




# Platinum Advantage Policy Language Differences by State

Platinum Advantage is built on the strength of contract The Standard is known for, leveraging flexibility and unique features to help meet the needs of a broad range of clients. While most states follow the original policy language, some states have different language in certain places in the contract. In this chart, language additions for the listed states can be found in bold and removed language has been struck through.

| Policy Feature  | State      | Language  |
|---|------------|---|
|  | Cover Page | <p>CA</p> <p>STANDARD INSURANCE COMPANY</p> <p>...</p> <p><b>The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx].</b></p> <p><b>If there are questions or concerns regarding this policy, the owner may contact a Standard Insurance Company agent or its home office at the address and telephone number shown below. The owner may also contact the Consumer Services Division of the California Department of Insurance at 300 S. Spring Street, Los Angeles, California 90013, 800-927-HELP, <a href="http://www.insurance.ca.gov/01-consumers/101-help/index.cfm">http://www.insurance.ca.gov/01-consumers/101-help/index.cfm</a>. However, the Consumer Services Division should be contacted only after all contacts between the owner and Standard Insurance Company have failed to produce a satisfactory solution to the problem.</b></p> |
|   | ND, SD, WY | <p><del>...The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx]....</del></p>  |


For producers only.  
Not for use with consumers.

Standard Insurance Company  
The Standard Life Insurance  
Company of New York  
[standard.com/di](http://standard.com/di)

Platinum Advantage State  
Differences  
19327 (3/22) SI/SNY





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|---|-----------|---|
|  <p>Cover Page (continued)</p> | <p>NY</p> | <p><b>The Standard Life Insurance Company of New York</b></p> <p>...This is a non-participating Disability Income Insurance Policy. <b>The Standard Life Insurance Company of New York</b>, a stock life insurance company, issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. A copy of the application is attached to and made part of the policy....</p> <p><b>MAXIMUM BENEFIT PERIOD.</b> This policy's Maximum Benefit Period may be reduced depending on your age when Disability begins, as provided for in the Maximum Benefit Period schedule on the Policy Data page. <i>Note: Only added to the GSI policy.</i></p> <p>RIGHT TO RETURN POLICY. If not satisfied with this policy, the Owner may return it for cancellation within 30 days after receipt by the Owner. The policy must be returned to the sales representative who sold it or to our <b>HomeAdministrative</b> Office. The policy will then be void from the beginning, and any premium paid for it will be refunded to the Owner.</p> <p>READ THIS POLICY CAREFULLY. It is a legal contract between the Owner and <b>The Standard Life Insurance Company of New York</b>. Pre-existing Condition limitations or exclusions and other limitations or exclusions may apply.</p> <p><b>The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx].</b></p> <p>Signed at our Home Office</p> <p><del>1100 S.W. Sixth</del>360 Hamilton Avenue <del>Portland, Oregon 97204</del>White Plains, New York 10601</p> <p>[800-<del>247-6888</del>378-6057]</p> <p>www.standard.com</p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p>...</p> <p><b>J. Greg Ness</b> _____ <b>Holley Y. Franklin</b><br/> <b>— President</b> _____ <b>Corporate Secretary</b></p> |
|   | <p>MT</p> | <p>GUARANTEED RENEWABLE TO AGE [65] [67]. ... Before that date we can change the premium only: (1) After the policy is three years old; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. <b>We will not increase the premium more often than once during any 12-consecutive-month period, except as allowed by state law...</b></p> <p><b>The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx]...</b></p>  |

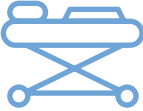


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| Policy Feature  | State | Language   |
|---|-------|--|
|  <p>Cover Page (continued)</p> | FL    | <p><i>Note: The Standard will include the word “Franchise” at the beginning of the policy title when applying the Employer Multi-Life, Resident Multi-Life or GME discount.</i></p> <p><b>FRANCHISE</b> DISABILITY INCOME INSURANCE POLICY</p> <p>...GUARANTEED RENEWABLE TO AGE [65] [67]...As long as the premium is paid by the end of each grace period, we cannot change any part of the policy, except its premium, until the Termination Date. Before that date we can change the premium only: <del>(1) After the policy is three years old; and (2)</del> if the change applies to all policies with like benefits insuring the same Risk Class. <b>We will notify you in writing at least 45 days prior to any change in premium...</b></p> <p><b>The Owner may call Standard Insurance Company at (800)247-6888 to make inquiries, obtain information, or request assistance in resolving any problems concerning coverage.</b></p> <p><b>IMPORTANT NOTICE: Please read the copy of the application attached to this policy. Carefully check the application and write to us at the address below, 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 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.</b></p> <p><del>...The telephone number for the [XYZ] Department of Insurance is [xxx-xx-xxxx]....</del></p> |
|  <p>Introduction</p>           | NY    | <p>In this policy you/your mean the Insured; we/us/our mean <b>The Standard Life Insurance Company of New York</b>. Other defined terms have initial capital letters and are defined in the DEFINITIONS section or in the provisions in which they first appear and to which they primarily pertain.</p>   |

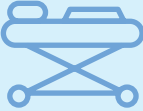


# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language  |
|--|-------|---|
|  <p>Fully Underwritten Benefit for Total Disability</p> | CA    | <p>...</p> <p><b>Total Disability/Totally Disabled</b> means that due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>with reasonable continuity</b> the Substantial And Material <del>Duties of Acts</del> <b>necessary to perform</b> your Regular Occupation; <b>in the usual and customary way;</b></li> <li>• you <del>are choose</del> not <b>engaged to work</b> in any <del>other job or</del> occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <del>satisfactory to us</del>, <b>establishing</b> that further care would be of no benefit to you.</li> </ul> <p><b>If you choose to work at any job, you will not be considered Totally Disabled under this policy. However, you may qualify for Residual Disability, as found in the residual disability rider.</b></p> <p>Regular Occupation means <b>any employment, business, trade or profession and the Substantial and Material Acts of</b> the occupation <del>or occupations which</del> you are regularly <del>engaged in at</del> <b>performing when the time your</b> Disability begins. <b>Regular Occupation is not necessarily limited to the specific job you are performing when the Disability begins.</b></p> <p>If you are a physician or dentist and have limited your Regular Occupation to the performance of the Substantial And Material <del>Duties Acts</del> of a single specialty recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) or American Dental Association (ADA), then that specialty will be deemed your Regular Occupation.</p> <p>...</p> |
|  | FL    | <p>Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <p><b>For the first 12 months of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> <p><b>After the first 12 months of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</li> <li>• you are not engaged in any other job or occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul>   |
|  | SD    | <p>...Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>all of</b> the Substantial And Material Duties of your Regular Occupation; and ...</li> </ul>  |

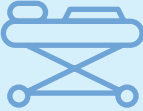



# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State     | Language  |
|---|-----------|---|
|  <p>Guaranteed Standard Issue Benefit for Total Disability</p> | <p>CA</p> | <p>Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <p>For the first 24 months of Disability:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>with reasonable continuity</b> the Substantial And Material <del>Duties of Acts</del> <b>necessary to perform</b> your Regular Occupation; <b>in the usual and customary way;</b></li> <li>• you <del>are choose</del> not <b>engaged to work</b> in any <del>other job or</del> occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <b>satisfactory to us, establishing</b> that further care would be of no benefit to you.</li> <li>• <b>If you choose to work at any job, you will not be considered Totally Disabled under this policy, but you may qualify for Residual Disability, as found in the residual disability rider.</b></li> </ul> <p>After 24 months of Disability:</p> <ul style="list-style-type: none"> <li>• <del>you are unable to perform the Substantial And Material Duties of Any Occupation; and</del></li> <li>• <del>you are not engaged in</del> you are not able to engage with reasonable continuity in Any Occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity;</li> <li>• <del>you choose not to work at</del> any other job or occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <b>satisfactory to us, establishing</b> that further care would be of no benefit to you.</li> </ul> <p>Any Occupation means any occupation or employment that you are reasonably suited for based on your education, training or experience.</p> <p>Regular Occupation means <b>any employment, business, trade or profession and the Substantial and Material Acts of</b> the occupation <del>or occupations which</del> you are regularly <del>engaged in at</del> performing when the <del>time your</del> Disability begins. <b>Regular Occupation is not necessarily limited to the specific job you are performing when the Disability begins.</b></p> <p>If you are a physician or dentist and have limited your Regular Occupation to the performance of the Substantial And Material <del>Duties Acts</del> of a single specialty recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) or American Dental Association (ADA), then that specialty will be deemed your Regular Occupation.</p> |



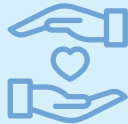



# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State     | Language  |
|---|-----------|---|
|  <p>Guaranteed Standard Issue Benefit for Total Disability (continued)</p> | <p>FL</p> | <p>Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <p><b>For the first 12 months of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> <p><b>After 12 months of Disability, and before the end of the 24th month of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</li> <li>• you are not engaged in any other job or occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> <p>After 24 months of Disability:</p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of Any Occupation; and you are not engaged in any other job or occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> |
|   | <p>SD</p> | <p>...Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <p>For the first 24 months of Disability:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>all of</b> the Substantial And Material Duties of your Regular Occupation; and...</li> </ul> <p>After 24 months of Disability:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>all of</b> the Substantial And Material Duties of Any Occupation; and you are not engaged in any other job or occupation for wage or profit; and...</li> </ul>  |
|  <p>Presumptive Disability</p>   | <p>CA</p> | <p>...</p> <p>For Total Disability resulting from Presumptive Disability, we will pay a Disability Benefit equal to the Basic Monthly Benefit regardless of your Monthly Earnings. We will waive the <b>Benefit Waiting Elimination</b> Period, and the Disability Benefit for Presumptive Disability will begin on the Commencement Date and will be payable until the end of the Maximum Benefit Period.</p>  |
|   | <p>SD</p> | <p>...Presumptive Disability/Presumptively Disabled means that you have an Injury or Sickness that <b>first</b> occurs while this policy is in force and results in your total and permanent loss of any of the following:...</p>   |




