any such request and premium payment must be submitted to Us within 90 days after the date Your active duty ends. The Grace Period does not apply. The Policy will terminate if the premium for the Policy remains unpaid for more than 90 days after the suspension ends.

Voluntary Suspension During Unemployment

This benefit allows the insured to keep their policy but suspend the payment of premiums for up to one year while unemployed. The policy will not pay out any benefits for a disability that occurs while the policy is suspended.

If the Policy is placed back in force following a suspension:
- premium will be at the same rate that it would have been had the Policy not been suspended;
- and
- all other Exclusions, Limitations or modifications of coverage will be the same as existed on the Policy before the Policy was suspended.

When calculating the Elimination Period for an Injury or Sickness that did not arise during a period of active duty, the Elimination Period is the same number of days that would have applied before coverage suspension took effect and may be consecutive or may be interrupted by the period of suspension.

Voluntary Suspension During Unemployment

Policy Suspension Eligibility

A suspension of Your Policy may be requested if, after this Policy has been in force for at least one year from the Policy Date, You become unemployed and receive state or federal unemployment benefits for at least 60 consecutive days,

Policy Suspension Begins

If You are eligible to suspend Your Policy, Your Policy will be suspended for up to one year, when We receive all of the following:
- a written request to suspend coverage due to Your current unemployment;
- a determination letter from the appropriate state or federal agency responsible for administering unemployment benefits indicating that You have qualified for unemployment benefits; and
- proof that You have been receiving unemployment benefits for at least 60 consecutive days.

You must be unemployed on the date We receive Your written request.

Premiums must be paid to date of suspension. We will refund the pro-rata portion of any premium paid for a period beyond the date of suspension.

During Policy Suspension

While Your Policy is suspended:
- We will neither require premium nor pay benefits under Your Policy;
- Your Policy will not cover losses due to Injuries that occur or Sickness that first manifested while Your Policy is suspended;
- You have no coverage under the Policy; and
- no Policy options or rider options are exercisable during this period.

Policy Suspension Ends

The suspension of Your Policy will end the earlier of:
- one year after the date of the suspension;
- on the date We receive Your request to end the suspension; or
- the Guarantee Date, if the Guarantee Date occurs while Your Policy is suspended.

Request to Place Policy Back In Force

In order to place Your Policy back in force, You must resume payment of premiums by paying the pro-rata premium until the next premium due date. Thereafter premiums will be due and payable as provided in the Policy.

If the Policy is placed back in force following a suspension:

- premium will be at the same rate that it would have been had the Policy not been suspended;
- the Policy will cover only losses that result from Injury that occurs, or Sickness that first manifests itself, on or after the date the Policy is placed back in force; and
- all other Exclusions, Limitations or modifications of coverage will be the same as existed on the Policy before the Policy was suspended.

Future Policy Suspension

You cannot suspend Your Policy for a subsequent period of unemployment until 2 years have elapsed from the end of the previous Policy suspension.

Renewal Option if Employed

Renewal Option after Guarantee Date

After the guarantee date, indicated in the Disability Income Highlights section, the insured may continue coverage under this Policy at a new rate if regularly working at least 30 hours per week and not disabled.

Optional benefits will not continue, except for limited benefits under the Residual Disability Benefit.

Renewal Option

After the Guarantee Date, You may continue Your Policy if:

- You are not Disabled;
- You remain Actively Employed; and
- the premium is paid on time.

We can require proof that You continue to be Actively Employed after the Guarantee Date.

The Policy must be in force when You elect this option.

The only benefits that will continue under this option are benefits for Total Disability, and limited benefits for Residual Disability or Enhanced Residual Disability, if these benefits are included and continued under this Renewal Option. All other benefits and options in force on the Guarantee Date will end on that date, unless otherwise stated in Your Policy.

If You elect this option, We will pay the Monthly Benefit Amount subject to the same provisions, Exclusions and Limitations in the Policy.

Premiums after the Guarantee Date

The premium will be the rate then in effect for Your Rating Group. We can change the premium rate but only if We change the rate for everyone who has this Policy form in Your Rating Group in Your state.

Definitions

Rating Group All persons of the same Age and occupational class residing in the same state

Waiver of Premium Benefit
After 90 days of disability the insured is not required to pay any premium while they continue to be disabled.

Waiver of Premium Benefit

Waiver of Premium	The Waiver of Premium benefit begins after You have been Disabled for 90 days. Thereafter, premiums due will be waived while you continue to be Disabled under this Policy. We will refund any premiums paid by You during the first 90 days of Your Disability. The Waiver of Premium benefit will be suspended during any period of legal incarceration or legal detainment in a penal or correctional institution of more than 7 days. The Waiver of Premium benefit ends on the earlier of: - the date you are no longer Disabled; or - the date benefits end in accordance with Your Maximum Period of Payment. To keep this Policy in force during a suspension due to legal incarceration or legal detainment or after the Waiver of Premium benefit ends, You must resume payment of premiums by paying the pro-rata premium until the next premium due date. Thereafter premiums will be due and payable as provided in the Policy.

End of Coverage Under the Policy

End of Coverage Under the Policy

If You choose to cancel Your Policy or any Additional Benefits, Your Policy or any Additional Benefits will end on the date You request the cancellation to be effective, provided premium has been paid.

Otherwise, Your Policy or any Additional Benefits ends on the earliest of:

- the date of Your death;
- the last day of the period for which any required premiums were made; or
- the Guarantee Date shown in the Disability Income Highlights, unless You exercise the Renewal Option if Employed.

However, Your Policy and any Additional Benefits will continue while premiums are being waived under the Waiver of Premium Benefit.

Premium and Reinstatement

Grace Period
A grace period of 31 days after each premium due date is allowed for late payments, during which time the policy will not be canceled.

Payment of Premium

The first premium for Your Policy is due on or before the Policy Date shown in the Disability Income Highlights. Later premiums are payable on or before the date they are due.

The first term of Your Policy begins on the Policy Date shown in the Disability Income Highlights. Later terms are periods for which You pay renewal premiums. All terms will begin and end at 12:01 A.M., Standard Time at Your residence.

You can continue the Policy in force from term to term by paying premiums when due. The renewal premium for each term is due on the day the preceding term ends, subject to the Grace Period.

Your premium mode and frequency are shown in the Disability Income Highlights. You may request a change in the premium mode at any time subject to Our approval. However, We will not permit a change in premium mode during any period in which You are Disabled. The change will be effective on the next applicable premium due date. Your modal premium may vary depending on the frequency elected.

Grace Period

After the first premium has been paid, a Grace Period of 31 days is allowed for late Payment of Premium. Your Policy will remain in force during the Grace Period.

If the premium is not paid when it is due or within the Grace Period, the Policy will lapse.

Reinstatement

If a renewal premium is not paid before the Grace Period ends, the Policy will lapse.

If We receive the premium due within 62 days from the date the premium was due, We will not require an application for Reinstatement. The reinstated Policy will cover only loss that results from Injuries that occur on or after the date of Reinstatement or Sickness that first manifested itself on or after the date of the Reinstatement.

After 62 days You may apply to reinstate this Policy within six months from the date of the Policy lapse by: 1) completing an application for Reinstatement and 2) paying the full amount of overdue premium. If Your application is approved, the Policy will be reinstated as of the approval date. If We fail to act on Your application (by approving or disapproving it) within 45 days from the date We receive Your application, the Policy will be reinstated on that 45th day.

The reinstated Policy will cover only loss that results from Injuries that occur on or after the date of Reinstatement or Sickness that first manifested itself on or after the date of the Reinstatement. In all other respects, Your rights and Ours will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

If We accept the overdue premiums without requiring an application for Reinstatement, the Policy will be reinstated.

Premium Refund

We will make pro-rata refunds of premium:

- in the event of Your death (such refunds will be made to Your estate for any premium paid for a period beyond the date of Your death);
- if You suspend Your Policy in accordance with the Suspension During Military Service or Voluntary Suspension During Unemployment provisions; or
- if You request to end Your coverage under the Policy.

Claim Provisions

Claims
This section describes how to submit a claim for disability and how benefits are paid.

We encourage early notification of a claim for benefits so that a claim decision can be made in a timely manner. Benefits will only be payable for Disabilities that occur while Your Policy is in force.

If there are any questions on how to file a claim, please contact Us at 1-888-226-7959.

Notice of Claim

Written Notice of Claim must be given to Us within 30 days after Your Disability begins. If this cannot be done, then notice must be given as soon as reasonably possible.

Claim Forms

After We receive the written Notice of Claim, We will send You Our Proof of Loss forms. If We do not send You Our Proof of Loss forms within 15 days, You will meet the written Proof of Loss requirements if You send Us, within the time set forth below, written proof as to the nature and extent of Your loss.

Proof of Loss

You must send Us written Proof of Loss no later than 90 days after the monthly period for which You are claiming benefits. If it is not reasonably possible to provide Proof of Loss within this time period, the claim will not be affected if it is provided within one year from the 90th day referred to above, unless You lack the legal capacity to do so.

In no event can Proof of Loss be submitted after the expiration of the time limit for commencing legal actions as stated in this Policy, even if the failure to provide Proof of Loss is due to a lack of legal capacity.

Proof of loss can be sent to Us at:
The Benefits Center
P.O. Box 100262
Columbia, South Carolina 29202-3262

Proof of loss, provided at Your expense, must establish the nature and extent of the Disability and should include but not be limited to the following:

- the date You were first unable to work due to Injury or Sickness;
- the existence and cause of Your Injury or Sickness;
- that Your Injury or Sickness causes You to have Limitations on Your functioning and restrictions on Your activities preventing You from performing the Material and Substantial Duties of Your Regular Occupation or any occupation for which You are reasonably fitted by education, training or experience.;
- proof that You are under the Regular Care and treatment by a Physician;
- the name and address of any Hospital or institution where You received treatment, including all attending Physicians; and
- financial information including personal and business tax returns filed with the Internal Revenue Service, financial statements, accountant's statements or other proof acceptable to Us.

