

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium. Premium for this rider is included on the policy Schedule or by endorsement, if added at a later date. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person: [REDACTED]
Issue Date: [REDACTED]

Monthly Benefit Amount: \$1,800.00
Elimination Period: 90 consecutive days
Maximum Benefit Period: 2 years

DEFINITIONS

Concurrent Total Disabilities means a Total Disability caused by more than one Injury, whether they are related or not.

Elimination Period means the number of consecutive days the Insured Person must be Totally Disabled before being eligible to receive the Monthly Benefit Amount. We do not pay Monthly Benefit Amounts during the Elimination Period.

Maximum Benefit Period means the maximum period of time Monthly Benefit Amounts are paid.

Physician's Care means the regular and personal care of a Physician which, under prevailing medical standards, is appropriate for the condition causing the disability.

Totally Disabled and **Total Disability** means a condition resulting from an Injury, independent of all other causes, which (a) occurs while this rider is in force, (b) requires a Physician's Care unless the Insured Person has reached the maximum point of recovery and (c) keeps the Insured Person from doing the important, substantial and material duties of their own occupation.

BENEFIT

We will pay the Monthly Benefit Amount if:

- the Insured Person is Totally Disabled;
- the Insured Person's Total Disability begins while this rider is in force;
- the Insured Person's Total Disability begins within 365 days of the Injury causing the Total Disability;
- the Insured Person has satisfied the Elimination Period; and
- the Insured Person's Total Disability began prior to the policy Anniversary following the Insured Person's 65th birthday.

We will pay the Monthly Benefit Amount for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefit Amounts will be paid for only one of any Concurrent Total Disabilities. The benefit under this rider will be paid even if the Injury occurs while on the job.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and is separated by six months or less, during which the Insured Person returned to work on a continuous basis. A Total Disability is due to the same cause if the Injury causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period.

If a period of more than six months, during which the Insured Person returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured Person will be subject to a new Elimination Period before the Monthly Benefit Amount will be paid. A new Maximum Benefit Period will apply to each period of Total Disability.

LIMITATION

Foreign Travel and Residency. We will pay up to a maximum of three Monthly Benefit Amounts for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits under this rider for Total Disabilities that result from losses subject to the exclusions stated in the policy.

MILITARY SERVICE

You may suspend this rider if the Insured Person enters active military service. There will be no coverage during the period of suspension, and no premium payments will be due during this time. Active military service means actively serving in any armed forces of any country, or units auxiliary thereto, including the National Guard or Reserve, except for active-duty training of less than 60 days. Upon Your written request, including information proving that the Insured Person is eligible, We will suspend coverage on the date military service begins and refund any unearned premium to You.

In calculating the expiration of an Elimination Period for a condition that did not arise during a period of active duty, the entire Elimination Period shall equal the Elimination Period that would have applied before coverage suspension took effect and after the period of suspension.

You can put this rider back in force without providing evidence of insurability upon termination of such service. To do this, We will need a written request and payment of premium within 90 days of termination of active military service. The premium will be the same as if this rider had stayed in force. The coverage will resume as of the date of termination of active duty and once We are in receipt of both the written request to unsuspend this rider and the payment of any premium due. Once unsuspended, this rider shall cover Injuries occurring after this rider is put back in force.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this rider occurs, or as soon as reasonably possible, subject to the Proof of Loss provision. Notice must be given to Us at Our administrative office. The notice should include Your name, the Insured Person's name if different, and Policy Number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to You and the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You or the Beneficiary the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the proof of loss requirement has been met by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after the start of a Total Disability. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after any premium is unpaid or one year after the incurred date of the loss, unless You are legally incapacitated.

Written proof of loss includes all information We reasonably request, and may include the date Total Disability began and the cause of the Total Disability and prognosis. Proof may also include the Insured Person's pre-disability income, including tax returns and supporting income information, and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results, treatment notes/summaries and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We may periodically require additional documentation of the Insured Person's Total Disability, at their expense. We may also have the Insured Person examined by a Physician designated by Us, at Our expense. Any such additional proof of loss must be satisfactory to Us.

Timely Payment of Claim. Benefits for any loss covered by this rider will be paid immediately after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Monthly Benefit Amount at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this rider is in force. Termination of the coverage will not affect any claim for disability, provided that the Total Disability begins prior to termination of this rider.

Payment of Claim. All benefits will be paid to You, if living, or to the Beneficiary. If no Beneficiary has been named or is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We can only do so no later than three years after the date of the error and will notify You within 15 days after We discover the error. Such notice will clearly state the nature of the error and the amount of the overpayment. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon within 15 days of Our decision. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.


TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written request at Our administrative office to terminate this rider, unless the notice specifies a later date;
- upon the Insured Person's death;
- this rider's Anniversary following the Insured Person's 65th birthday, unless We are providing benefits for this rider at that time; or
- the date We stop providing benefits for this rider following the Insured Person's 65th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary