



## IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Carefully check the application and write to Illinois Mutual Life Insurance Company, 300 S.W. Adams Street, Peoria, Illinois 61634, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the policy and the policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

A Mutual Life Insurance Company

**This Policy provides benefits, as shown in the Schedule, for loss resulting from injury or sickness. It is guaranteed renewable until the renewal date that follows your 72nd birthday.**

### THIRTY DAY RIGHT TO EXAMINE POLICY

Within 30 days after you receive this Policy, you may surrender it by mailing or bringing it to our Home Office or to the agent who sold it to you. We will then return to you all the premiums paid. This Policy will then be considered to have never been in force.

### INSURING PROVISION

In consideration of the application for this Policy, a copy of which is attached to and made a part of this Policy, and of the payment of the premium shown in the Schedule, we promise to pay benefits for your loss caused by injury or sickness to the extent stated in this Policy and subject to all of the provisions of this Policy.

### RENEWAL PROVISION Guaranteed Renewable Until Renewal Date That Follows Your 72nd Birthday Premiums Subject To Change By Class

This Policy is issued for the term for which premium is paid starting on the Policy Effective Date. You may renew it by paying the current premium rate for like policies written or renewed by us until the renewal date that follows your 72nd birthday. On the renewal date that follows your 72nd birthday, the Policy will terminate. Such termination will not prejudice any claim that begins while this Policy is in force. However, if a premium is accepted by us after such termination, coverage will continue in force subject to any right of cancellation until the end of the period for which the premium has been accepted. (cont. on page 2)

If you have any questions or complaints concerning your policy and the benefits provided, you may contact the Home Office at (309) 674-8255 and dial the following extension:

Disability Income Policy Service Ext. 758 – Disability Income Benefits Ext. 752

### VOLUNTARY SHORT TERM DISABILITY INCOME POLICY

Illinois Mutual Life Insurance Company

Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255

**DISABILITY INCOME POLICY**  
**Form WSD07 (FL)**

This Policy is a legal contract between the Policyowner and Illinois Mutual Life Insurance Company.

**READ YOUR CONTRACT CAREFULLY**

This DISABILITY INCOME Policy provides benefits for loss resulting from accidental bodily injury or sickness. This Policy is guaranteed renewable and premiums are payable until the renewal date that follows the 72nd birthday of the Insured as shown on the Schedule. The Company has the right to increase premiums by class.

**ALPHABETIC GUIDE TO YOUR CONTRACT**

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## RENEWAL PROVISION (cont.)

All renewal premiums must be paid in advance or within the grace period of this Policy. A renewal premium will keep this Policy in force for the term for which premium has been paid. Each term will start and end at 12 o'clock noon, Standard Time, at your address.

We reserve the right to increase premium rates on all or classes of like policies. A premium change will be based on your original classification and age at issue. The increase will take effect on the first renewal date that follows the date of the change in the table of rates if it is on, or falls after, a Policy anniversary. We will mail you a written notice of the increase and send it to your last address shown on our records. This notice will be sent at least 45 days prior to the effective date of the increase.

## DEFINITIONS

**We, Us and Our** refers to Illinois Mutual Life Insurance Company.

**You and Your** refers to the Insured, as shown in the Schedule.

**Injury** means an accidental bodily injury independent of all other causes that you sustain while this Policy is in force.

**Sickness** means an illness, disease, or physical condition of yours which first manifests itself while this Policy is in force.

**Physician** means a doctor or practitioner, other than you or a member of your immediate family, who is duly licensed by the proper authority and who is practicing within the scope of his license.

**Elimination Period** means the number of continuous days you must be totally disabled before benefits begin to accrue and become payable.

**Maximum Benefit Period** means the longest period of time for which benefits will be paid for a Disability as shown in the Schedule.

**Off-Job Accident** means an Injury which occurs while you are not working at any job for pay or benefits.

**On-Job Accident** means an Injury which occurs while you are working at any job for pay or benefits.

**Policy Effective Date** means the date coverage becomes effective as shown in the Schedule.

**Your Occupation** means the regular occupation in which you are engaged at the time of your disability. If you are temporarily unemployed 6 months or less at the time of your disability, your occupation will be the regular occupation 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 this Policy is in force and prior to becoming disabled, you will be considered to be totally disabled if, as a result of an injury or a sickness, you are kept at home, are under the regular care of a physician and cannot perform two or more of the following Activities of Daily Living:

1. Bathing – means washing yourself by sponge bath or in a tub or shower, including the task of getting into or out of the tub or shower.
2. Dressing – means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
3. Transferring – means moving into or out of a bed, chair or wheelchair.
4. Eating – means feeding yourself by getting food into the body from a receptacle (such as plate, cup or table) or by feeding tube or intravenously.
5. Toileting – means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

## DEFINITIONS (cont.)

6. Continenence – means the ability to maintain control of bowel or bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

**Total Disability** for any one period of disability starting while this Policy is in force means during the first 12 months of Total Disability you are unable to perform all of the material and substantial duties of your Occupation.

To be totally disabled, you must be under a Physician's care for the Injury or sickness causing such Total Disability.

After the first 12 months of Total Disability, if applicable:

- (a) You are unable to perform the material and substantial duties of any occupation for which you are fitted by education, training or experience; and
- (b) You are not engaged in any other occupation.

To be totally disabled, you must be under a Physician's care for the Injury or Sickness causing such Total Disability.

Only one total disability benefit will be payable at any one time even if you are totally disabled because of multiple causes.

## BENEFIT PROVISION

### Total Disability Monthly Benefit

If Injury or Sickness causes your total disability, we shall pay you the Total Disability Monthly Benefit shown in the Schedule. This Benefit shall be paid to you after the Elimination Period shown in the Schedule has been satisfied. This Benefit shall be paid to you for as long as you are totally disabled up to the Maximum Total Disability Benefit Period shown in the Schedule for any one period of total disability except as stated in the Geographical Limitation Section. If the Benefits are payable for less than a full month, we will pay Benefits in a daily amount. A month is 30 days. The daily amount is one-thirtieth of the monthly amount.

### Recurrent Disability

A recurrence of your disability from the same or related causes will be considered a continuation of the prior period unless you have been engaged in any gainful occupation for more than 6 continuous months. You must be reasonably fitted and have been performing all of the substantial and material duties of that occupation.

If your disability is treated as a recurrent disability of the prior period, it will not be subject to a new Elimination Period or a new Maximum Total Disability Benefit Period.

### Geographical Limitations

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.

## WAIVER OF PREMIUM PROVISION

If Injury or Sickness causes your total disability for 90 continuous days, we will waive the payment of any premiums which become due as long as you remain totally disabled, but not beyond the Maximum Benefit Period as shown in the Schedule. After the Total Disability ends, or after the end of the Maximum Benefit Period, whichever ever is earlier, to keep this Policy in force, you must resume the payment of premiums by paying the next premium due. Thereafter, premiums will be due and payable as provided in the Policy.

## OWNERSHIP PROVISION

You are the owner of this Policy. All privileges and rights under and control of this Policy are vested solely in the owner. The owner of this Policy may exercise all rights of ownership and take any other action with which we agree, including a change of ownership, without the consent of anyone else, unless such consent is required.

## PRE-EXISTING CONDITION LIMITATION

During the first 12 months after the Policy Effective Date, this Policy will not pay benefits for any condition diagnosed or treated by a physician within 12 months prior to the Date of Issue. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute diagnosis or treatment for purposes of this provision.

## EXCEPTIONS AND REDUCTIONS

This Policy does not provide 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 activities;
- (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 a work-related Injury for which an On-Job benefit is paid by Worker's Compensation, or other similar law, 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.

## GENERAL PROVISIONS

**1. Entire Contract; Changes:** This Policy, the application and the attached papers, if any, are the entire contract. No change in this Policy will be valid until such change is approved by one of our officers. Such change must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

**2. Time Limit on Certain Defenses:** (a) After this Policy has been in force for 2 years, no statements, except fraudulent ones, made by you in the application for such Policy shall be used to void the Policy. They shall not be used to deny a claim for disability that starts after the Policy has been in force for 2 years.

**3. Grace Period:** This Policy has a 31 day grace period during which each premium due after the first premium may be paid. During this grace period this Policy will stay in force.