If the Proof of Loss is not complete, We will request additional information.

Examinations

At Our expense, We can require that You undergo a medical examination, functional capacity examination, psychiatric examination and/or psychological examination including any related tests as are reasonably necessary to the performance of the examination by a Physician, specialist or other medical practitioner appropriate for Your condition, at such time and place and as frequently as We may reasonably require. We reserve the right to select the examiner. We will pay for the examination, including the costs associated with Your travel to the examination, if the examination cannot be conducted locally. If You fail to submit to an examination, We may deny benefits.

You must meet with Our representative for a personal interview or review of records at such time and as frequently as We reasonably require. We or an independent accountant retained by Us shall have the right to examine the financial records of You and Your business as often as We may reasonably require. We may also require that You undergo a review by a vocational expert.

Time of Payment Of Claims

After We receive satisfactory written Proof of Loss, We will pay all benefits We owe You at the end of each monthly period of Disability. For periods less than one month, We will pay 1/30th of the benefit for each day of Disability. The balance of any unpaid benefits will be paid at the end of the claim.

For benefits that are not payable periodically, We will pay all benefits due upon receipt of satisfactory written Proof of Loss.

If We pay benefits more than 30 days after the date We receive satisfactory written Proof of Loss, the delayed payment will be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory written Proof of Loss and ending on the date the benefit is paid.

Payment of Claims

All benefits will be paid to You, unless We receive Written authorization to pay them elsewhere. This is called an Assignment.

If the person who is to receive benefit payments is not competent to give valid release, We can pay up to $1,000 to any one of this person's relatives who We believe is entitled to it. If the person who is to receive benefit payments dies, We will pay benefits due to the first surviving family member in the order that follows:

- the person's Spouse;
- the person's children in equal shares.

Instead of making a payment to a surviving family member, We have the right to pay any benefits due to the person's estate. If there are no surviving family members, any benefits due will be paid to the person's estate.

We will not be liable to anyone for the amount We pay in good faith.

If You would like to appeal Our claim determination, You may submit an appeal in writing to Us at Our Home office.

Overpayment of Claims

We have the right to recover any overpayments of claims under this Policy. You must reimburse Us in full. We will work with You to develop a reasonable method of repayment if You are financially unable to repay Us in a lump sum. This may include reducing or withholding future payments.

We will not recover more money than the amount We paid You.

Responsibility to Obtain Appropriate Medical Care

You have the responsibility to obtain all reasonably appropriate Regular Care from a Physician for the condition upon which Your claim for benefits under the Policy is based.

Duty to Cooperate You have the Duty to Cooperate with Us concerning all matters relating to this Policy and claims hereunder. This cooperation includes, but is not limited to:

- submitting all required forms and other Proof of Loss in accordance with the Policy provisions; and
- obtaining appropriate Regular Care from a Physician for the condition(s) upon which Your claim for benefits under the Policy is based; and
- doing all that would be reasonably expected to mitigate any loss.

Legal Actions If You or Your authorized representative disagree with Our decision, You or Your authorized representative can start legal actions regarding Your claim 60 days after Proof of Loss has been given to Us and up to three years from the latest of when:

- original Proof of Loss was first required to have been given to Us;
- Your claim was denied; or
- Your benefits were terminated.

General Provisions

Entire Contract; Changes

This Policy is the entire contract between You and Us. No change in this Policy or waiver of its provisions will be effective unless approved by a Company officer. This approval must be endorsed or attached to this Policy. No other person, including a broker or agent, may change or waive any part of this Policy.

Conformity with Interstate Insurance Product Regulation Commission Standards

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards. Any provision of this Policy that on the provision's effective date is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the provision's effective date.

Owner

You are the Owner of this Policy unless the Disability Income Highlights shows otherwise or the Owner is changed under the Assignment provision. The Owner has the right to:

- receive any benefits due under this Policy; and
- assign this Policy; and
- exercise other rights that this Policy provides, or that We permit.

Assignment

An Assignment transfers all or part of Your legal title and rights under the Policy to someone else, known as an "assignee." We will recognize Your assignee(s) as Owners of the rights You transferred under the Policy if:

- the written form has been signed by You and the assignee and the form is acceptable to Us; and
- a signed or certified copy of the written Assignment has been filed with Us.

Unless otherwise specified by the Owner, an Assignment will take effect on the date notice of the Assignment is signed by You. An Assignment does not change Your coverage or beneficiary designation.

We are not responsible for the validity of any Assignment. We advise You to verify Your Assignment is legal in Your state and that it accomplishes the goals You intend.

Misstatement of Information

If Your age, gender or tobacco use status provided to Us is incorrect, We will:

- adjust the benefits under the Policy to reflect the benefits that the premiums You paid would have purchased at Your correct age, sex, or tobacco use status facts to decide whether You have coverage under this Policy and in what amounts; and
- if necessary, make the applicable premium adjustments.

We may terminate this Policy and refund any premiums paid, if the correct age at the time of issue is outside the issue age ranges of this Policy.

Time Limit on Certain Defenses

After two years from the Policy Date or an effective date of an Additional Benefit, no misstatements, except fraudulent misstatements, made by You on an application will be used:

- to void or Contest the Policy, Policy change or Reinstatement; or
- to deny a claim under this Policy, Policy change or Reinstatement for loss incurred or Disability that starts after the end of such two-year period.

No claim for a loss incurred or Disability that starts after two years from the Policy Date will be reduced or denied on the ground that a sickness or physical condition not excluded by name or specific description effective on the date of loss had existed before the Policy Date.

Glossary

Glossary
This section defines terms that are used throughout the policy.

Actively Employed	You are actively and regularly employed and working a minimum of 30 hours per week.
Age	Your birthday upon which You turn the specified Age (for example, Age 65 means Your 65th birthday)
Contest	When We question the validity of coverage under Your Policy by letter to You. This Contest is effective on the date We mail the letter and refund the premium to You.
Coverage Effective Date	The date coverage begins under the Policy.
Disability or Disabled	You are Totally Disabled. Disability must start while this Policy is in force. A Disability begins with an Elimination Period and has a Maximum Period of Payment applied to it. A Disability includes a Recurrent Disability.
Elimination Period	The Elimination Period is the length of time that must elapse during a Disability resulting from an Injury or Sickness, before benefits start to accrue.
Guarantee Date	The date on which Your Policy is no longer Non-Cancellable and Guaranteed Renewable. It is shown in the Disability Income Highlights.
Injury or Injuries	Any damage or harm to the body that is the direct result of an accident and not related to any other cause. The injury must occur on or after the Coverage Effective Date and while Your Policy is in force. If Your Disability occurs 30 days or more after the Injury, then the Disability shall be considered a Sickness.
Insured	The person named in the Disability Income Highlights
Material and Substantial Duties	Duties that: - are routinely required for the performance of Your Regular Occupation; and - cannot be reasonably omitted or modified.
Maximum Period of Payment	The maximum length of time We will pay the Monthly Benefit Amount for any one continuous Disability, subject to the terms of the Recurrent Disability provision.
Mental or Nervous Disorders	A psychiatric or psychological condition classified in the most recent Diagnostic and Statistical Manual of Mental Health Disorders (DSM) published by the American Psychiatric Association (APA), as of the date of Disability. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the APA as of the date of the Disability. If the APA no longer publishes a diagnostic manual or the APA ceases to exist, We will use a comparable diagnostic manual subject to approval by the Interstate Insurance Product Regulation Commission.
Monthly Benefit Amount	Shown in the Disability Income Highlights
Owner	The person or entity who owns Your Policy. The Insured is the Owner unless the Disability Income Highlights or Our records show otherwise.

Physician
A person performing tasks that are within the limits of their medical license and is also:
- a legally qualified medical practitioner according to the laws and regulations of the state in which they practice; or
- a person with a doctoral degree in Psychology whose primary practice is treating patients.

We will not recognize You, Your Spouse, children, parents, siblings, a business or professional partner, or any person who has a financial affiliation or business interest with You, as a Physician for a claim that You send to Us.

Policy
The Policy, any application(s), the Disability Income Highlights and any attached papers that We call riders, amendments, or endorsements.

Policy Date
The date the first premium for this Policy is due.

Presumptive Disability or Presumptively Disabled
Due to an Injury or Sickness, You suffer the total and permanent loss of:
- Speech;
- hearing in both ears;
- sight in both eyes; or
- use of both arms, both legs, or one arm and one leg.

Regular Care
Frequent or routinely scheduled care or treatment by a Physician whose specialty or experience is appropriate to effectively treat and manage the condition(s) causing Your Disability. The care or treatment must be consistent with standard medical practices.

We will not require You to have frequent or routinely scheduled care or treatment by a Physician if such Regular Care is not required by standard medical practice.

Regular Occupation
The occupation or occupations You are routinely performing when Your Disability begins.

For nationally recognized specialty occupations, We will consider the duties which You are routinely performing as part of Your occupation when Your Disability begins. We will look at Your occupation as it is normally performed for that specialty, instead of how the work tasks are performed for a specific employer or at a specific location.

Sickness
Illness or disease that first manifests itself after the Coverage Effective Date and while Your Policy is in force. Sickness includes complications of pregnancy as diagnosed by a Physician.

Definition of Regular Occupation
When reviewing a disability claim Unum considers the duties that are routinely performed as part of the individual's occupation. We will also take into consideration the standardly performed duties of a nationally recognized specialty occupation, not the specific duties required by a specific employer or location.

Total Disability (Full Regular Occupation Duration)
If the policy has full duration regular occupation coverage then the insured will be considered totally disabled if they cannot perform the material and substantial duties of their occupation and are not working in any other occupation throughout the life of the claim.

Please see the next page for the definition of total disability for policies with 24 months of regular occupation coverage.

Regular care of a physician is required to be considered disabled unless Unum receives acceptable proof that such care would be of no further benefit.

Total Disability or Totally Disabled	Due to an Injury or Sickness, You are unable to perform the Material and Substantial Duties of Your Regular Occupation and You are not working in any occupation for which You are reasonably fitted by education, training or experience. You must be under the Regular Care of a Physician in order to be considered Disabled. We will waive this requirement if We receive written proof acceptable to Us that further Regular Care from a Physician would be of no benefit to You. The loss of a professional or occupational license or certification does not, in itself, constitute Disability.
We, Our, and **Us**	Provident Life and Accident Insurance Company and its affiliates.
You, Your, and **Yourself**	The Insured named in the Disability Income Highlights

Total Disability (24 Months Regular Occupation Duration)
If the policy has 24 months of regular occupation coverage the insured is considered totally disabled if they are unable to perform the material and substantial duties of their regular occupation and are not working in any other occupation during the first 24 months of disability payments. Afterward, total disability is considered the inability to perform the material and substantial duties of any occupation.

Regular care of a physician is required to be considered disabled unless Unum receives acceptable proof that such care would be of no further benefit.

Total Disability or Totally Disabled	Due to an Injury or Sickness, You are unable to perform the Material and Substantial Duties of Your Regular Occupation and You are not working in any occupation for which You are reasonably fitted by education, training or experience. After 24 months of payments, due to Your Injury or Sickness, You are unable to perform the Material and Substantial Duties of any occupation for which You are reasonably fitted by education, training or experience. You must be under the Regular Care of a Physician in order to be considered Disabled. We will waive this requirement if We receive written proof acceptable to Us that further Regular Care from a Physician would be of no benefit to You. The loss of a professional or occupational license or certification does not, in itself, constitute Disability.
We, Our, and **Us**	Provident Life and Accident Insurance Company and its affiliates.
You, Your, and **Yourself**	The Insured named in the Disability Income Highlights

Residual Disability Benefit

Residual Disability Benefit
This optional benefit provides benefits based on loss of income due to a less-than-total disability. An individual does not need to have been totally disabled previous to this claim in order to qualify for residual disability benefits.

Provident Life and Accident Insurance Company
[1 Fountain Square
Chattanooga, TN 37402]
[(800) 633-7490]

Residual Disability Benefit

The Residual Disability Benefit provides benefits for You, if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the Residual Disability Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

If You are Residually Disabled, benefits start to accrue on the first day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Benefit Amount cannot exceed the Monthly Benefit Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Period of Payment for Residual Disability shown in the Disability Income Highlights section of Your Policy.

We will pay benefits as follows:

During the Work Incentive Benefit Period, the following formula will be used:

Prior Earnings minus (-) Monthly Earnings = Residual Disability Benefit Amount

Work Incentive Benefit (WIB)
During this period, indicated in the Disability Income Highlights section, the insured can replace lost earnings up to the policy's maximum monthly benefit.

After the Work Incentive Benefit Period, the following formula will be used:

$$\frac{\text{Loss of Earnings}}{\text{Prior Earnings}} \times \text{Monthly Benefit Amount} = \text{Residual Disability Benefit Amount}$$

Residual Disability Benefits After the WIB Period
Once the WIB period has ended, this becomes the formula used to calculate residual benefits.

If the Loss of Earnings equals 80% or greater of Prior Earnings, We will deem the loss to be 100% of Prior Earnings.

Residual Disability benefits will not be paid for any days for which Total Disability Benefits are paid.

Termination

This rider will terminate on the earliest of:
- the Residual Disability Expiration Date shown in the Disability Income Highlights section of Your Policy, unless You exercise the Renewal Option if Employed provision shown in Disability Income Details | Other Features section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

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Definitions	**CPI-U**	The Consumer Price Index for All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, We will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify You of any change in the index before We use it.
	CPI-U Change	The result of a computation We will make as of each Review Date. We will divide the CPI-U for the most recent Index Month by the CPI-U for the Index Month prior to the most recent Index Month.
	CPI-U Factor	The result of the CPI-U Change as of the current Review Date multiplied by the CPI-U Change for each prior Review Date occurring since the Disability began. The CPI-U Factor as of the first Review Date will equal the CPI-U Change as of that Review Date. The CPI-U Factor is determined as of each Review Date while Disability continues.
	Disability or **Disabled**	As defined in Your Policy, is amended to include Residual Disability or Residually Disabled.
	Index Month	The calendar month four months prior to the calendar month in which a Review Date occurs. The first Index Month for any Disability will be the calendar month four months prior to the month that Your Disability began.
	Loss of Earnings	For any month means Your Prior Earnings minus Your Monthly Earnings in the month for which a benefit is claimed. This difference will be considered a Loss of Earnings to the extent it is due to the Injury or Sickness that caused the Disability. The Loss of Earnings must be at least 20% of Prior Earnings.
	Maximum Period of Payment for Residual Disability	The maximum length of time We will pay Residual Disability Benefits for any one Disability, subject to the terms of the Recurrent Disability provision. It is shown in the Disability Income Highlights section of Your Policy. In no event will Residual Disability Benefits be paid beyond the Maximum Period of Payment.
	Monthly Earnings	Your gross salary, wages, commissions, bonuses, fees and income earned by You from Your business, profession or employment. If You own any portion of a business or profession, it also means: - Your share of the income earned by that business or profession; - Minus Your share of the usual and customary business expenses which are deductible for Federal income tax purposes. These expenses must not be in excess of the comparable monthly expenses incurred prior to the start of the Elimination Period and must be similar in type. Salaries and other remuneration, including benefits, paid to or for any member of Your family are not considered usual and customary business expenses unless that person was a paid employee and working 60 days prior to Your Disability; - Plus Your salary; - Plus any contributions to a pension or profit sharing plan made by the business on Your behalf.

Monthly Earnings does not include:
- Income received from retirement plans, interest, dividends, capital gains, rents, royalties or disability income policies unless directly related to Your Regular Occupation; or
- Income not derived from Your business, profession or employment.

We will allow either the cash or accrual method of accounting in determining income and expenses. During a Disability the same method must be used when determining Loss of Earnings.

Any bonuses received during a Disability will be equally allocated over the period in which it was earned. Adjustments may be made to benefits previously paid or to future benefit payments.

Prior Earnings

The greater of Your Monthly Earnings:
- For the 12 months just prior to the Disability for which claim is made; or
- For the fiscal year with the higher earnings of the last two fiscal years prior to the Disability for which claim is made.

Starting as of the first Review Date, We will make an inflation adjustment to Your Prior Earnings. We will multiply Your Prior Earnings by the CPI-U Factor. The result will be used until the next Review Date to compute Residual Disability Benefit amounts payable. The inflation adjustment increase will be at least 2% of Your Prior Earnings amount. In no event will the inflation adjustment increase be more than 10% of Your Prior Earnings amount.

Residual Disability or **Residually Disabled**

You are not Totally Disabled, but due to Injury or Sickness You are not able to perform one or more of the Material and Substantial Duties of Your Regular Occupation; or You are not able to perform them for as long as normally required to perform them.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in any occupation for which You are reasonably fitted by education, training or experience.

You must be under the Regular Care of a Physician in order to be considered Disabled. We will waive this requirement if We receive written proof acceptable to Us that further Regular Care from a Physician would be of no benefit to You.

The loss of a professional or occupational license or certification does not, in itself, constitute Disability.

Review Date	Each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.
Work Incentive Benefit Period	The period of time shown in the Disability Income Highlights section of Your Policy.
	If You exercise the Renewal Option if Employed provision in Your Policy, the Work Incentive Benefit Period will be 3 months as of the date of renewal.

Signed for by Provident Life and Accident Insurance Company

[]

[President]

Enhanced Residual Disability Benefit

Enhanced Residual Disability Benefit
This optional benefit also offers a Recovery Benefit, to support the insured if they return to work full-time but still suffer a loss of earnings, in addition to the residual disability and WIB benefits provided by our base Residual Benefit above.

Provident Life and Accident Insurance Company
[1 Fountain Square
Chattanooga, TN 37402]
[(800) 633-7490]

Enhanced Residual Disability Benefit

The Enhanced Residual Disability Benefit provide benefits for You, if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the Residual Disability Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit for Residual

If You are Residually Disabled, benefits start to accrue on the first day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Benefit Amount cannot exceed the Monthly Benefit Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Period of Payment for Residual Disability shown in the Disability Income Highlights section of Your Policy.

We will pay benefits as follows:

During the Work Incentive Benefit Period, the following formula will be used:

Prior Earnings minus (-) Monthly Earnings = Residual Disability Benefit Amount

After the Work Incentive Benefit Period, the following formula will be used:

$$\frac{\text{Loss of Earnings}}{\text{Prior Earnings}} \times \text{Monthly Benefit Amount} = \text{Residual Disability Benefit Amount}$$

If the Loss of Earnings equals 80% or greater of Prior Earnings, We will deem the loss to be 100% of Prior Earnings.

Residual Disability benefits will not be paid for any days for which Total Disability Benefits are paid.

Recovery Benefit

If the insured returns to work full-time in their regular occupation but still experiences a loss of earnings of at least 20% this formula will be used to pay out benefits for the period indicated in the Disability Income Highlights section of the policy.

Recovery Benefits If You experience a Recovery, We will pay benefits as follows:

1. Benefits start to accrue on the day after Your Disability ends.

2. The Recovery Benefit will be calculated each month using the following formula:

Loss of Earnings / Prior Earnings	X	Monthly Benefit Amount	=	Recovery Benefit

Recovery Benefits will end the first month in which Your Monthly Earnings exceeds 80% of Your Prior Earnings.

During any period You are receiving Recovery Benefits, the Waiver of Premium Benefit will continue.

Termination

Termination of Recovery Benefits
Recovery Benefits will not renew if You exercise the Renewal Option if Employed provision in Your Policy.

Termination of Enhanced Residual Disability Benefit
This rider will terminate:
- the last Residual Disability Expiration Date shown in the Disability Income Highlights section of Your Policy, unless You exercise the Renewal Option if Employed provision shown in Disability Income Details | Other Features section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions

CPI-U	The Consumer Price Index for All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, We will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify You of any change in the index before We use it.
CPI-U Change	The result of a computation We will make as of each Review Date. We will divide the CPI-U for the most recent Index Month by the CPI-U for the Index Month prior to the most recent Index Month.
CPI-U Factor	The result of the CPI-U Change as of the current Review Date multiplied by the CPI-U Change for each prior Review Date occurring since the Disability began. The CPI-U Factor as of the first Review Date will equal the CPI-U Change as of that Review Date. The CPI-U Factor is determined as of each Review Date while Disability continues.
Disability or **Disabled**	As defined in Your Policy, is amended to include Residual Disability or Residually Disabled.
Full-Time Work	Working at least as many hours as You worked prior to Disability. In no event will We consider Full-Time Work to mean more than 50 hours per week.

Index Month The calendar month four months prior to the calendar month in which a Review Date occurs. The first Index Month for any Disability will be the calendar month four months prior to the month that Your Disability began.

Loss of Earnings For any month means Your Prior Earnings minus Your Monthly Earnings in the month for which a benefit is claimed. This difference will be considered a Loss of Earnings to the extent it is due to the Injury or Sickness that caused the Disability.

Maximum Period of Payment for Residual Disability The maximum length of time We will pay Residual Disability Benefits for any one Disability, subject to the terms of the Recurrent Disability provision. It is shown in the Disability Income Highlights section of Your Policy. In no event will Residual Disability Benefits be paid beyond the Maximum Period of Payment.

Monthly Earnings Your gross salary, wages, commissions, bonuses, fees and income earned by You from Your business, profession or employment. If You own any portion of a business or profession, it also means:

- Your share of the income earned by that business or profession;
- Minus Your share of the usual and customary business expenses which are deductible for Federal income tax purposes. These expenses must not be in excess of the comparable monthly expenses incurred prior to the start of the Elimination Period and must be similar in type. Salaries and other remuneration, including benefits, paid to or for any member of Your family are not considered usual and customary business expenses unless that person was a paid employee and working 60 days prior to Your Disability;
- Plus Your salary;
- Plus any contributions to a pension or profit sharing plan made by the business on Your behalf.

Monthly Earnings does not include:

- Income received from retirement plans, interest, dividends, capital gains, rents, royalties or disability income policies unless directly related to Your Regular Occupation; or
- Income not derived from Your business, profession or employment.

We will allow either the cash or accrual method of accounting in determining income and expenses. During a Disability the same method must be used when determining Loss of Earnings.

Any bonuses received during a Disability will be equally allocated over the period in which it was earned. Adjustments may be made to benefits previously paid or to future benefit payments.

Prior Earnings

The greater of Your Monthly Earnings:
- For the 12 months just prior to the Disability for which claim is made; or
- For the fiscal year with the higher earnings of the last two fiscal years prior to the Disability for which claim is made.

Starting as of the first Review Date, We will make an inflation adjustment to Your Prior Earnings. We will multiply Your Prior Earnings by the CPI-U Factor. The result will be used until the next Review Date to compute Residual Disability Benefit amounts payable. The inflation adjustment increase will be at least 2% of Your Prior Earnings amount. In no event will the inflation adjustment increase be more than 10% of Your Prior Earnings amount.

Recovery

Following a Disability that continued at least until the end of the Elimination Period:
- You return to Full Time Work in Your Regular Occupation;
- You incur a Loss of Earnings that is at least 20%; and.
- Your Policy remains in force.

Recovery Benefits will end the first month in which Your Monthly Earnings exceeds 80% of Your Prior Earnings.

Recovery Benefits Period

The maximum length of time We will pay monthly benefits for Recovery. It is shown in the Disability Income Highlights section of Your Policy. In no event will Recovery Benefits be paid beyond the Maximum Period of Payment.

Residual Disability or **Residually Disabled**

You are not Totally Disabled, but due to Injury or Sickness You are not able to perform one or more of the Material and Substantial Duties of Your Regular Occupation, or You are not able to perform them for as long as normally required to perform them.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in any occupation for which You are reasonably fitted by education, training or experience.

You must be under the Regular Care of a Physician in order to be considered disabled. We will waive this requirement if We receive written proof acceptable to Us that further Regular Care from a Physician would be of no benefit to You.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

Review Date	Each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.
Work Incentive Benefit Period	The period of time shown in the Disability Income Highlights section of Your Policy. If You exercise the Renewal Option if Employed provision in Your Policy, the Work Incentive Benefit Period will be 3 months as of the date of renewal.

Signed for by Provident Life and Accident Insurance Company.

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[President]

Additional Annual Benefit

Additional Annual Benefit (AAB)
This optional benefit pays a lump sum, after 12 months of total disability payments, according to the annual benefit amount and lifetime maximum indicated in the Disability Income Highlights section of the policy.

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[(800) 633-7490]

Additional Annual Benefit

The Additional Annual Benefit (AAB) provides an annual benefit in the event of Your Total Disability if You meet the qualifications described in this rider. The AAB is in addition to the Monthly Benefit Amount provided under Your Policy.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the AAB Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit The AAB Benefit Amount is payable after receipt of 12 months of payments for Total Disability during a Disability as follows:

- An initial AAB Benefit Amount, shown in the Disability Income Highlights section of Your Policy, is payable when You receive the 12th monthly payment for Total Disability during a Disability;
- For each additional period of 12 months of payments for Total Disability during a Disability, the AAB Benefit Amount will be paid on the last day of such period;
- During a Disability, for Total Disability payment periods of less than 12 months, the AAB Benefit Amount will not be paid.

The total amount over Your lifetime that We will pay for this benefit will be limited to the AAB Lifetime Maximum Benefit shown in the Disability Income Highlights section of Your Policy. However, the AAB Benefit Amount is not payable beyond Your Maximum Period of Payment.

Termination This rider will terminate on the earliest of:

- the AAB Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date the AAB Lifetime Maximum Benefit has been paid;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

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[President]

Additional Monthly Benefit

Additional Monthly Benefit (AMB)
This optional benefit, indicated in the Disability Income Highlight section, is payable after 12 months of disability payments, including payments for residual disability.

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Additional Monthly Benefit

The Additional Monthly Benefit (AMB) provides a monthly benefit in the event of Your Total Disability if You meet the qualifications described in this rider. The AMB is in addition to the Monthly Benefit Amount provided under Your Policy.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the AMB Effective Date shown in the Disability Income Highlights section of Your Policy .

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit The AMB Benefit Amount is payable after receipt of 12 months of payments for a Disability as follows:

- Benefits accrue starting on the first day of Total Disability following 12 months of Disability payments;
- Benefits will continue to accrue while You are Totally Disabled during a Disability;
- We will pay You the AMB Benefit Amount shown in the Disability Income Highlights section of Your Policy thereafter at the end of each monthly period of Total Disability; and
- For any Total Disability which lasts for less than one month, We will pay You 1/30th of the AMB Benefit Amount for each day of Total Disability.

Benefits do not accrue during an Elimination Period or during Your first 12 months of payments for a Disability.

The AMB Benefit Amount is not payable beyond Your Maximum Period of Payment.

Termination This rider will terminate on the earliest of:

- the AMB Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Signed for by Provident Life and Accident Insurance Company.

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[President]

Catastrophic Disability Benefit

Catastrophic Disability Benefit (CAT)
This optional monthly benefit helps to replace a greater portion of prior earnings for any one of three very serious types of disabilities, which are likely to increase living expenses:

- Activities of Daily Living disability
- Cognitive Impairment
- Presumptive Disability

Elimination Period
Payment of the Catastrophic Disability Benefit will begin after satisfying the CAT elimination period indicated in the Disability Income Highlights section.

The elimination period will not apply to a presumptive disability.

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[(800) 633-7490]

Catastrophic Disability Benefit

The Catastrophic Disability Benefit (CAT) provides a monthly disability benefit in the event You become Catastrophically Disabled, and You meet the qualifications described in this rider. The Catastrophic Disability Benefit is in addition to the Monthly Benefit Amount provided under Your Policy**. This Catastrophic Disability Benefit does not provide coverage for Long Term Care services.**

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the CAT Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit for Catastrophic Disability

You are eligible for the Catastrophic Disability Benefit if:
- You become Catastrophically Disabled after the later of the Coverage Effective Date or the CAT Effective Date and while this rider is in force;
- You continue to be Catastrophically Disabled; and
- Disability benefits are payable for Total Disability under Your Policy.

Payment of this benefit will begin after You satisfy the CAT Elimination Period shown in the Disability Income Highlights section of Your Policy and will be payable monthly at the same time Disability benefits are payable for Total Disability under Your Policy.

