

Massachusetts Mutual Life Insurance Company
1295 State Street, Springfield, Massachusetts 01111-0001
1-800-272-2216

DISABILITY INCOME INSURANCE

OUTLINE OF COVERAGE

XLIS-RC-15(CA)

1. Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of Your Policy (“You” and “Your” refer to the Owner of the Policy). This is not the insurance policy and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Massachusetts Mutual Life Insurance Company (the “Company,” “We,” “Us,” and “Our”). It is, therefore, important that You READ YOUR POLICY CAREFULLY!

2. Disability income insurance is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

IF THE INSURED CHOOSES TO WORK AT ANY JOB, HE/SHE WILL NOT BE CONSIDERED TOTALLY DISABLED UNDER THIS POLICY, BUT HE/SHE MAY QUALIFY FOR PARTIAL DISABILITY BENEFITS. NOTE THAT THIS STATEMENT DOES NOT APPLY TO ELIGIBILITY FOR MONTHLY BENEFITS UNDER AN OWN OCCUPATION RIDER OR A RETIREGUARD RIDER IF IN FORCE ON THIS POLICY. PLEASE SEE THOSE RIDERS FOR DETAILS.

3. BENEFITS OF THE POLICY

The Policy provides certain benefits if the Insured is Disabled. The Insured’s Disability must be caused by an Injury or Sickness covered by the Policy. The Policy also sets forth certain limits.

1. **Definition of Total Disability.** The Insured is Totally Disabled if, as a result of Sickness or Injury, the Insured is not able to perform with reasonable continuity the Substantial and Material Acts necessary to perform his/her Usual Occupation in the usual and customary way and the Insured chooses not to work in any occupation.

1a. **Total Disability Benefit.** We will make payments as long as the Insured is Totally Disabled. But we will pay only up to the Maximum Benefit Period.

Monthly Benefit	Maximum Benefit Period	Elimination Period
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2. **Definition of Usual Occupation.** The employment, business, trade or profession that involves the Substantial and Material Acts of the occupation the Insured was regularly performing when the Disability began. Usual Occupation is not necessarily limited to the specific job the Insured performed.

3. **Waiver Of Premium.** The Policy includes a waiver of premium benefit if the Insured becomes Disabled. See Policy provisions for more detail.

4. The Policy also provides a Rehabilitation Benefit, a Presumptive Total Disability Benefit, and a Recurring Disability Benefit.

4. OTHER BENEFITS.

EPS. Extended Partial Disability Benefits Rider. Provides for payment of benefits if the Insured is Partially Disabled as defined in the rider. Partial Disability benefits will not be paid beyond the Maximum Benefit Period for Total Disability under the Policy.

Monthly Benefit	Maximum Benefit Period	Elimination Period
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CAT. Catastrophic Disability Benefit Rider. Provides for a benefit to be paid if the Insured becomes Catastrophically Disabled as defined in the Policy.

Monthly Benefit	Maximum Benefit Period	Elimination Period
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CS. Short Term Disability Benefits Rider. Provides Disability benefits for a short period of time.

For Option 1 under Short Term Disability Benefits Rider:

Monthly Benefit	Maximum Benefit Period	Elimination Period
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For Option 2 under Short Term Disability Benefits Rider:

Monthly Benefit	Maximum Benefit Period	Elimination Period
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ES. Group Supplement Disability Benefits Rider. Provides Disability benefits to supplement employer provided Disability benefits and Disability benefits from any other source by adding benefits to the Policy.

For Coverage A under Group Supplement Disability Benefits Rider:

Monthly Benefit	Maximum Benefit Period	Elimination Period
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For Coverage B under Group Supplement Disability Benefits Rider:

Monthly Benefit	Maximum Benefit Period	Elimination Period
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FS. Future Insurability Option Rider. Provides the opportunity to apply for certain additional benefits during the Option Periods without proof of the Insured's Good Health (other than the proof that the Insured is not Disabled) or the nature of his/her occupation. The rider may not apply to all Coverage(s).

Total Available Pool

KS. Cost of Living Adjustment Rider. Provides benefit increases based on 3% of the Monthly Benefit for the rider while the Insured is Disabled.

Monthly Benefit

RG. RetireGuard Rider. Provides Total Disability Benefits to cover retirement contributions that would have been made to eligible retirement plans had the Insured not become Totally Disabled. There are optional RetireGuard Cost of Living Adjustment (COLA) Benefit and RetireGuard Future Insurability Option (FIO) Benefit available under the rider. The RetireGuard COLA Benefit and RetireGuard FIO Benefit allow for increases to the amount of Monthly Benefit under certain circumstances.

Monthly Benefit Maximum Benefit Period Elimination Period

For RetireGuard COLA Benefit under RetireGuard Rider:

Monthly Benefit

For RetireGuard FIO Benefit under RetireGuard Rider:

Total Available Pool

OO. Own Occupation Rider. Provides for a benefit to be paid if the Insured is Totally Disabled as defined in the rider.

Monthly Benefit Maximum Benefit Period Elimination Period

Monthly Benefit payments under the Own Occupation Rider will be in lieu of any Monthly Benefit under the Extended Partial Disability Benefits Rider and will be equal to the Monthly Benefit for the Own Occupation Rider shown in the Policy Specifications. We will evaluate eligibility for Monthly Benefits under the Extended Partial Disability Benefits Rider for the amount, if any, that exceeds the Monthly Benefit of the Own Occupation Rider.