**4. Reinstatement:** If any renewal premium is not paid within the grace period, this Policy will lapse. Later acceptance of the premium by us or by our agent authorized to accept premiums, without requiring an application for reinstatement, will reinstate this Policy.

If we or our agent require an application, you will be given a conditional receipt for the premium. If the application is later approved by us, this Policy will be reinstated as of the date of our approval. If not approved by us, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless we have already given you written notice of its disapproval.

After reinstatement, this Policy will cover only a disability that results from an injury sustained after the date of reinstatement or a sickness that begins more than 10 days after such date. In all other respects your rights and our rights will stay the same, subject to any provisions that are endorsed on or attached to this Policy at the time of reinstatement.

**5. Notice of Claim:** Written notice of a claim must be given to us within 20 days after a loss starts or as soon as reasonably possible. Such notice may be given to our Home Office or to any of our authorized agents. Such notice should include your name.

**6. Claim Forms:** Upon receipt of notice of claim, we will send you the forms for filing proof of loss. If these forms are not furnished within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the claim within the time stated below for Proofs of Loss.

**7. Proofs of Loss:** Written proof of loss for a periodic payment due for a continuing loss must be given to us within 90 days after the end of each period for which we are liable. For any other loss, written proof of loss must be given within 90 days after such loss.

If it was not reasonably possible for you to give such proof within the time required, we shall not reduce your claim for such reason if the proof is filed as soon as reasonably possible. Such proof must be given no later than one year from the time specified above unless lack of legal capacity prevents it.

**8. Time of Payment of Claims:** After receiving the initial and the subsequent required written proofs of loss, we will pay at the end of each 30 days all benefits for your continuing disability for which we are liable. Any balance unpaid at the end of your disability will be paid as soon as we receive written proof. Benefits for any other loss covered by this Policy will be paid as soon as we receive proper written proof.

Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary must be provided an opportunity for an appeal to the insurer's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the insurer's licensed physician must respond within a reasonable time, not to exceed 15 business days.

**9. Payment of Claims:** Benefits will be paid to you. Any benefits that are due and unpaid for a period of disability prior to your death will be paid to your estate. If this Policy is not owned by you, benefits will be paid to the owner.

## GENERAL PROVISIONS (cont.)

If benefits are payable to your estate or if you cannot execute a valid release, we may pay benefits up to \$3,000 to someone related to you by blood or marriage whom we deem to be equitably entitled to such benefits. We will be discharged to the extent of any such payments made by us in good faith.

**10. Physical Examination:** We shall have the right at our expense to have you examined as often as is reasonably necessary while a claim is pending.

**11. Legal Actions:** No legal action may be taken to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

**12. Misstatement of Age:** If your age has been misstated, the benefits of this Policy will be such as the premium paid would have purchased at the correct age. If your age has been misstated and, according to your correct age, this Policy would not have taken effect or would have ceased before the acceptance of such premium(s), we will be liable only for the refund upon your request, of the premiums paid for the period not covered.

**13. Unpaid Premium:** When a claim is paid, any premium then due and unpaid may be deducted by us from the claim payment.

**14. Conformity With State Statutes:** Any provision of this Policy which, on its effective date, is in conflict on that date with the statutes of the state in which you reside is hereby amended to conform to the minimum requirements of such statutes.

**15. Notice of Assignment:** No assignment of this Policy is valid until we receive written notice.

**16. Charter or By-Laws:** No provision of our charter or by-laws, unless included herein, will void this Policy nor be used in any legal action.

**17. Annual Meeting:** Our annual meeting will be held at our Home Office at 10:00 A.M. C.D.T. on the third Tuesday of July of each year. If that day is a legal holiday, it will be held on the next Wednesday.

**18. Choice of Physician:** You have a free choice of physician.

**19. Extension of Time Limits:** If any time limit in this Policy for taking legal action is less than that allowed by the law of the state in which you reside on the Policy Effective Date, such time limit is extended to the minimum period allowed by such law.

**20. Authorization:** We may require you to give proper authorization to obtain needed information to determine what benefits, if any, are payable under this Policy.

This Policy is signed by our President and Secretary, in Peoria, Illinois on the Date of Issue shown in the Schedule.

  
Secretary

  
President

## VOLUNTARY SHORT TERM DISABILITY INCOME POLICY

Illinois Mutual Life Insurance Company

Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255