The CAT Benefit Amount shown in the Disability Income Highlights section of Your Policy will be paid for as long as Your Catastrophic Disability continues, but not beyond the Maximum Period of Payment.

We will not pay a Catastrophic Disability Benefit for a Disability that begins prior to the later of the Coverage Effective Date or the CAT Effective Date.

Termination

This rider will terminate on the earliest of:
- the CAT Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Activities of Daily Living (ADLs) Disability
The Catastrophic Disability Benefit is payable monthly for loss of the ability to perform two of the six Activities of Daily Living described here, without assistance from another person.

Definitions

Activities of Daily Living (ADLs)

Bathing - The ability to wash oneself either in the tub, shower, or by sponge bath, with or without equipment or adaptive devices.

Dressing - The ability to put on and take off all items of clothing, and medically necessary braces or artificial limbs usually worn, including fastening or unfastening them.

Toileting - The ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene.

Transferring - The ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches, grab bars, or other support devices including mechanical or motorized devices.

Continence - The ability to either voluntarily control bowel and bladder function; or if incontinent, be able to maintain a reasonable level of personal hygiene.

Eating - The ability to get nourishment into Your body by any means once it has been prepared and made available to You.

Catastrophic Disability or Catastrophically Disabled

Because of an Injury or Sickness resulting in a Disability that occurs after the later of the Coverage Effective Date or the CAT Effective Date, You are:

- Cognitively Impaired and You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further Physician's Care would be of no benefit to You;
- unable to perform two or more Activities of Daily Living (ADLs) safely without the Stand-by Assistance of another person; or
- Presumptively Disabled.

Catastrophic Disability does not include a disability that is contributed to or caused by a condition diagnosed as being within one or more of the following category of disorders: sleep, learning, attention deficit hyperactivity, substance use-related, schizophrenia/other psychotic, mood, anxiety, somatoform, dissociative, or personality as classified in the most recent *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) published by the American Psychiatric Association, as of the date of the Catastrophic Disability. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the date of the Catastrophic Disability, subject to approval by the Interstate Insurance Product Regulation Commission before use of the comparable diagnostic manual.

CAT Elimination Period

The length of time that must elapse during a Catastrophic Disability resulting from an Injury or Sickness before benefits start to accrue. The number of days is shown in the Disability Income Highlights section of Your Policy. These days need not be consecutive; they can be accumulated during a Disability to satisfy the CAT Elimination Period subject to the terms of the Recurrent Disability provision.

Cognitive Impairment
The Catastrophic Disability Benefit is payable monthly for a cognitive impairment disability, as described here.

Presumptive Disability
The Catastrophic Disability Benefit is payable monthly for a total and permanent loss of the capabilities described here.

Benefits are not payable, nor do they accrue, during the CAT Elimination Period.

Cognitive Impairment or Cognitively Impaired

Because of an Injury or Sickness resulting in a Disability that occurs after the later of the Coverage Effective Date or the CAT Effective Date, You suffer a severe deterioration and/or loss of intellectual capacity that results in the need for Substantial Supervision. Cognitive impairment of this severity must be evidenced by global impairment of ADLs as demonstrated by standardized neurocognitive testing.

Examples of conditions that might result in Cognitive Impairment, include, but are not limited to, the following:

1. Moderate to severe Alzheimer's disease;
2. Severe traumatic brain injury;
3. Parkinson's dementia;
4. Huntington's dementia;
5. Vascular dementia; and
6. Severe cerebral vascular accident

Disability or Disabled

Shown in the Glossary section of Your Policy, is amended to include Catastrophically Disabled or Presumptively Disabled.

Presumptive Disability or **Presumptively Disabled**

Because of an Injury or Sickness resulting in a Disability that occurs after the later of the Coverage Effective Date or the CAT Effective Date, You suffer the total and permanent loss of:

- Speech;
- Hearing in both ears;
- Sight in both eyes; or
- Use of both arms, both legs, or one arm and one leg.

Stand-by Assistance

The presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You in the performance of an Activity of Daily Living or to provide cueing by verbal prompting to assist You in the performance of an Activity of Daily Living.

Substantial Supervision

The continual supervision by another person to protect You or others from threats to health or safety (such as may result from wandering) when You have a Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

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[President]

Cost of Living Adjustments - CPI Benefit

Cost of Living Adjustments (COLA)– CPI Benefit
This optional benefit helps income benefits keep pace with inflation during a disability that has lasted at least 12 months after the elimination period has been satisfied. Disability benefits will be adjusted by a benefit factor based upon changes in the Consumer Price Index (CPI).

What Adjustments Apply To
Adjustments will apply to the insured's monthly base benefit, Additional Monthly Benefit, Catastrophic Disability Benefit, Social Insurance Substitute Benefit, and Residual or Recovery Benefits.

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Cost of Living Adjustments – CPI Benefit

The Cost of Living Adjustments – CPI Benefit (COLA CPI) provides regular cost of living adjustments under the Policy if You meet the qualifications described in this rider. Your Disability benefits will be adjusted based upon changes in the Consumer Price Index.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the COLA CPI Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit For continuing periods of Disability, We will compute cost of living increases on each Review Date. Monthly benefits which thereafter accrue during that Disability will be adjusted as follows:

1. On each Review Date, We will compute the Benefit Factor and the Adjusted Monthly Benefit Amount for the Review Period that follows.
2. For any Monthly Benefit Amount that accrues during a Review Period, We will pay instead the Adjusted Monthly Benefit Amount.
3. For any Additional Monthly Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Additional Monthly Benefit.
4. For any Catastrophic Disability Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Catastrophic Disability Benefit.
5. For any SIS Benefit, if included in Your Policy, that accrues during the Review Period, We will pay instead the Adjusted SIS Benefit.
6. We will adjust any Residual Disability Benefit Amount, or Recovery Benefit, if included in Your Policy, which accrues during a Review Period. To do this, We will use the Adjusted Monthly Benefit Amount in the formula to determine each benefit that is to be paid during that Review Period. It will be used in the formula instead of the Monthly Benefit Amount.

7. Computations of Cost of Living Adjustments will end on the earliest of:
    a. the end of the Disability (see definition of Disability);
    b. the end of the Maximum Period of Payment; or
    c. the COLA CPI Expiration Date.

If the computations end because of (a) or (b) above, benefit amounts for a new Disability will revert to those shown in the Disability Income Highlights section of Your Policy. Benefits payable for the first 12 months of a new Disability will not include a Cost of Living Adjustment. A new first Index Month and Review Date will apply to each new Disability where benefits are payable for more than 12 months.

If the computations end because of (c) above and if any benefits continue to be payable, We will apply to those benefits the Benefit Factor that last applied before the COLA CPI Expiration Date. This factor will continue to apply to any benefits paid during that Disability.

In no event will benefits subject to computations of Cost of Living Adjustments be reduced:
- beneath benefit amounts that You initially purchased; or
- beneath benefit amounts that You reduced by Your action after initial purchase of this Policy unrelated to computations of Cost of Living Adjustments.

Qualified Right to Increase Monthly Benefit Amount to Adjusted Amount

You may increase benefits when You return to active and gainful full-time work after the end of a Disability during which Cost of Living Adjustments were made, if:
- You have not reached Your 60th birthday on the date You elect the increase; and
- Within 90 days after the Disability ends, You make application to Us on a form which We will furnish You upon request. On this form, You must confirm that You are actively and gainfully employed full-time. Other evidence of insurability will not be required.

Increase Future Benefits to Adjusted Amounts

The insured can choose to increase their monthly benefit, Additional Monthly Benefit, and Catastrophic Benefit to the COLA adjusted amounts after returning to work full-time after a disability. In the event of a future disability, these benefits would be payable at the adjusted amounts.

You may increase up to the amount of the Adjusted Monthly Benefit Amount, Adjusted Catastrophic Disability Benefit Amount and Adjusted Additional Monthly Benefit Amount, if included in Your Policy, whatever applies to Your Disability, which was used to determine the last monthly claim payment. This qualified right to increase does not apply to SIS Benefits, if included in Your Policy.

The effective date of the increase will be the first of the month after We approve Your application for the increase. The required additional premium must be paid within 31 days of that date. Later premiums for the increase must be paid as part of the renewal premiums for Your Policy.

The premium for the increase will be based on Your attained age at the time of the increase. It will also be based on Our table of premium rates then in effect.

The increase in benefit will apply to a Disability that starts after the effective date of the increase.

If You do not elect and obtain this increase, the Monthly Benefit Amount will be the amount shown in the Disability Income Highlights section of Your Policy.

Termination

This rider will terminate on the earliest of:
- the last COLA CPI Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Benefit Factor
The Benefit Factor will be multiplied by the number of completed review periods. This results in a range of 2% to 7% for the first review date, 4% to 14% for the second review date, 6% to 21% for the third review date, and so on.

Consumer Price Index (CPI-U)
This section contains information about the Consumer Price Index for All Urban Consumers, which Unum uses as the basis for benefit increases.

