



# Disability Income Insurance Coverage

Disability Income Protector<sup>SM</sup>

Disability Income Protector Plus<sup>SM</sup>

*Choices you want.  
Coverage you need.<sup>®</sup>*



Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans. These plans do not provide mandated coverage necessary to avoid a penalty under the Affordable Care Act.

Policy Forms GRI-DIS1-AS, -AS-42, GRI-DIS1-AO, -AO-42 and other state specific variations

# Why Choose Us For Disability Insurance?

You protect your family's health, your car, and your home with insurance. But what about insurance for your paycheck? What would happen if you were unable to work due to an accident or sickness? That's where UnitedHealthOne<sup>SM</sup> disability insurance can make a difference.

## You are the One with UnitedHealthOne<sup>SM</sup>

UnitedHealthOne<sup>SM</sup> plans are offered by one of the most experienced and highly rated personal health insurance providers in the U.S. UnitedHealthOne<sup>SM</sup> is the brand name used by the UnitedHealthcare family of companies offering personal health insurance products. Golden Rule Insurance Company is the underwriter and administrator of plans featured in this brochure.

## Strength & Experience

Within the UnitedHealthcare family of companies, we have been serving the special needs of individuals and families buying their own coverage for nearly 70 years.

## Our Goal: Your Satisfaction

We understand the importance of your time and concern for the value of your insurance dollars. Our goal for every customer is an insurance plan at a price that fits his or her needs and budget. UnitedHealthOne<sup>SM</sup> — *Choices you want. Coverage you need.*<sup>®</sup>



To obtain a quote for disability coverage or to learn more, contact your local insurance broker.



# It's All About Your Financial Security

You're familiar with most types of insurance: car, life, home, and medical insurance. But think for a moment. . . if you were not able to work due to an accident or sickness, how could you make your house payments and car payments, let alone health expenses and saving for retirement? That's where disability income insurance comes in with a **TAX-FREE** benefit: to help pay your bills while you recover.

To qualify for tax-free benefits, you must pay premiums personally with after-tax money. Consult your tax advisor. Restrictions may apply.

## Think about all that your paycheck covers:

- Child care
- Retirement
- Utilities
- Mortgage/Rent
- Medical Expenses
- Travel/Vacation
- Food & Clothing
- Bank Loans
- Savings
- Car Payments
- Home Insurance
- Kid's Education
- Credit Cards
- Car Insurance

## If you are not able to work due to an accident or sickness:

- What would happen to your income while you get back on your feet?
- How would you pay your mortgage?
- How would you maintain your current lifestyle?
- Wouldn't that put extreme stress on you and your family?



How much  
disability income  
insurance  
do you need ?

To find out, use the Disability Income Insurance Needs Calculator on page 8.

# How Likely Is A Disability?

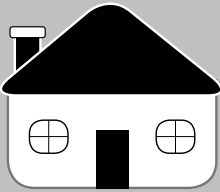
## Disability is more common than you think — it could happen to you.

The numbers seem to be stacked against us: Over 1 in 4 of today's 20 year-olds will become disabled before they retire.<sup>1</sup> Not only is a disability possible, the disability could continue for a long time. Losing your income due to a long-term disability could be devastating. 90% of employees and 84% of HR professionals agreed that the ability to earn an income is a worker's most valuable financial resource.<sup>2</sup>

Disability doesn't always come in the form of an accident either. Most disabilities are caused by sickness.<sup>3</sup>

It's time to make a plan for your future. You should choose the level of disability insurance that best meets your family's needs.

## If a disability happens, will you be prepared?



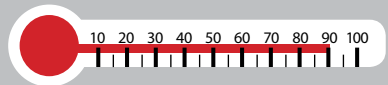
### Disability can drain your finances.