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| Policy Feature   | State              | Language   |
|--|--------------------|--|
|  Rehabilitation Program | MT                 | ...We will pay the <b>reasonable agreed upon</b> costs of a Rehabilitation Program that are not otherwise covered by any other plan, policy, or program. We will periodically review the Rehabilitation Program and your progress; and we will continue to pay the agreed upon costs for as long as we determine that the Rehabilitation Program is meeting the mutually agreed upon objectives....  |
|  Premium Waiver Benefit | CA                 | <p><b>Premium Waiver Benefit</b></p> <p>We will waive all premiums due under this policy while Disability Benefits (or Recovery Benefits) are payable. In addition, if the <b>Benefit Waiting Elimination</b> Period is greater than 90 days, we will waive all premiums due and payable after the 90th day of Disability, up to the Commencement Date, as long as you remain Disabled. After completion of the <b>Benefit Waiting Elimination</b> Period, we will refund any premium due and paid after the date your Disability began.</p> <p>We will continue to waive all premiums for as long as Disability Benefits are payable for the same claim. The Owner will resume responsibility for premium payments on the next monthly premium due date after your Disability ends.</p> <p>If Disability Benefits have been paid for the Maximum Benefit Period and you remain Disabled, premiums will continue to be waived if we receive <b>satisfactory</b> Proof Of Loss of your continued Disability. We have the right to periodically request Proof Of Loss while premiums continue to be waived. If <b>satisfactory</b> Proof Of Loss is not provided, you must resume premium payment on the next monthly premium due date</p> |
|  Family Care Benefit    | CA, NY             | <i>Not available.</i>  |
|  | SD                 | ...For a Family Care Benefit to be payable, the Serious Health Condition must be caused by an Injury or Sickness that <b>first</b> occurs or manifests itself after the Policy Effective Date and before the Termination Date. ...   |
|  Survivor Benefit     | CA                 | <p>We will pay a benefit to a survivor (Survivor Benefit) if you die while Disability Benefits are payable under this policy. The amount of the Survivor Benefit will equal three times the Basic Monthly Benefit. There is no <b>Benefit Waiting Elimination</b> Period for the Survivor Benefit.</p> <p>While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. <b>The designation or change must be made on a form satisfactory to us.</b></p>  |
|  | MT, NY, ND, SD, WY | <p>While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. <b>The designation or change must be made on a form satisfactory to us.</b></p>   |
|  | FL                 | <p>We will pay a benefit to a survivor (Survivor Benefit) if you die while Disability Benefits are payable under this policy. The amount of the Survivor Benefit will equal three times the Basic Monthly Benefit <b>or \$1,000, whichever is less.</b> There is no Benefit Waiting Period for the Survivor Benefit.</p> <p>While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. <b>The designation or change must be made on a form satisfactory to us.</b></p>  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language   |
|---|-------|--|
|  <p>Exclusions From Coverage</p> | CA    | <p>We will not pay benefits for:</p> <p>...</p> <ul style="list-style-type: none"> <li>disability caused or contributed to by your actively participating in a <b>violent disorder or</b> riot. “Actively participating” does not include your being at the scene of a <b>violent disorder or</b> riot while performing your official duties;</li> <li>disability while you are confined for any reason to a penal or correctional institution <b>for a period of more than 7 days; or;</b></li> <li>intentionally self-inflicted Injury; <b>or</b></li> <li><b>any disability or condition we have excluded by name or specific description in an endorsement made part of the policy.</b></li> </ul>   |
|   | FL    | <p>We will not pay benefits for: ...</p> <ul style="list-style-type: none"> <li>disability while you are confined for any reason to a penal or correctional institution <b>for a period of more than 7 days; or</b></li> </ul> <p>...</p>  |
|   | NY    | <p>We will not pay benefits for:</p> <ul style="list-style-type: none"> <li>disability caused or contributed to by war, declared or undeclared, or any act <del>or incident</del> of war <del>or insurrection</del>, or which resulted from <del>military training, military action or military conflict while you are on active duty</del>service in the <del>military service</del>Armed Forces or units auxiliary thereto;</li> <li><del>the first 90 days of your Disability due to pregnancy or childbirth, except for Complications Of Pregnancy;</del></li> <li>disability caused or contributed to by your committing or attempting to commit a felony, or your being engaged in an illegal occupation;</li> <li>disability caused or contributed to by your actively participating in a <b>violent disorder or</b> riot. “Actively participating” does not include your being at the scene of a <b>violent disorder or</b> riot while performing your official duties; <b>or</b></li> <li><del>disability while you are confined for any reason to a penal or correctional institution; or</del></li> <li>intentionally self-inflicted Injury.</li> </ul> |
|   | MT    | <p>We will not pay benefits for:</p> <p>...</p> <ul style="list-style-type: none"> <li><del>the first 90 days of your Disability due to pregnancy or childbirth, except for Complications Of Pregnancy; ...</del></li> <li>disability while you are confined for any reason to a penal or correctional institution <b>for a period of more than 7 days;</b></li> <li>intentionally self-inflicted Injury; <b>or</b></li> <li><b>any condition we have excluded by name or specific description in an endorsement attached to and made part of the policy.</b></li> </ul>   |
|   | ND    | <p>We will not pay benefits for:</p> <p>...</p> <ul style="list-style-type: none"> <li>disability caused or contributed to by your actively participating in a violent disorder or riot. “Actively participating” does not include your being at the scene of a violent disorder or riot while performing your official duties; <b>or...</b></li> <li><b>disability while you are confined for any reason to a penal or correctional institution; or</b></li> </ul>  |