Solely for the Monthly Benefits available under the Own Occupation Rider, the definition of "Usual Occupation" is revised as follows:

USUAL OCCUPATION -- The employment, business, trade or profession that involves the Substantial and Material Acts of the occupation the Insured was regularly performing when the Disability began. Usual Occupation is not necessarily limited to the specific job the Insured performed.

If the Insured's Usual Occupation is that of a medical or dental specialty and the main duties of that specialty are verified by the Billing Codes for the 12 months before Disability began, We will deem that specialty to be the Insured's Usual Occupation.

Billing Codes. Billing Codes mean codes generally accepted by the healthcare and insurance industries, such as Current Procedural Terminology (CPT) or American Dental

Association (ADA), that are used to identify and describe medical, surgical, diagnostic, or dental services directly performed by the Insured.

QS. Automatic Benefit Increase Rider. Provides the opportunity to add additional benefits automatically to the Policy each Policy Anniversary without Proof of Good Health providing the Insured is not Disabled. The rider may not apply to all Coverage(s).

- ☐ Yes
☐ No

SIR. Social Insurance Rider. Provides Disability benefits without duplicating benefits that may be provided by social insurance programs. The amount of the rider benefit will be reduced by the amount of benefits payable by all social insurance programs for that month of Disability.

Monthly Benefit

Maximum Benefit Period

Elimination Period

SLR. Student Loan Rider. Provides a Monthly Benefit equal to the Student Loan Repayment, up to the Maximum Monthly Benefit shown in the Policy Specifications, provided the rider is In Force and the Insured is Totally Disabled throughout the full Elimination Period for the rider. The rider will be In Force for a term of (select one):

- ☐ 10 years
☐ 15 years

Maximum Monthly Benefit

Elimination Period

BIR. Benefit Increase Rider. Provides the opportunity to obtain additional benefits to the Policy without Proof of Good Health other than proof that the Insured is Actively At Work and is not Disabled. We will require proof of the nature of the Insured's occupation. The rider may not apply to all Coverage(s).

- ☐ Yes
☐ No

5. EXCEPTIONS, REDUCTIONS, AND LIMITS OF THE POLICY

The Policy does not provide any benefit for any Disability:

- caused or contributed to by declared war or undeclared war or act of war.
- caused or contributed to by active participation of a riot or insurrection.
- caused or contributed to by any intentionally, self-inflicted Injury.
- caused or contributed to during the Insured's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation.

Mental Disorder Limitation. The Maximum Benefit Period is 24 months for each period of Disability caused or contributed to by a Mental Disorder. However, We will pay benefits, subject to the Maximum Benefit Period shown in the Policy Specifications, as long as You are confined in a Hospital for the treatment of a Mental Disorder.

Hospital means an institution legally operating as a hospital which:

- (1) is engaged in providing in-patient medical care for diagnosis and treatment of Mental Disorders;

- (2) is supervised by a staff of Doctors on the premises; and
- (3) provides on the premises 24-hour nursing care by registered nurses.

Hospital will not include any institution which:

- (1) is run mainly as a rest, nursing or convalescent home; or
- (2) is mainly for the care of the aged.

Limitation Of Pre-Existing Conditions For Coverage. A pre-existing limitation is a physical or mental condition, whether diagnosed or undiagnosed which was misrepresented or not disclosed in the application (i) for which the Insured received a Doctor's advice or treatment within 24 months before the Coverage Date(s), or (ii) which caused symptoms within 12 months before the Coverage Date(s) for which a prudent person would usually seek medical advice or treatment; and the Disability caused or substantially contributed to by the condition begins in the first 24 months after the Coverage (s) becomes Effective.

In accordance with other Policy provisions and except as described in the Suspension Of Policy While In Military, Suspension Of Policy For Unemployment, and Reinstatement provisions, We will provide benefits under any Coverage (which requires Proof of Good Health to purchase) for a Disability that begins after that Coverage has been In Force for more than 24 months and is caused or substantially contributed to by the condition that existed before that Coverage began, unless excluded by name or specific description in the Time Limit On Certain Defenses provision.

6. CONDITIONAL RENEWABILITY

The Policy becomes Conditionally Renewable on the Policy Anniversary on or next following the Insured's 65th birthday if the Insured is not Disabled and is Actively At Work, and will remain Conditionally Renewable until the Policy Anniversary on or next following the Insured's 75th birthday. New Policy Specifications will be sent to You when the Policy becomes Conditionally Renewable.

The conditions for ongoing renewal are that the Insured is not Disabled and is Actively At Work. We may ask for proof that the Insured is not Disabled and is Actively At Work to continue the Policy.

Premiums are based on the Insured's Attained Age and are shown on the Policy Specifications. Rates may change at any time when the Policy is Conditionally Renewable. If rates change, new Policy Specifications will be sent to You.

The Policy will terminate in accordance with the Termination provision.

7. MISSTATEMENT OF AGE

If the Insured's Age is misstated on the application, We will change the benefit amount to reflect the benefits the premiums would have bought at the Insured's correct Attained Age.

We may terminate the Policy, or reduce any Coverage(s), and refund to the premium payor any associated premiums if the correct Attained Age at the time of issue is outside the issue Age ranges of the Policy or Our Published Underwriting Limits.

(Please sign and release next page)

Massachusetts Mutual Life Insurance Company

I certify that ALL PAGES of the required Outline of Coverage Form OXLIS-RC-20(CA) were delivered to and read by the applicant, _____ .

Date

Soliciting Agent

Signature of Insured

(This certification must accompany the application when sent to Our Home Office.)