68% of Americans say it would be "somewhat difficult" or "very difficult" to meet their current financial obligations if their paycheck were delayed by a week.<sup>4</sup>



### Disability could happen to you.

Over 1 in 4 of today's 20 year-olds will become disabled before they retire.<sup>1</sup>



### Sicknesses generally cause disabilities, not accidents.

90% of new long-term disability claims are caused by illnesses rather than accidents.<sup>3</sup>

<sup>1</sup> U.S. Social Security Administration, *Fact Sheet, February 7, 2013*

<sup>2</sup> Council for Disability Awareness, *Disability Divide Employer Study, 2013*

<sup>3</sup> Council for Disability Awareness, *Long-Term Disability Claims Review, 2012*

<sup>4</sup> American Payroll Association, *"Getting Paid in America" Survey, 2012*

# It's Time To Make A Plan.

## Protect Your Paycheck.

Disability income insurance is a way of backing up part of your income. Examine your after-tax income (see page 8 for a calculator). What are the necessary items in your budget? That's where disability insurance can make a difference with a monthly check (tax-free) to help cover things like food, rent, car payment and utilities.

## You choose the coverage that's best for you:

- Disability Income Protector<sup>SM</sup> offers basic coverage in the event of total disability from an accident only.
- Disability Income Protector Plus<sup>SM</sup> gives you more coverage for total disability from both accidents and sicknesses.



## With both plans, you select:

- A maximum benefit period (how long you get a check).
- A benefit level (not more than 60% of your income).

## Benefit Highlights

This chart is only a summary of some plan features. See pages 10-16 for more information.

|   | Disability Income Protector <sup>SM</sup>  | Disability Income Protector Plus <sup>SM</sup> |
|---|--|--|
| <b>Coverage Benefits</b>                        |  |  |
| Benefit Type                                    | Accident Only  | Accident and Sickness                          |
| Minimum Annual Income                           | \$20,000   |  |
| Issue Ages                                      | 18-59  |  |
| Renewability                                    | Guaranteed renewable to age 65, or 70 if employed full-time (at least 30 hours/week) |  |
| Elimination Period Options                      | 30 days  | 30 days, 60 days, 90 days                      |
| Benefit Period Options<br>(see chart on page 9) | 1 year<br>2 years<br>5 years   |  |
| Monthly Benefit Amounts<br>(\$500 increments)   | \$500-\$5,000 (tax-free)<br>Limited to 60% of income at issue                        |  |

# Disability Income Protector<sup>SM</sup>

## Accident Only Disability Income Insurance



### Disability Income Insurance

Disability Income Protector<sup>SM</sup> is designed to provide you with a check if an unexpected accident results in your total disability. You select a monthly benefit and maximum period for it to be paid should you become disabled. Disability Income Protector<sup>SM</sup> can offer a safety net for you and your family when you need it most.



**Accident  
Only**

### Disability Income Protector<sup>SM</sup> Plan features:

- Pays benefits directly to you for qualifying disabling injuries due to an accident.
- You choose your maximum benefit period: 1 year, 2 years, or 5 years. See chart on page 9.
- Benefits begin after an elimination period of 30 days. See page 10 for details.
- You choose your maximum disability income benefit amount: \$500-\$5,000 (This tax-free benefit is available in \$500 increments only and is not to exceed 60%\* of your monthly income).
- Our most affordable disability income insurance.

**Help your finances with Disability Income Protector<sup>SM</sup>. The financial burden of a disability caused by an accident could be devastating. Disability Income Protector<sup>SM</sup> could help lessen that burden.**

# Disability Income Protector Plus<sup>SM</sup>

## Accident & Sickness Disability Income Insurance



### Disability Income Insurance

Disability Income Protector Plus<sup>SM</sup> is designed to provide you with a check if a disabling accident **or sickness** strikes. You select a monthly benefit, an elimination period, and a maximum period for the benefit to be paid should you suffer a total disability. Disability Income Protector Plus<sup>SM</sup> can offer a welcome measure of financial security for you and your family.



### Accident and Sickness

## Disability Income Protector Plus<sup>SM</sup> Plan features:

- Pays benefits directly to you for qualifying disabling injuries due to an accident.

- **Pays benefits for qualifying disabling sicknesses as well.**

- You choose your maximum benefit period: 1 year, 2 years, or 5 years. See chart on page 9.
- You choose your elimination period: 30 days, 60 days, or 90 days. See page 10 for details.
- You choose your maximum disability income benefit amount: \$500-\$5,000 (This tax-free benefit is available in \$500 increments only and is not to exceed 60%\* of your monthly income).

**Disability Income Protector Plus<sup>SM</sup> offers benefits in case of a qualifying disabling accident or sickness. Help lessen your family's financial burden that disability can bring with Disability Income Protector Plus<sup>SM</sup>.**

\*Not applicable to all occupations.

# Disability Income Insurance Needs Calculator

## Determine how much coverage is right for you.

A disability not only prevents cash from flowing in, but it can also drain money from your savings. Use the form below to calculate your disability income insurance needs.

|   |          | Example*                               |
|---|----------|--|
| <b>Current Income</b>   |          |  |
| Monthly, before Taxes   | \$ _____ | \$ 5,207.00                            |
| <b>Monthly Expenses*</b>  |          |  |
| Housing (mortgage, rent, utilities, etc.)                                 | \$ _____ | \$ 1,374.00                            |
| Transportation (car, vacation, etc.)                                      | \$ _____ | \$ 679.00                              |
| Food (groceries, eating out, etc.)  | \$ _____ | \$ 528.00                              |
| Insurance & Pensions (life, health, car, etc.)                            | \$ _____ | \$ 443.00                              |
| Health care (medical expenses, etc.)                                      | \$ _____ | \$ 272.00                              |
| Entertainment   | \$ _____ | \$ 211.00                              |
| Apparel and services  | \$ _____ | \$ 142.00                              |
| Everything else (education, etc.)   | \$ _____ | \$ 416.00                              |
| Taxes (SS, Medicare, Income)**  | \$ _____ | \$ 1,142.00                            |
| <hr/>   |          |  |
| <b>Monthly Expenses Total</b>   | \$ _____ | \$ 5,207.00                            |
| <b>Monthly Income Available If Disabled</b>                               |          |  |
| Current wages   | \$ _____ | \$ 0.00                                |
| Income from current group disability coverage                             | \$ _____ | \$ 0.00                                |
| Income from spouse or other family members                                | \$ _____ | \$ 2,500.00                            |
| Investment income   | \$ _____ | \$ 0.00                                |
| <hr/>   |          |  |
| <b>Monthly Income Total If Disabled</b>                                   | \$ _____ | \$ 0.00                                |
| <b>Monthly Income Shortfall If Disabled</b>                               | \$ _____ | <b>-\$ 2,707.00</b>                    |
| <b>Disability Income Protector Benefit</b> ( $\leq 60\%^{***}$ of income) | \$ _____ | <b>\$ 3,000.00</b><br><b>TAX FREE!</b> |

Please note: the example above is only an illustration of how disability income insurance could help. You should figure your own situation. During times of disability, you should expect some expenses to decrease (like transportation and entertainment) and others (health care) to increase.

\* Sample monthly expenses based on: Consumer Expenditures Survey - 2011,  
U.S. Bureau of Labor Statistics, April 2013

\*\* Indiana resident.

\*\*\* Not applicable to all occupations.



# Disability Benefit Periods Information

## One Year Maximum Benefit Period

| Age at time of disability | Number of months |
|---------------------------|------------------|
| Age 69 and under          | 12               |

## Two Year Maximum Benefit Period

| Age at time of disability | Number of months |
|---------------------------|------------------|
| Age 64 and under          | 24               |
| 65                        | 24               |
| 66                        | 21               |
| 67                        | 18               |
| 68                        | 15               |
| 69                        | 12               |
| 70 and over               | 0                |

## Five Year Maximum Benefit Period

| Age at time of disability | Number of months |
|---------------------------|------------------|
| Age 59 and under          | 60               |
| 60                        | 60               |
| 61                        | 48               |
| 62                        | 42               |
| 63                        | 36               |
| 64                        | 30               |
| 65                        | 24               |
| 66                        | 21               |
| 67                        | 18               |
| 68                        | 15               |
| 69                        | 12               |
| 70 and over               | 0                |

### Example #1

You selected the 2 year benefit period and became disabled at 64½. You would receive 24 months of benefits if you meet all the policy provisions.

### Example #2

You selected the 5 year benefit period and became disabled at 69½. You would receive 12 months of benefits if you meet all the policy provisions.

If disability occurs at age 65 or over, to qualify for benefits you must be employed at least 30 hours per week at time of the disability.

Your monthly income benefit may be reduced by: a) amount of state statutory plan benefits you receive; and b) amount of social insurance benefits (5 year maximum benefit period only). In no event will your benefit be reduced below the monthly minimum of \$100.