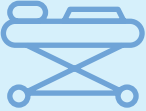


# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State                           | Language  |   |                  |         |                                 |         |          |          |          |          |          |
|--|---------------------------------|---|---|------------------|---------|---------------------------------|---------|----------|----------|----------|----------|----------|
|  | SD, WY                          | <p>We will not pay benefits for:</p> <p>...</p> <ul style="list-style-type: none"> <li>disability while you are confined for any reason to a penal or correctional institution <b>for a period of more than 7 days; or</b></li> <li>intentionally self-inflicted Injury; <b>or</b></li> <li><b>any condition which we have excluded by name or specific description in an endorsement attached to and made a part of the policy....</b></li> </ul>  |   |                  |         |                                 |         |          |          |          |          |          |
|  <p>Benefit Waiting Period Limitation</p> | CA                              | <p><del>BENEFIT WAITING</del>ELIMINATION PERIOD LIMITATION</p> <p>Unless otherwise stated in this policy, there is a <del>Benefit Waiting</del>Elimination Period for each claim for benefits from the same cause or causes. No benefits are payable during the <del>Benefit Waiting</del>Elimination Period. Benefits start on the Commencement Date, if you are Disabled on that date.</p> <p><del>Benefit Waiting</del>Elimination Period means a period, measured from the first day of your Disability throughout which you must be Disabled before benefits become payable. The <del>Benefit Waiting</del>Elimination Period is shown on the Policy Data page.</p> <p><del>With respect to the Family Care Benefit, the Benefit Waiting Period means a period, measured from the first day of your Family Member's Serious Health Condition, throughout which your Family Member must have a Serious Health Condition before a Family Care Benefit becomes payable.</del></p> <p>The days in the <del>Benefit Waiting</del>Elimination Period may be consecutive; or they may be interrupted by period(s) of Recovery. However, for any benefit to become payable, the number of days in the <del>Benefit Waiting</del>Elimination Period must be reached within a larger period of consecutive days, as follows:</p> <table border="0"> <thead> <tr> <th><del>Benefit Waiting</del>Elimination Period</th> <th>Consecutive Days</th> </tr> </thead> <tbody> <tr> <td>60 days</td> <td>must be reached within 120 days</td> </tr> <tr> <td>90 days</td> <td>180 days</td> </tr> <tr> <td>180 days</td> <td>360 days</td> </tr> <tr> <td>365 days</td> <td>540 days</td> </tr> </tbody> </table> <p>Unless otherwise stated, the benefits begin on the Commencement Date and continue, subject to the terms of this policy, until the end of the Maximum Benefit Period.</p> | <del>Benefit Waiting</del> Elimination Period | Consecutive Days | 60 days | must be reached within 120 days | 90 days | 180 days | 180 days | 360 days | 365 days | 540 days |
| <del>Benefit Waiting</del> Elimination Period  | Consecutive Days                |   |   |                  |         |                                 |         |          |          |          |          |          |
| 60 days  | must be reached within 120 days |   |   |                  |         |                                 |         |          |          |          |          |          |
| 90 days  | 180 days                        |   |   |                  |         |                                 |         |          |          |          |          |          |
| 180 days   | 360 days                        |   |   |                  |         |                                 |         |          |          |          |          |          |
| 365 days   | 540 days                        |   |   |                  |         |                                 |         |          |          |          |          |          |
|  | NY                              | <p><del>...With respect to the Family Care Benefit, the Benefit Waiting Period means a period, measured from the first day of your Family Member's Serious Health Condition, throughout which your Family Member must have a Serious Health Condition before a Family Care Benefit becomes payable....</del></p>  |   |                  |         |                                 |         |          |          |          |          |          |




