ILLINOIS MUTUAL®
Life Insurance Company

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POLICY FORM WSD07

# VOLUNTARY SHORT TERM DISABILIY INCOME COVERAGE

## REQUIRED OUTLINE OF COVERAGE

(1) READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of Your Policy. This is not the insurance contract. Only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and your insurance company. It is important that you READ YOUR POLICY CAREFULLY!

(2) DISABILITY INCOME PROTECTION COVERAGE is designed to provide you with coverage for disabilities resulting from a covered injury or sickness. Coverage is provided by the benefits described in Paragraph (3). The benefits described in Paragraph (3) may be limited by Paragraph (4). Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

### (3) BENEFITS

(A) Total Disability. If an injury or sickness causes you to be totally disabled, we will pay you the total disability benefit shown in the Schedule. Payments will start after you have satisfied the elimination period and will continue as long as you remain totally disabled up to the Maximum Benefit Period shown in the Schedule.

(B) Waiver of Premium. When you have been totally disabled for 90 continuous days, we will waive the payment of any premiums that become due as long as you remain Totally Disabled, but not beyond the Maximum Benefit Period.

### (4) EXCEPTIONS AND REDUCTIONS

(A) We will not pay Benefits for Total Disability resulting from: (a) War or act of war, whether declared or undeclared; (b) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test; (c) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger; (d) Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar acitivities; (e) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution; (f) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not; (g) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician; (h) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration; (i) Having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's disease and other organic senile dementias are covered under this Policy; (j) Having an On-Job Accident, unless an On-Job Total Disability Benefit is shown in the Schedule; (k) Giving birth as the result of a normal pregnancy, including Cesarean, within the first nine months after the Policy Effective Date as shown in the Schedule. Complications of a pregnancy will be covered to the same extent as any other sickness.

(B) During the first 12 months after the Policy Effective Date, this Policy will not pay benefits: (a) for any condition diagnosed or treated by a physician within 12 months prior to the Date of Issue; or (b) for any condition which caused symptoms within 12 months prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.

(C) If you become Totally Disabled due to an Injury or Sickness while you are outside the covered geographical areas and you are disabled longer than the Elimination Period shown in the Schedule, your Maximum Benefit Period while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60 day period, benefits will not be paid until you return to the covered geographical areas. If you are still Totally Disabled as defined in this Policy when you return from outside the covered geographical areas, we will determine your remaining benefit period by subtracting the time period for which we have already paid you benefits from the Maximum Benefit Amount shown in the Schedule up to the remaining Maximum Benefit Period.

## (5) RENEWABILITY

This Policy is guaranteed to be renewed until the renewal date that follows your 72nd Birthday. We have the right to increase the premiums by class.

RETAIN FOR YOUR RECORDS