# Plan Provisions

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You'll find complete coverage details in the policy.

## General Benefits

Subject to all policy provisions, if you are totally disabled, after satisfaction of the elimination period, we will pay the monthly disability income benefit you select until the end of the maximum benefit period or the date your total disability ends, whichever comes first.

## Definitions

- **Accident** means a sudden, unforeseen and unexpected event that occurs while the policy is in force, and without your intent, results in an injury.
- **Care** means for any period of claimed total disability you must be receiving treatment from a doctor for the accident (or sickness). The treatment must be appropriate, according to generally accepted medical standards as outlined by the American Medical Association or American Psychiatric Association, including frequency, for the condition claimed and causing the total disability and must be provided by a doctor whose specialty is appropriate for the accident (or sickness for Disability Income Protector Plus<sup>SM</sup>).
- **Concurrent total disability** for Disability Income Protector<sup>SM</sup> means a disability caused by more than one injury, whether the injuries are related or not. Disability Income Protector Plus<sup>SM</sup> includes sicknesses in this definition.
- **Complications of pregnancy** means:
  1. Conditions whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy or are caused by pregnancy and not, from a medical viewpoint, associated with a normal pregnancy. This includes: ectopic pregnancy, spontaneous abortion, eclampsia, missed abortion, and similar medical and surgical conditions of comparable severity; but it does not include: false labor, preeclampsia, edema, prolonged labor, doctor prescribed rest during the period of pregnancy, morning sickness, and conditions of comparable severity associated with management of a difficult pregnancy, and not constituting a medically classifiable distinct complication of pregnancy. (In Texas, the definition includes acute nephritis, nephrosis, and cardiac decompensation.)
  2. An emergency caesarean section or a non-elective caesarean section.
- **Doctor** means a duly licensed practitioner of medicine, limited to a physician holding an M.D., PhD, PsyD, D.C. or D.O. degree. With regard to medical services provided to you, a doctor must be currently licensed by the state in which the services are provided, hold a medical license in good standing and the services must be provided within the scope of that license. The doctor may not be: (a) you or anyone to whom you are related by blood, marriage, domestic partnership, or civil union; (b) anyone residing with you; (c) anyone with whom you share a business interest; or (d) your employee. With regard to consulting services provided to us, a doctor must be currently licensed by the state in which the consulting services are provided.
- **Effective date** means the date you became insured under the policy.
- **Elimination period** means the number of consecutive days you must be totally disabled from the same accident or related accident before you are eligible to receive the monthly disability income benefit. The elimination period cannot begin prior to the effective date of the policy. No monthly disability income benefit will accrue or be payable during the elimination period. Disability Income Protector Plus<sup>SM</sup> includes sicknesses in this definition.
- **Employed full-time** means you are actively at work performing the material and substantial duties required of your regular occupation for a minimum of 30 hours per week for income, remuneration, wage or profit.
- **Illness** means a sickness, disease, disorder, or abnormal condition of yours. All illnesses that exist at the same time and that are due to the same or related causes are deemed to be one illness. Further, if an illness is due to causes that are the same as, or related to, the causes of a prior illness, the illness will be deemed a continuation or recurrence of the prior illness and not a separate illness.

- **Injury** means accidental bodily damage sustained by you while the policy is in force and which causes total disability and which is not contributed to by disease, sickness, infection, bodily infirmity or any other abnormal physical condition. Any claim for total disability must commence within 30 days of an accident which occurred while the policy is in force provided the disability results from the accident. All injuries due to the same accident are deemed to be one injury and are subject to one maximum benefit period.
- **Material and substantial** mean duties that are essential to the performance of an occupation and which cannot reasonably be omitted from or modified with regard to that performance.
- **Maximum benefit period** means the maximum amount of time the monthly disability income benefit is payable for any one disability and begins after the elimination period. Once the maximum benefit period is reached, we will not pay any further monthly disability income benefits for that disability.
- **Mental or nervous disorder** means a mental or emotional disease or disorder which is listed or defined in the Diagnostic and Statistical Manual for Mental Disorders (e.g. DSM IV) or its subsequent editions or replacement.
- **Monthly disability income benefit** means the amount we agree to pay you if you are totally disabled.
- **Occupation** means the type of vocation, work or profession that serves as your regular and usual source of income. If you are consistently engaged in more than one vocation, work or profession at the time the total disability begins, all vocations, work or professions will together be considered to be your occupation. If you are unemployed 6 months or less at the time your total disability begins, your occupation will be the vocations, work or professions in which you were engaged prior to becoming unemployed. If you have been unemployed for more than 6 months or if you have retired while the policy is in force and prior to becoming totally disabled, you will be considered