Definitions

Adjusted Additional Monthly Benefit Amount	The Additional Monthly Benefit (AMB), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, multiplied by the Benefit Factor for a Review Period.
Adjusted Catastrophic Disability Benefit Amount	The Catastrophic Disability Benefit (CAT), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, multiplied by the Benefit Factor for a Review Period.
Adjusted SIS Benefit	The SIS Benefit, if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, multiplied by the Benefit Factor for a Review Period.
Adjusted Monthly Benefit Amount	The Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy, multiplied by the Benefit Factor for a Review Period.
Benefit Factor	This is determined by dividing the CPI-U for the latest Index Month by the CPI-U for the first Index Month. We will compute it on each Review Date during a Disability. It will apply to the Review Period that follows. The Benefit Factor will not be less than 2% or greater than 7% on each Review Date.
CPI-U	The Consumer Price Index for All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, We will use a similar index upon approval by the Interstate Insurance Product Regulation Commission. We will notify You of any change in the index before We use it.
Index Month	The calendar month beginning four months prior to a Review Date. The first Index Month will begin on the calendar month four months prior to the start of a Disability. We will measure all changes in the CPI-U from the first Index Month.
Review Date	Each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.
Review Period	A one-year period ending on a Review Date.

Signed for by Provident Life and Accident Insurance Company

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[President]

Cost of Living Adjustments - Fixed 3% Benefit

Cost of Living Adjustments (COLA)– Fixed 3% Benefit
This optional benefit helps income benefits keep pace with inflation during a disability that has lasted at least 12 months after the elimination period has been satisfied. Disability benefits will be adjusted by 3% compounded after each benefit anniversary.

What Adjustments Apply To
Adjustments will apply to the insured's monthly base benefit, Additional Monthly Benefit, Catastrophic Disability Benefit, Social Insurance Substitute Benefit, and Residual or Recovery Benefits.

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Cost of Living Adjustments - Fixed 3% Benefit

The Cost of Living Adjustments – Fixed 3% Benefit (COLA FIXED) provides regular cost of living adjustments under the Policy if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the COLA FIXED Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

For continuing periods of Disability, We will compute cost of living increases on each Review Date. Monthly benefits which thereafter accrue during that Disability will be adjusted as follows:

1. For any Monthly Benefit Amount that accrues during a Review Period, We will pay instead the Adjusted Monthly Benefit Amount.
2. For any Catastrophic Disability Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Catastrophic Disability Benefit.
3. For any Additional Monthly Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Additional Monthly Benefit.
4. For any SIS Benefit, if included in Your Policy, that accrues during the Review Period, We will pay instead the Adjusted SIS Benefit.
5. We will adjust any Residual Disability Benefit Amount, or Recovery Benefit, if included in Your Policy, which accrues during a Review Period. To do this, We will use the Adjusted Monthly Benefit Amount in the formula to determine each benefit that is to be paid during that Review Period. It will be used in the formula instead of the Monthly Benefit Amount.
6. Computations of Cost of Living Adjustments will end on the earliest of:
   a. the end of the Disability (see definition of Disability);
   b. the end of the Maximum Period of Payment; or
   c. the COLA FIXED Expiration Date.

If the computations end because of (a) or (b) above, benefit amounts for a new Disability will revert to those shown in the Disability Income Highlights section of Your Policy. Benefits payable for the first 12 months of a new Disability will not include a Cost of Living Adjustment. A new first Index Month and Review Date will apply to each new Disability where benefits are payable for more than 12 months.

If the computations end because of (c) above and if any benefits continue to be payable, We will apply to those benefits the Benefit Factor that was last applied before the COLA FIXED Expiration Date. This factor will continue to apply to any benefits paid during that Disability.

Qualified Right to Increase Monthly Benefit Amount to Adjusted Amount

You may increase benefits when You return to active and gainful full-time work after the end of a Disability during which Cost of Living Adjustments were made, if:

1. You have not reached Your 60th birthday on the date You elect the increase; and
2. Within 90 days after the Disability ends, You make application to Us on a form which We will furnish You upon request. On this form, You must confirm that You are actively and gainfully employed full-time. Other evidence of insurability will not be required.

Increase Future Benefits to Adjusted Amounts

The insured can choose to increase their monthly benefit, Additional Monthly Benefit, and Catastrophic Benefit to the COLA adjusted amounts after returning to work full-time after a disability. In the event of a future disability, these benefits would be payable at the adjusted amounts.

You may increase up to the amount of the Adjusted Monthly Benefit Amount, Adjusted Catastrophic Disability Benefit Amount and Adjusted Additional Monthly Benefit Amount, if included in Your Policy, whatever applies to Your Disability, which was used to determine the last monthly claim payment. This qualified right to increase does not apply to SIS Benefits, if included in Your Policy.

The effective date of the increase will be the first of the month after We approve Your application for the increase. The required additional premium must be paid within 31 days of that date. Later premiums for the increase must be paid as part of the renewal premiums for Your Policy.

The premium for the increase will be based on Your attained age at the time of the increase. It will also be based on Our table of premium rates then in effect.

The increase in benefit will apply to a Disability that starts after the effective date of the increase.

If You do not elect and obtain this increase, the Monthly Benefit Amount will be the amount shown in the Disability Income Highlights section of Your Policy.

Termination

This rider will terminate on the earliest of:

- the last COLA FIXED Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions	**Adjusted Additional Monthly Benefit Amount**	The Additional Monthly Benefit (AMB), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Additional Monthly Benefit in effect on that date.
	Adjusted Catastrophic Disability Benefit Amount	The Catastrophic Disability Benefit (CAT), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Catastrophic Disability Benefit in effect on that date.
	Adjusted SIS Benefit	The SIS Benefit, if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted SIS Benefit in effect on that date.
	Adjusted Monthly Benefit Amount	The Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Monthly Benefit Amount in effect on that date.
	Review Date	Each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.
	Review Period	A one-year period ending on a Review Date.

Signed for by Provident Life and Accident Insurance Company

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[President]

Cost of Living Adjustments - Two-Year Deferred Fixed 3% Benefit

Cost of Living Adjustments (COLA)– Fixed 3% Benefit
This optional benefit helps income benefits keep pace with inflation during a disability that has lasted at least 24 months after the elimination period has been satisfied. Disability benefits will be adjusted by 3% compounded after each benefit anniversary.

What Adjustments Apply To
Adjustments will apply to the insured's monthly base benefit, Additional Monthly Benefit, Catastrophic Disability Benefit, Social Insurance Substitute Benefit, and Residual or Recovery Benefits.

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Cost of Living Adjustments - Two-Year Deferred Fixed 3% Benefit

The Cost of Living Adjustments – Two-Year Deferred Fixed 3% Benefit (COLA FIXED DEFERRED) provides regular cost of living adjustments under the Policy if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the COLA FIXED DEFERRED Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

For continuing periods of Disability, We will compute cost of living increases on each Review Date. Monthly benefits which thereafter accrue during that Disability will be adjusted as follows:

1. For any Monthly Benefit Amount that accrues during a Review Period, We will pay instead the Adjusted Monthly Benefit Amount.
2. For any Catastrophic Disability Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Catastrophic Disability Benefit.
3. For any Additional Monthly Benefit, if included in Your Policy, that accrues during a Review Period, We will pay instead the Adjusted Additional Monthly Benefit.
4. For any SIS Benefit, if included in Your Policy, that accrues during the Review Period, We will pay instead the Adjusted SIS Benefit.
5. We will adjust any Residual Disability Benefit Amount, or Recovery Benefit, if included in Your Policy, which accrues during a Review Period. To do this, We will use the Adjusted Monthly Benefit Amount in the formula to determine each benefit that is to be paid during that Review Period. It will be used in the formula instead of the Monthly Benefit Amount.
6. Computations of Cost of Living Adjustments will end on the earliest of:
   a. the end of the Disability (see definition of Disability);
   b. the end of the Maximum Period of Payment; or
   c. the COLA FIXED DEFERRED Expiration Date.

If the computations end because of (a) or (b) above, benefit amounts for a new Disability will revert to those shown in the Disability Income Highlights section of Your Policy. Benefits payable for the first 24 months of a new Disability will not include a Cost of Living Adjustment. A new first Index Month and Review Date will apply to each new Disability where benefits are payable for more than 24 months.

If the computations end because of (c) above and if any benefits continue to be payable, We will apply to those benefits the Benefit Factor that was last applied before the COLA FIXED DEFERRED Expiration Date. This factor will continue to apply to any benefits paid during that Disability.

Qualified Right to Increase Monthly Benefit Amount to Adjusted Amount

You may increase benefits when You return to active and gainful full-time work after the end of a Disability during which Cost of Living Adjustments were made, if:

- You have not reached Your 60th birthday on the date You elect the increase; and
- Within 90 days after the Disability ends, You make application to Us on a form which We will furnish You upon request. On this form, You must confirm that You are actively and gainfully employed full-time. Other evidence of insurability will not be required.

Increase Future Benefits to Adjusted Amounts

The insured can choose to increase their monthly benefit, Additional Monthly Benefit, and Catastrophic Benefit to the COLA adjusted amounts after returning to work full-time after a disability. In the event of a future disability, these benefits would be a payable at the adjusted amounts.

You may increase up to the amount of the Adjusted Monthly Benefit Amount, Adjusted Catastrophic Disability Benefit Amount and Adjusted Additional Monthly Benefit Amount, if included in Your Policy, whatever applies to Your Disability, which was used to determine the last monthly claim payment. This qualified right to increase does not apply to SIS Benefits, if included in Your Policy.

The effective date of the increase will be the first of the month after We approve Your application for the increase. The required additional premium must be paid within 31 days of that date. Later premiums for the increase must be paid as part of the renewal premiums for Your Policy.

The premium for the increase will be based on Your attained age at the time of the increase. It will also be based on Our table of premium rates then in effect.

The increase in benefit will apply to a Disability that starts after the effective date of the increase.

If You do not elect and obtain this increase, the Monthly Benefit Amount will be the amount shown in the Disability Income Highlights section of Your Policy.

