

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

**DISABILITY INCOME INSURANCE**

**OUTLINE OF COVERAGE**

**ICC15-XLIS-RC**

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.

**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 he/she cannot perform the main duties of his/her Occupation and is not working at any other occupation due to Sickness or Injury. The Insured must be under a Doctor's Care. The Disability must begin while the Policy is In Force.

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	Waiting Period
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2. **Definition of Occupation.** The Insured's regular profession(s) or business(es) at the start of Disability for which the Insured receives or can receive remuneration.

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.

5. **Maximum Benefit Period Endorsement.** Removes the 24-month limitation for mental illness from the Policy.

- Yes
- No

**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                      Waiting Period

**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                      Waiting Period

**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                      Waiting Period

**For Option 2 under Short Term Disability Benefits Rider:**

Monthly Benefit                      Maximum Benefit Period                      Waiting Period

**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                      Waiting Period

**For Coverage B under Group Supplement Disability Benefits Rider:**

Monthly Benefit                      Maximum Benefit Period                      Waiting Period

**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                      Waiting 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 has a condition caused by a Sickness or Injury in which the Insured:

- cannot perform the main duties of his/her Occupation;
- is working in another occupation;
- must be under a Doctor's Care; and
- the Disability must begin while the rider is In Force.

Monthly Benefit                      Maximum Benefit Period                      Waiting 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 "Occupation" is revised as follows:

OCCUPATION -- The Insured's regular profession(s) or business(es) at the start of Disability for which the Insured receives or can receive remuneration.

If the Insured's 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 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 and under a Doctor's Care.

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 condition for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 12-month period immediately prior to the Coverage Date(s), or for which medical advice or treatment was recommended by a Doctor or received from a Doctor within a 24-month period prior to the Coverage Date(s).

We will not provide benefits under any Coverage (which requires Proof of Good Health to purchase) for a Disability that begins before the Coverage(s) has been In Force for 24 months and is caused or contributed to by, or resulting from a Pre-Existing Condition, unless:

- the Pre-Existing Condition was fully and accurately described in an application for Coverage; or
- We have not specifically excluded the Pre-Existing Condition by name or specific description.

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 contributed to by, or resulting from a disease, disorder or physical 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.

s 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 OR TOBACCO USE STATUS**

If the Insured's birthdate or tobacco use status is misstated on the application, all amounts payable under the Policy shall be amounts as the premium paid would have purchased at the correct Attained Age or tobacco use status.

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 ICC20-OXLIS-RC 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.)