totally disabled if, as a result of an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>), you are unable to engage in material and substantial duties of an unemployed or retired person of like age and gender. — Florida — if unemployed for 6 months or more or if you retired while this policy was in force and prior to becoming totally disabled your occupation will be the vocations, work or professions for which you are qualified by education, training, or experience. Your regular and usual occupation is not restricted to a specific company or industry.

- **Policy** means the policy issued and delivered to you. It includes any attached pages, applications, and any amendments.
- **Presumptive total disability** means you are presumed to be totally disabled if, while the policy is in force, an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>) occurs which results in the permanent and irrevocable loss of: sight of both eyes; hearing in both ears; power of speech; use of both hands; use of both feet; use of one hand and one foot. You do not have to be under the regular care of a doctor to receive benefits in these cases once the proof of presumptive total disability has been satisfied. The elimination period still applies.
- **Preexisting condition** means an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>) misrepresented or not fully disclosed on the application for insurance, which causes a total disability during the first two (2) years after the policy is in force and:
  1. Was diagnosed or treated by a doctor within the 12 months immediately preceding the effective date of the policy (Florida excludes routine follow-up for breast cancer reoccurrence); or
  2. Manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the effective date of the policy.
- **Proof of good health** means proof on forms approved by us and that satisfies us that the person is an acceptable insurance risk.

# Plan Provisions (continued)

- **Total disability**

FOR OTHER THAN THE 5 YEAR MAXIMUM BENEFIT PERIOD PLAN (except Florida): means a condition resulting from an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>) which requires care from a doctor and which keeps you from being able to perform the material and substantial duties of your occupation and you are not engaged in any other vocation, work or profession for wage, remuneration or profit.

FOR THE 5 YEAR MAXIMUM BENEFIT PERIOD PLAN (except Florida): means a condition resulting from an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>) which requires care from a doctor and which:

1. For the first two years, keeps you from being able to perform the material and substantial duties of your occupation and you are not engaged in any other vocation, work or profession for wage, remuneration or profit; and
2. After the first two years, keeps you from being able to perform the material and substantial duties of any vocation, work or profession for wage, remuneration or profit for which you are qualified by education, training or experience.

— Florida — “Total disability or totally disabled” means a condition resulting from an accident (or sickness for Disability Income Protector Plus<sup>SM</sup>) which requires care from a doctor and which:

1. For the first 12 months, keeps you from being able to perform the material and substantial duties of your occupation; and
2. After the first 12 months, keeps you from being able to perform the material and substantial duties of any vocation, work or profession for wage, remuneration or profit for which you are qualified by education, training or experience.

## Total Disability Income Benefits

We will pay the monthly disability income benefit if:

1. You are totally disabled;
2. The elimination period has been satisfied;
3. The total disability, and the injury (or sickness for Disability Income Protector Plus<sup>SM</sup>) resulting in the total disability occurred or first manifested itself while this policy was in force; and
4. The total disability is not excluded under the policy.

We will pay the monthly disability income benefit until the earlier of:

1. The end of the maximum benefit period for such total disability;
2. The date such total disability ends; or
3. The date you fail to furnish us satisfactory proof that you continue to be totally disabled.

We will reduce the monthly disability income benefit, by the amount of state statutory plan benefits you receive. Your monthly disability income benefit will not be reduced below our minimum level of \$100.

FOR THE 5 YEAR MAXIMUM BENEFIT PERIOD PLAN:

If you receive social insurance benefits, we will reduce the monthly disability income benefit by the amount awarded. In no event will your benefit be reduced below the policy's monthly minimum of \$100.

Social insurance benefits are:

1. Social Security Disability Benefit;
2. Unemployment Benefits;
3. Workers' Compensation;
4. Government Retirement and Disability Fund Benefit; and
5. Railroad Retirement Disability Income.