Termination

This rider will terminate on the earliest of:

- the last COLA FIXED DEFERRED Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions	**Adjusted Additional Monthly Benefit Amount**	The Additional Monthly Benefit (AMB), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Additional Monthly Benefit in effect on that date.
	Adjusted Catastrophic Disability Benefit Amount	The Catastrophic Disability Benefit (CAT), if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Catastrophic Disability Benefit in effect on that date.
	Adjusted SIS Benefit	The SIS Benefit, if included in Your Policy and shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted SIS Benefit in effect on that date.
	Adjusted Monthly Benefit Amount	The Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy, increased each year on the Review Date by 3% of the Adjusted Monthly Benefit Amount in effect on that date.
	Review Date	The second anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied. Thereafter, the Review Date means each subsequent anniversary of the date that benefits began to accrue for Your Disability after satisfaction of the Elimination Period.
	Review Period	A one-year period ending on a Review Date.

Signed for by Provident Life and Accident Insurance Company

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[President]

Long Term Disability Insurability Option Benefit

Long Term Disability Insurability Option Benefit
This optional benefit is available to customers who have LTD at the time their individual disability insurance policy is purchased. With this benefit, the insured has the one-time right to increase their individual disability coverage, without medical evidence of insurability, if they were to lose access to LTD benefits as a result of a job change or reduction or termination of benefits under an employer without replacement.

When Increased Benefits Become Payable
Increased coverage will not apply to a current period of disability but will apply to subsequent disabilities.

Qualifying for an Increase
The insured must be actively employed to exercise this benefit. The ability to increase benefits will also depend on whether the insured meets Unum's income requirements. The insured's increase along with all disability income coverage in place with Unum, other insurers, and government agencies, must not exceed the maximum coverage available to new applicants within their risk class.

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Long Term Disability Insurability Option Benefit

The Long Term Disability Insurability Option Benefit (LTD) provides one guaranteed insurability option when Your group long term disability coverage is terminated or reduced if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the LTD Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

During the LTD Insurability Option Period, You have the one-time right to increase Your Monthly Benefit Amount. The increase may not exceed the LTD Insurability Increase Amount shown in the Disability Income Highlights section of Your Policy. If We approve Your application for an increase, the increased Monthly Benefit Amount will apply only to a new Disability.

The increase will be made only upon formal application by You and must be approved by Us. You must apply within the LTD Insurability Option Period. The Coverage Effective Date of the increase will be shown in the Disability Income Highlights section issued at the time of the increase.

To Qualify for an Increase

You will qualify for the increase if You apply during the LTD Insurability Option Period, and:

1. You are Actively Employed and not eligible for coverage under a group long term disability insurance plan;
2. Your earned income is sufficient for an increase; and
3. The increase, when combined with all Your disability income coverage in force with Us and other insurers or any government agency, is not more than the maximum coverage We offer to new applicants of Your class of risk. This will be determined by Our published underwriting rules and issue and participation limits for this rider on the date You apply for an increase or on the LTD Effective Date, whichever results in a higher amount.

We may require proof of Your earned income. This could include tax returns or other proof that We may require.

Premium
After an increase, the new premium will be based on the insured's age and occupation class at the time the increase becomes effective.

Increase Effective Date

The increase in Your Monthly Benefit Amount under this option will be effective as of the LTD Insurability Option Date. However, if Your application for the increase in Your Monthly Benefit Amount is not dated within 31 days after the LTD Insurability Option Date, then the effective date of the increase in Your Monthly Benefit Amount under this option will be effective as of the date of Your application.

Premium

The premium for the increase will be at the rate for Your age on the LTD Insurability Option Date. To determine Your premium, We will use the Occupation Class shown in the most recent Disability Income Highlights section of Your Policy.

You must make the first payment of the premium for the increase no later than 31 days after the increase in Your Monthly Benefit Amount under this option.

Termination

This rider will terminate on the earliest of:

- The LTD Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date the LTD Insurability Option Benefit has been exercised;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions

LTD Insurability Option Date

One of the following:

1. The date Your employment relationship ends, for reason other than disability, with an employer that has group long term disability insurance plan in force under which You are covered at the time Your employment terminates;
2. The date on which the group long term disability insurance plan under which You are covered terminates or is reduced with no intention of its subsequent equivalent replacement; or
3. The date You are no longer Disabled and not covered under a group long term disability insurance plan.

This Option may be exercised only one time.

LTD Insurability Option Period

The 90 day period that begins on the LTD Insurability Option Date.

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[President]

Right to Purchase Increase Benefit

Right to Purchase Increase Benefit (RPI)
Subject to financial underwriting, this optional benefit allows the insured to increase their total disability benefit amount every year, up to age 55, as their income increases. No medical documentation is required – only financial.

Qualifying for an Increase
To qualify for an increase, the insured must meet Unum's income requirements for an increase. The insured's increase along with all disability income coverage in place with Unum, other insurers, and government agencies, must not exceed the maximum coverage available to new applicants within their risk class. Additionally, the sum of all increases cannot exceed the RPI Maximum Increase amount indicated in the Disability Highlights section.

When Increased Benefits Become Payable
Increased coverage will not apply to a current period of disability but will apply to subsequent disabilities.

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Right to Purchase Increase Benefit

The Right to Purchase Increase Benefit (RPI) provides the ability to increase Your Monthly Benefit Amount every year, subject to financial underwriting if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the RPI Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

On each RPI Option Date You have the right to increase Your Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy. You may do so without submitting evidence of physical insurability by following the rules set forth below.

Increase will be made only upon formal application by You and must be approved by Us. You must apply within a RPI Option Period. The Coverage Effective Date of an increase will be shown in the Disability Income Highlights section issued at the time of the increase.

To Qualify for an Increase

The amount of an increase will be subject to each of the following:

1. Your earned income is sufficient for an increase;
2. An increase, when combined with all other loss of time benefits then in force with Us and other insurers, may not exceed the amount We would issue to You as a new applicant of Your class of risk. This amount will be subject to Our published underwriting rules and issue and participation limits for this Policy form on the day You apply for an increase or on the RPI Effective Date, which ever results in a higher amount; and
3. The sum of all increases cannot exceed the RPI Maximum Increase shown in the Disability Income Highlights section of Your Policy.

If You do not qualify for an increase on a RPI Option Date, You can still apply for an increase during a later RPI Option Period.

When an Increase is Effective

An increase in Your Monthly Benefit Amount under this option will be effective as of the RPI Option Date. However, if Your application for an increase in Your Monthly Benefit Amount is not dated within 31 days after the RPI Option Date, then the effective date of an increase in Your Monthly Benefit Amount under this option will be effective as of the date of Your application. If the RPI Option Date upon which an increase is elected occurs while You are Disabled, the increased Monthly Benefit Amount will only apply to a new Disability.

Premium

After an increase, the new premium will depend upon the insured's age on the date of the application for an increase and Unum's corresponding rates for that age and occupation class.

Premiums for this optional benefit will be reduced as increase options are exercised.

Premium

The first premium for an increase must be paid within 31 days; later premiums must be paid as part of the premium for Your Policy. If the premium for Your Policy is being waived in accordance with the Waiver of Premium Benefit provision in Your Policy on the effective date of the increase, You will not have to start paying the premium for the increase until the premium for Your Policy becomes payable again.

The premium for each increase will be based on Your attained age on the date of Your application for each increase. It will also be based on:

1. Our premium rates in effect at the time of the increase; and
2. The Occupation Class shown in the most recent Disability Income Highlights section of Your Policy.

When an increase is exercised, the premium for this Option will be reduced. The reduced premium will be based on the RPI Maximum Increase remaining.

Termination

This rider terminates on the earliest of:

- the RPI Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date the RPI Maximum Increase has been exercised;
- the date premium for Your Policy or this rider is not paid when due;
- The date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions

RPI Option Date Each anniversary of the Policy Date starting with the first and ending with the one which falls on or next follows Your 55th birthday. If an RPI Option Date does not coincide with a renewal date for Your Policy, it will change to coincide with the next renewal date.

RPI Option Period The period which begins 60 days before and ends 31 days after an RPI Option Date.

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[President]

Serious Illness Benefit

Serious Illness Benefit (SI)
This optional benefit pays a one-time lump sum benefit for a total disability that results from cancer, stroke, or heart attack after satisfying the serious illness elimination period indicated in the Disability Income Highlights section.

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Serious Illness Benefit

The Serious Illness Benefit (SI) provides a lump sum payment at the end of an Elimination Period for a Disability caused by Cancer, Stroke or Heart Attack, if You meet the qualifications described in this rider. The Serious Illness Benefit is in addition to Your Disability benefit provided under the Policy.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the SI Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit If You are Totally Disabled due to Cancer, Stroke or Heart Attack, We will pay the Serious Illness Benefit Amount at the end of the SI Elimination Period if You remain Totally Disabled from either Cancer, Stroke or Heart Attack.

Termination This rider will terminate on the earliest of:
- the SI Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date You have received the SI Benefit Amount shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Definitions

Cancer A disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells.

Any cancer of the breast is considered Cancer including breast cancer which is classified as Stage 0 or In Situ.

For purposes of this benefit, the following do not meet the definition of Cancer:
- pre-malignant conditions or conditions with malignant potential;
- cancer that has not yet become invasive, typically classified as Stage 0 or In Situ; and
- cancer on the surface of the body (skin) that may be:
  - melanomas that are in situ or Stage 1, which require only local treatment and affect only the melanoma and area close to it;
  - basal cell carcinoma; or
  - squamous cell carcinoma of the skin.

Heart Attack (Myocardial Infarction)

The death of a portion of heart muscle (myocardium) as a result of obstruction of one or more of the coronary arteries. A positive diagnosis of a heart attack must occur and must be supported by two or more of the following:

- chest pain;
- electrocardiographic (EKG) changes indicative of a heart attack;
- in the case of a heart attack associated with percutaneous coronary intervention (balloon angioplasty, stent implantation, and related procedures to increase the flow of blood through the coronary arteries), evolving ST elevations or new Q wave changes must be documented and included as one of the criteria on establishing a diagnosis;
- elevation of biochemical markers of myocardial necrosis; or
- confirmatory imaging studies.

For purposes of this benefit, the following do not meet the definition of Heart Attack:

- an established (old) heart attack;
- angina;
- atherosclerotic heart disease;
- congestive heart failure;
- coronary artery disease; and
- any other disease, Injury, or dysfunction of the cardiovascular system

SI Elimination Period

The length of time that must elapse during a Disability resulting from Cancer, Stroke or Heart Attack before this benefit becomes payable. The number of days is shown in the Disability Income Highlights section of Your Policy. These days need not be consecutive; they can be accumulated during a Disability to satisfy the SI Elimination Period subject to the terms of the Recurrent Disability provision.

This Benefit is not payable during the SI Elimination Period.

Stroke

The sudden death of brain cells due to lack of oxygen, caused by blockage of blood flow or rupture of an artery to the brain.

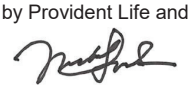
The diagnosis of a Stroke must be supported by:

- neurological deficits persisting for at least 30 days after the Stroke including but not limited to impaired motor function, altered sensation, vision loss, difficulty swallowing, or Cognitive Impairment confirmed by a Physician; and
- confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

For purposes of this benefit, the following do not meet the definition of a Stroke:

- transient ischemic attack;
- brain injury associated with hypoxia, anoxia, or hypotension;
- brain injury related to trauma or infection;
- ischemic disorders of the vestibular system; and
- vascular disease affecting the eye or optic nerve.

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[President]

Social Insurance Substitute Benefit

Social Insurance Substitute Benefit (SIS)
This optional benefit supplements the total disability monthly benefit if the insured does not qualify for benefits under social insurance programs, or qualifies for less than the maximum after satisfying the SIS elimination period indicated in the Disability Income Highlights section.

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Social Insurance Substitute Benefit

The Social Insurance Substitute Benefit (SIS) provides additional disability benefits up to the SIS Maximum Benefit if You do not qualify for disability benefits under the stated social insurance programs, or if You qualify for less than the SIS Maximum Benefit.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the SIS Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit

If You are Disabled, the SIS Benefit will start to accrue on the day of Disability after the SIS Elimination Period. It will be added to and paid with the Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy at the end of each month of Disability.

The SIS Benefit will be added for as long as Disability continues, but not beyond the end of the Maximum Period of Payment shown in the Disability Income Highlights section of Your Policy.

Proof of Social Insurance Benefits

To receive the SIS Benefit, You must give Us satisfactory proof of the status of Your Social Insurance Benefit when and as often as We may reasonably require. When a member of Your family may be entitled to Social Insurance Benefits because of Your Disability, these same proof requirements apply.

The proof for any legislated benefits must include the correspondence with the Social Insurance provider. The proof must show that:

1. You have applied for Social Insurance Benefits for which You may be entitled;
2. Your clam for these Social Insurance Benefits has been approved, denied or is still pending; and
3. If denied, You are following any appeals processes available to You. If You are still denied Social Insurance Benefits after completing the appeals process, We can require You to reapply for them as often as is reasonable.

The proof for any retirement and disability fund benefits provided to government employees by any federal, state, county, municipal or other governmental subdivision must include the correspondence You have with Your employer. The proof must show that:

1. You have applied for the disability benefits to which You may be entitled; and
2. Your claim for these benefits has been approved, denied or is still pending.

We cannot at any time require You to elect early (or reduced) retirement benefits from Social Security or any other retirement plan for which You may be eligible in order to receive the SIS Benefit.

Attorney Fees

We will reimburse You for attorney fees You incur for services provided for a hearing before an Administrative Law Judge, a review of the hearing by the Appeals Council, or a civil action in the U.S. District court. The most We will pay for attorney fees during a Disability is an amount equal to the SIS Maximum Benefit shown in the Disability Income Highlights section of Your Policy. We will not reimburse You for attorney fees for services which were provided before Your initial filing for Social Security benefits is denied, and before You have requested and received a reconsideration of the denial.

Retroactive Social Insurance Benefits

If an insured receives retroactive benefits from social insurance programs, they will not have to pay back any benefits issued by Unum for the same disability the retroactive benefit covers.

Reimbursement

If the first payment of Social Insurance Benefits includes a retroactive benefit, You do not have to refund any amounts We may have paid under this rider for the same Disability that the retroactive benefit covers.

Termination

This rider will terminate on the earliest of:

- the SIS Expiration Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

How Benefits are Calculated

Benefits will be calculated based on the benefits received under social insurance programs. We will provide up to the SIS Maximum Benefit, indicated in the Disability Income Highlights section, minus any benefits received under social insurance.

Definitions

SIS Benefit

An amount that will be in addition to the Monthly Benefit Amount. The amount of the SIS Benefit depends on the amount of Your Social Insurance Benefits:

1. If You receive no Social Insurance Benefits, the SIS Benefit is the SIS Maximum Benefit.
2. If You receive Social Insurance Benefits, the SIS Benefit is the SIS Maximum Benefit minus the Social Insurance Benefits You receive.
3. If You receive Social Insurance Benefits that are equal to or greater than the SIS Maximum Benefit, the SIS Benefit is zero.

Any legislated automatic increases in Your Social Insurance Benefits during a Disability will not be included in computing of the SIS Benefit.

SIS Elimination Period

The length of time that must elapse during a Disability resulting from an Injury or Sickness before benefits start to accrue. The number of days is shown in the Disability Income Highlights section of Your Policy. These days need not be consecutive; they can be accumulated during a Disability to satisfy the SIS Elimination Period subject to the terms of the Recurrent Disability provision.

Benefits are not payable, nor do they accrue, during the SIS Elimination Period.

Social Insurance

This section describes what is included in the definition of social insurance benefits.

Social Insurance Benefits

Payments made for disability that begins after the SIS Effective Date under:

- the federal Social Security Act or any similar federal, state or local government law (Social Security benefits include: a) a Primary Insurance Amount (PIA) to You; or b) a PIA to You and a Family Benefit for Your dependents);
- any Workers' Compensation or Occupational Disease law or similar law;
- any state disability or temporary disability law; or
- any retirement and disability fund programs of any federal, state, county, municipal or other governmental subdivision.

Signed for by Provident Life and Accident Insurance Company.

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[President]

Update Increase Benefit

Update Increase Benefit
This optional benefit provides three automatic coverage increases, over a max of five years, to help an insured's benefits keep pace with increases in income. The schedule of increase dates is displayed in the Disability Income Highlights section.

Premiums
The insured will be responsible for the applicable premium associated with an increase.

When Increased Benefits Become Payable
Increased coverage will not apply to a current period of disability but will apply to subsequent disabilities.

Refusal of an Increase
Individuals can refuse an increase prior to the increase date. This will not affect their eligibility for future increases that apply to the policy.

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Update Increase Benefit

The Update Increase Benefit (UPDATE) provides scheduled benefit increases without evidence of insurability for up to a five year period if You meet the qualifications described in this rider.

This rider is made a part of the Policy and is subject to all of the provisions, limitations and exclusions of the Policy, unless changed or added by this rider. Additionally, defined terms found within this rider have been capitalized and have the same meaning as the defined terms in the Policy, unless changed or added by this rider.

Coverage under this rider is effective on the same date as the Policy, if issued at the same time. If added at a later date, coverage under this rider is effective on the UPDATE Effective Date shown in the Disability Income Highlights section of Your Policy.

Policyholder: [John Doe], the Insured

Policy Number: [123456789]

Benefit This rider provides UPDATE Increases which will be automatically added to Your Monthly Benefit Amount shown in the Disability Income Highlights section of Your Policy, without evidence of insurability. This will be done on each UPDATE Increase Date.

Premiums These increases are subject to the timely payment of premium. These premiums are based on Your age on the UPDATE Increase Date. They are listed in the Schedule of UPDATE Increases shown in the Disability Income Highlights section of Your Policy.

An UPDATE Increase will only apply to a Disability that starts after the UPDATE Increase Date. If the premium for Your Policy is being waived in accordance with the Waiver of Premium Benefit in Your Policy, on the UPDATE Increase Date, the premium for the increase will also be waived. When You resume paying premiums for Your Policy, You must also start paying premiums for the UPDATE Increase.

Refusal of an Increase You may refuse an Increase by notifying Us in writing 30 days prior to the UPDATE Increase Date. Your refusal of an increase will not affect the remaining UPDATE Increases. If the renewal premium that includes the premium for the increase is not paid in full the first time it is billed, We will consider the increase for that date to be refused.

Termination This rider will terminate on the earliest of:
- the last UPDATE Increase Date shown in the Disability Income Highlights section of Your Policy;
- the date premium for Your Policy or this rider is not paid when due;
- the date We receive Your written request to terminate this rider; or
- the date Your Policy terminates.

Signed for by Provident Life and Accident Insurance Company.

[ ]
[President]

Underwritten by:
Provident Life and Accident Insurance Company, Chattanooga, Tennessee

In New York, underwritten by Provident Life and Casualty Insurance Company, Chattanooga, Tennessee

For New York: This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 61%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

This annotated contract is based on Unum's Interstate Compact policy, ICC18-850. The actual policy and exclusions and limitations may vary by state and will include any state specific provisions. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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