RECURRENT TOTAL DISABILITY: If a period of total disability is due to the same or related causes as an immediately preceding period of total disability, it may be a continuation of the prior total disability period. If you have reached the maximum benefit

period under the first period of total disability, no further benefits are payable for a subsequent period of total disability for the same or related causes. We will consider recurrent periods of total disability to be a single period of total disability subject to the maximum benefit period unless:

1. You resume to be employed full-time for a continuous period of 30 days; or
  2. The subsequent period of total disability is unrelated to the cause of the previous period of total disability.
- Otherwise, we will consider the current period of total disability to be a new period.

One elimination period and one maximum benefit period applies to each single period of total disability.

**CONCURRENT DISABILITY:** We will consider a period of total disability that is due to more than one cause a single period of total disability. In no event will more than the monthly disability income benefit be paid for a single period of total disability, regardless of whether the total disability is due to more than one cause.

**DISABILITY INCOME BENEFIT CALCULATIONS:** Monthly disability income benefits are paid in arrears. Monthly disability income benefits for less than one calendar month will be paid on a per day basis of 1/30th of the monthly benefit.

## Premiums

From time to time, we may change the premium rate for the policy form. We will only change the premium rates if we change the rates for all policies in your class. Each premium will be based on the rate table in effect on that premium's due date. Factors used in determining your premium rate may include but are not limited to the following: 1. At time of issue: your place of residence, sex, occupational class, and tobacco use, and 2. As of premium date: your plan of benefits, attained age and premium payment mode.

**PREMIUM PAYMENT:** Each premium is to be paid to us on or before its due date in United States currency. A due date is the last day of the period for which the preceding premium was paid.

**GRACE PERIOD:** You have until the 31st day following each premium due date to pay all premiums due. We may pay benefits during this 31-day grace period. If you do not pay the premium by the end of the grace period, the policy will terminate as of the last day premium was paid through. Any such benefit payment is made in reliance on the receipt of the full premium due from you by the end of the grace period.

**MISSTATEMENT OF AGE OR GENDER:** If your age or gender has been misstated, your benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid, based on the correct age or gender. If coverage would not have been available to you, we will void your policy and refund any applicable premiums paid.

**BILLING/ADMINISTRATIVE FEES:** Upon prior written notice, we may impose an administrative fee for certain billing options. We will charge a fee, as determined by us, for any check or automatic payment deduction that is returned unpaid.

## Termination

Coverage will terminate on the earliest of:

1. Nonpayment of premiums when due, subject to the Grace Period;
2. The date requested by you to terminate;
3. The date of your death;
4. The date you are age 65 or older and are no longer employed full time;
5. The date you become age 70; or
6. We terminate or decline to renew this policy as stated in the renewal provision.

# Plan Provisions (continued)

## Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your insurance application, your coverage may be voided or claims denied.

## Conditions Prior to Legal Action

To help resolve disputes before litigation, the policy requires that you provide us with written notice of intent to sue as a condition prior to legal action (not required in Texas). This notice must identify the source of the disagreement, including all relevant facts and information supporting your position.

Unless prohibited by law, any action for extra-contractual or punitive damages is waived if the contract claims at issue are paid or the disagreement is resolved or corrected within 30 days of the written notice, (not applicable in Wisconsin).

— Florida and Missouri — Conditions prior to legal action not required.

## Suspension During Military Service

This policy may be suspended while you are on full-time active duty in any branch of the United States military. Suspension may be made effective upon written request from you as the date active duty starts. Active duty does not include training by reservists that lasts 90 days or less. We will refund the pro rata portion of any premium paid for a period beyond the date of suspension. The suspended policy may be restored without proof of good health if:

1. The active duty ends within 3 years from the date of suspension; and
2. You apply in writing and pay premium within 90 days following the date active duty ends.

Your coverage will start again as of the date we receive the written request and premiums to restore the policy, but not before the date active duty ends.

Only a disability from an accident (or sickness which first manifests itself for Disability Income Protector Plus<sup>SM</sup>) which first occurs after the policy is restored is covered. Once restored, all rights under the policy will be the same as before the policy was suspended. Premiums will be at the same rate as they would have been had the policy remained in force.

## Renewability

You may renew the policy by timely payment of the required premiums until your 65th birthday.

If you are age 65 or older and employed full-time, you can continue to renew your policy until your 70th birthday if you continue to be employed full time. We may require proof of your employment.

We may terminate the policy immediately or refuse renewal if there is fraud or a material misrepresentation made by you or with your knowledge in filing a claim for policy benefits.

# Exclusions and Limitations

## Disability Income Protector<sup>SM</sup>

We will not pay benefits if the total disability is incurred:

1. Prior to the effective date of the policy;
2. After the termination date of the policy; or
3. Due to a preexisting condition which causes a total disability during the first two years after the effective date of the policy.

We will not pay benefits if total disability results from, is caused or contributed to by any of the following:

1. An injury which occurred or first manifested itself prior to the effective date of the policy;
2. Any sickness, including but not limited to, the following:
  - a. Mental or Nervous disorders;
  - b. Drug or alcohol addiction or dependency;
3. Any activities or conditions excluded by rider or endorsement;
4. As a result of your intoxication, as defined by applicable state law in the state in which the injury resulting in total disability first manifests or occurs, or use of a drug that is ingested, absorbed, injected or inhaled unless taken as administered or prescribed by a doctor;
5. Pregnancy or childbirth;
6. Participation in hazardous avocations, including but not limited to: flight in any aircraft except as a fare-paying passenger; mountaineering (Florida — including skiing and rock climbing); sky diving; hang gliding; scuba diving; motorized racing; bungee jumping; or any extreme sports (Florida — includes competitive skiing, snowboarding, biking or skateboarding);

7. Intentionally self-inflicted bodily harm (whether you are sane or insane);  
— Missouri — The exclusion for intentionally self-inflicted bodily harm does not apply if the intentionally self-inflicted bodily harm resulted from a suicide attempt while insane.
8. Any act of declared or undeclared war or while serving in any branch of the military;
9. Taking part in a riot or insurrection;
10. Commission of or attempting to commit an illegal act, whether or not charged or while being engaged in an illegal occupation;
11. The suspension, revocation or surrender of your professional or occupational license or certification.

We will not pay your monthly disability income benefit, while you are:

1. Incarcerated or confined for any reason in a penal or correctional institution or on house arrest (monitoring device); or
2. Traveling or residing outside of the United States.

# Exclusions and Limitations (continued)

## Disability Income Protector Plus<sup>SM</sup>

We will not pay benefits if the total disability is incurred:

1. Prior to the effective date of the policy;
2. After the termination date of the policy; or
3. Due to a preexisting condition which causes a total disability during the first two years after the effective date of the policy.

We will not pay benefits if total disability results from, is caused or contributed to by any of the following:

1. Any sickness or injury, which occurred or first manifested itself prior to the effective date of the policy;
2. Any activities or conditions excluded by rider or endorsement;
3. Mental or Nervous disorders;
4. Drug or alcohol addiction or dependency;
5. As a result of your intoxication, as defined by applicable state law in the state in which the sickness or injury resulting in total disability first manifests or occurs, or use of a drug that is ingested, absorbed, injected or inhaled unless taken as administered or prescribed by a doctor;
6. Normal pregnancy or childbirth, except for total disability due to complications of pregnancy;
7. Participation in hazardous avocations, including but not limited to: flight in any aircraft except as a fare-paying passenger; mountaineering (Florida — including skiing and rock climbing); sky diving; hang gliding; scuba diving; motorized racing; bungee jumping; or any extreme sports (Florida — includes competitive skiing, snowboarding, biking or skateboarding);

8. Intentionally self-inflicted bodily harm (whether you are sane or insane);  
— Missouri — The exclusion for intentionally self-inflicted bodily harm does not apply if the intentionally self-inflicted bodily harm resulted from a suicide attempt while insane.
9. Any act of declared or undeclared war or while serving in any branch of the military;
10. Taking part in a riot or insurrection;
11. Commission of or attempting to commit an illegal act, whether or not charged or while being engaged in an illegal occupation;
12. The suspension, revocation or surrender of your professional or occupational license or certification.

We will not pay your monthly disability income benefit, while you are:

1. Incarcerated or confined for any reason in a penal or correctional institution or on house arrest (monitoring device); or
2. Traveling or residing outside of the United States.



## CONDITIONS PRIOR TO COVERAGE

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company (Golden Rule).
2. All medical examinations, if required, have been satisfactorily completed.
3. The proposed insured must be, on the effective date, not less than a standard risk acceptable to Golden Rule according to its regular underwriting rules and standards for the exact plan and amount of insurance applied for.
4. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date, and any check is honored on first presentation for payment.
5. The policy is: (a) issued by Golden Rule exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

### Definitions:

1. "Satisfactorily completed" means that no adverse medical conditions or abnormal findings have been detected which would lead Golden Rule to decline issuing the policy or to issue a specially ridered policy.

### Limitation:

If, for any reason, Golden Rule declines to issue a policy or issues a policy other than a standard policy as applied for, Golden Rule shall incur no liability under this receipt except to return any premium amount received. Interest will not be paid on premium refunds.

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

If you intend to lapse or otherwise terminate existing disability insurance and replace it with a new plan from Golden Rule, you should be aware of and seriously consider certain factors that may affect your coverage under the new plan.

1. Full coverage will be provided under the new plan for preexisting health conditions: (a) that are fully disclosed in your application; and (b) for which coverage is not excluded or limited by name or specific description. Other health conditions that you now have may not be immediately or fully covered under the new plan. This could result in a claim for benefits being denied, reduced, or delayed under the new plan, whereas a similar claim might have been payable under your present plan.
2. If after due consideration, you still wish to terminate your present insurance and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history.
3. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
4. Finally, we recommend that you not terminate your present plan until you are certain that your application for the new plan has been accepted by Golden Rule.

**A COPY OF YOUR AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)**

I hereby authorize Golden Rule to initiate debit entries to the account indicated below. I also authorize the named depository to debit the same to such account.

I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

In Tennessee and Texas, drafts may only be scheduled on 1) the premium due date; or 2) up to 10 days after the due date.

**KEEP THIS DOCUMENT. IT HAS IMPORTANT INFORMATION.**

**A COPY OF YOUR AUTHORIZATION TO OBTAIN AND DISCLOSE HEALTH INFORMATION**

I authorize Golden Rule Insurance Company's Insurance Administration and Claims Departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about me is authorized to give it to Golden Rule's Insurance Administration and Claims Departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

Golden Rule may release this information about me to the MIB or any member company for the purposes described in Golden Rule's Notice of Information Practices.

I have received Golden Rule's Notice of Information Practices. This authorization shall remain valid for 30 months from the date below.

I understand the following:

- A photocopy of this authorization is as valid as the original;
- I or my authorized representative may obtain a copy of this authorization by writing to Golden Rule;
- I may request revocation of this authorization as described in Golden Rule's Notice of Information Practices;
- Golden Rule may condition enrollment or eligibility for benefits on my refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.

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**Failure to include all material medical information, correct information regarding the tobacco use of any applicant, or information concerning other health plans may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.**

## FINANCIAL INFORMATION PRIVACY NOTICE

(Effective September 23, 2013)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

**Information We Collect.** We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from consumer reports.

**Disclosure of Information.** We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

**We restrict access to personal** financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

**Confidentiality and Security.** We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

**Fair Credit Reporting Act Notice.** In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you.

If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

**Medical Information Bureau.** In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a nonprofit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

- If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Ste. 400, Braintree, MA 02184-8734, (866) 692-6901, [www.mib.com](http://www.mib.com) or (TTY) (866) 346-3642.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. In addition, you may obtain a copy of this notice at our websites such as [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), [www.myallsaversmember.com](http://www.myallsaversmember.com), [www.goldenrule.com](http://www.goldenrule.com), or [www.unitedhealthone.com](http://www.unitedhealthone.com).

- **You have the right to be considered a protected person.** (New Mexico only) A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

### Exercising Your Rights

- **Contacting us.** If you have any questions about this notice or want to exercise any of your rights, please call (800) 657-8205.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address: Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719

The Notice of Information Practices, effective September 23, 2013, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

40776-X-1213 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.



UnitedHealthOne<sup>SM</sup> is a brand representing a portfolio of insurance products offered to individuals and families through the UnitedHealthcare family of companies. Golden Rule Insurance Company is the underwriter and administrator of these plans.

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