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| Policy Feature  | State | Language  |
|---|-------|---|
|  <p>Recurrent Disability</p> | CA    | <p><b>RECURRENT DISABILITY</b></p> <p>If you become Disabled due to the same cause or causes within [6] [12] full months after the end of a period of Disability for which Disability Benefits had been paid, the later period of Disability will be considered a Recurrent Disability. Disability Benefits paid for a Recurrent Disability are considered a continuation of the preceding period of Disability and will not be subject to a new <b>Benefit Waiting Elimination</b> Period. However, Disability Benefits paid for a Recurrent Disability are subject to the Maximum Benefit Period that started with the preceding period of Disability, and, if the Maximum Benefit Period had ended with respect to the preceding Disability, benefits will not be payable for a Recurrent Disability.</p> <p>If you become Disabled due to the same cause or causes after the end of a period of Disability for which Disability Benefits had been paid and you have been working for at least 30 hours per week for at least [6] [12] consecutive months, the later period of Disability will be considered a new period of Disability. A new <b>Benefit Waiting Elimination</b> Period must be satisfied before benefits are payable, and a new Maximum Benefit Period will apply. Also, if you become Disabled due to a different or unrelated cause or causes after the end of a period of Disability for which Disability Benefits had been paid, the later period of Disability will be considered a new period of Disability.</p> |
|   | FL    | <p>If you become Disabled due to the same cause or causes within [6] [<del>12</del>] full months after the end of a period of Disability for which Disability Benefits had been paid, the later period of Disability will be considered a Recurrent Disability...If you become Disabled due to the same cause or causes after the end of a period of Disability for which Disability Benefits had been paid and you have been working for at least 30 hours per week for at least [6] [<del>12</del>] consecutive months, the later period of Disability will be considered a new period of Disability...</p>   |






# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State         | Language  |
|--|---------------|---|
|  <p>Pre-Existing Conditions</p> | <p>CA</p>     | <p>PRE-EXISTING CONDITIONS</p> <p><b>Disability Benefits</b> You are covered for a Disability caused or <b>substantially</b> contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, <b>will be payable</b> only if the Pre-existing Condition is <b>fully disclosed in the application and it is</b> not specifically excluded from coverage by amendment or endorsement.</p> <p>Pre-existing Condition means <b>any</b>:</p> <ul style="list-style-type: none"> <li>• <b>A diagnosed</b> mental or physical condition for which;                             <ul style="list-style-type: none"> <li>- you received medical treatment, care or services; or</li> <li>- you took prescribed medication</li> </ul>                             during the <del>365 days</del> <b>12 months</b> immediately prior to the Policy Effective Date; or                         </li> <li>• <del>you have consulted a physician or any other licensed medical professional, or received medical treatment or services;</del></li> <li>• <del>you have undergone diagnostic procedures or you have taken prescription drugs or medications;</del> or</li> <li>• <del>a reasonably</del> <b>A</b> diagnosed or undiagnosed mental or physical condition, which begins after this policy has been in force for 12 continuous months, which was not disclosed or was misrepresented in your application, and which:                             <ul style="list-style-type: none"> <li>- you received a medical professional's advice or treatment for; or</li> <li>- <del>caused symptoms for which a prudent person would have sought</del> <b>usually seek</b> medical <del>advice</del> <b>treatment</b>, care or <del>treatment services</del> <b>for during the 12 months period immediately prior to the Policy Effective Date.</b></li> </ul> </li> </ul> |
|  | <p>ND</p>     | <p>Pre-existing Condition means any mental or physical condition for which, during the 365 days immediately prior to the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or</del></li> <li>• <del>a reasonably prudent person would have sought medical advice, care or treatment.</del></li> </ul>   |
|  | <p>MT, SD</p> | <p><i>In Montana and South Dakota, the entire Pre-existing Condition section is removed from the fully underwritten policy.</i></p>   |
|  | <p>WY</p>     | <p>Pre-existing Condition means any mental or physical condition for which, during the <del>365 days</del> <b>6 months</b> immediately prior to the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, <b>or</b> received medical treatment or services; or</li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <b>or</b></li> <li>• <del>a reasonably prudent person would have sought medical advice, care or treatment.</del></li> </ul>  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State              | Language   |
|--|--------------------|--|
|  <p>Limitation for Residence Outside the United States and Canada</p>           | CA                 | <p><b>LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA</b></p> <p>Disability Benefits will not be paid for more than an aggregate total of twelve months of benefits for each period of Disability while you reside outside of the United States or Canada. If Disability Benefits should cease after the payment of 12 months of Disability Benefits, premiums will become due beginning on the next monthly premium due date. If you should return to reside in the United States or Canada after Disability Benefits cease, you may become eligible to resume receiving Disability Benefits if you satisfy all terms and conditions of the policy.</p>   |
|  | FL, MT, ND, SD, WY | <p><b>LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA</b></p> <p>Payment of Disability Benefits will not be paid for more than an aggregate total of twelve months of benefits for each period of Disability while you reside outside of the United States or Canada. If Disability Benefits should cease after the payment of 12 months of Disability Benefits, premiums will become due beginning on the next monthly premium due date. If you should return to reside in the United States or Canada after Disability Benefits cease, you may become eligible to resume receiving Disability Benefits if you satisfy all terms and conditions of the policy.</p>  |
|  <p>Limitation for Residence Outside the United States, Canada &amp; Mexico</p> | NY                 | <p><b>LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES, CANADA AND MEXICO</b></p> <p>Payment for Disability Benefits will not be paid for more than an aggregate total of twelve months of benefits for each period of Disability while you reside outside of the United States, its possessions, Canada, and Mexico. If Disability Benefits should cease after the payment of 12 months of Disability Benefits, premiums will become due beginning on the next monthly premium due date. If you should return to reside in the United States, its possessions, Canada, and Mexico after Disability Benefits cease, you may become eligible to resume receiving Disability Benefits if you satisfy all terms and conditions of the policy.</p> |
|  <p>Notice of Claim</p>  | CA                 | You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability <del>or your Family Member's Serious Health Condition</del> starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the policy number.   |
|  | MT                 | You or the Owner, or your authorized personal representative, must send written notice of claim within <del>30</del> <b>180</b> days after your Disability or your Family Member's Serious Health Condition starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the policy number.  |
|  | NY                 | You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability <del>or your Family Member's Serious Health Condition</del> starts, or as soon as is reasonably possible. Written notice must be given to us at our <del>Home</del> <b>Administrative</b> Office or to any of our authorized sales representatives. It must include your name and the policy number.  |
|  | WY                 | You or the Owner, or your authorized personal representative, must send written notice of claim within <del>30</del> 60 days after your Disability or your Family Member's Serious Health Condition starts, or as soon thereafter as is reasonably possible. <del>Written notice must be given</del> Notice to us at our Home Office at 1100 SW Sixth Avenue, Portland, Oregon 97204, or to any of our authorized sales representatives, with information sufficient to identify you, is deemed notice to us. Such information includes your name and <del>the</del> policy number.  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language   |
|--|-------|--|
|  <p>Claim Forms</p> | CA    | <p>After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you <del>may submit a letter of claim</del> <b>will be deemed to have complied with the requirements of this Policy upon submitting to us at</b> our Home Office. <del>The, within the time stated in Proof Of Loss, a letter must include</del> <b>that includes written proof of the date the Disability <del>or Serious Health Condition</del> began, and the <del>cause</del>character and <del>nature</del>extent of the Disability <del>or Serious Health Condition</del>.</b></p>                 |
|  | NY    | <p>After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you <del>may submit</del> <b>will be deemed to have complied with the requirements of this Policy upon submitting to us within the time stated in the Proof Of Loss,</b> a letter <del>of claim to our Home Office. The letter must include the</del> <b>that includes written proof of the date the Disability <del>or Serious Health Condition</del> began; and <del>the</del> <del>cause</del>character and <del>nature</del>extent of the Disability <del>or Serious Health Condition</del>.</b></p> |






# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language  |
|--|-----------|---|
|  <p>Proof of Loss</p> | <p>CA</p> | <p>You are responsible for providing Proof Of Loss. Proof Of Loss must be sent to our Home Office. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided Proof of Loss is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given Proof of Loss within one year after the 90th day referred to above, for that claim to be valid.</p> <p>Proof Of Loss means written proof that you are or were Disabled and entitled to Disability Benefits under this policy. In addition to the completed claim form(s), or your letter of claim, Proof Of Loss includes proof that:</p> <ul style="list-style-type: none"> <li>• you became Disabled while this policy was in force; and</li> <li>• you are or were Disabled through the <b>Benefit Waiting Elimination</b> Period and the Commencement Date; and</li> <li>• you are or were receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness.</li> </ul> <p><b>For purposes of the Family Care Benefit, Proof Of Loss means written proof that, while this policy was in force and continuous through the Benefit Waiting Period, your Family Member had a Serious Health Condition; and you worked reduced hours and had reduced earnings during that Family Member's Serious Health Condition.</b></p> <p>Proof Of Loss for any claim may also include any information and documentation we may reasonably require in order to substantiate and evaluate your claim, including but not limited to:</p> <ul style="list-style-type: none"> <li>• medical records and physicians' notes or statements; and</li> <li>• medical examinations; and</li> <li>• documentation of your prior and current income, including tax returns; and</li> <li>• <b>examination(s) of financial and operational records.</b></li> <li>• <b>periodic examination(s) and analyses of your financial and operational records and those of any business in which you have an interest. Examinations may include review of tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents or records covering any period for which you claim to be Disabled, and any period needed to determine your prior Monthly Earnings. We will choose examiner(s) appropriate for the evaluation of your claim.</b></li> </ul> <p>...</p> <p>We will require <b>your</b> written authorization for us to obtain the information or documentation we require as Proof Of Loss. We will also require you to submit additional documentation of your claim at your expense at reasonable intervals while you are receiving Disability Benefits.</p> |
|  | <p>FL</p> | <p>You are responsible for providing Proof Of Loss <b>for the periodic benefit payments under this policy.</b> Proof Of Loss must be sent to our Home Office. We must receive Proof Of Loss within 90 days after the end of each monthly period for which <b>you claim benefits we are liable.</b> If that is not reasonably possible, the claim will not be affected, provided Proof of Loss is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given Proof of Loss within one year after the 90<sup>th</sup> day referred to above, for that claim to be valid.</p>  |





# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State                  | Language   |
|---|------------------------|--|
|  Proof of Loss (continued) | NY                     | <p>You are responsible for providing Proof Of Loss. Proof Of Loss must be sent to our <b>HomeAdministrative</b> Office. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided Proof of Loss is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given Proof of Loss within one year after the 90th day referred to above, for that claim to be valid.</p> <p><del>...For purposes of the Family Care Benefit, Proof Of Loss means written proof that, while this policy was in force and continuous through the Benefit Waiting Period, your Family Member had a Serious Health Condition; and you worked reduced hours and had reduced earnings during that Family Member's Serious Health Condition....</del></p>   |
|  Examinations              | CA                     | <p><b>MEDICAL EXAMINATIONS</b></p> <p><del>As part</del><b>During the pendency</b> of the <b>required Proof Of Loss claim</b>, we have the right to require periodic examinations to determine your eligibility for Disability Benefits. These examinations will be done at our expense <b>and by examiner(s) selected by us</b>. We will choose examiner(s) appropriate for the evaluation of your claim. Examinations may include <b>but are not limited to</b>:</p> <ul style="list-style-type: none"> <li>independent medical and psychiatric examinations by physicians or specialists; and</li> <li>functional capacity examinations and occupational and vocational evaluations; <b>and</b>.</li> <li><b>examinations and analyses of your financial and operational records and those of any business in which you have an interest. Such records may include tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents.</b></li> </ul> <p>...</p>  |
|  Time of Payment          | CA                     | <p>After we receive <b>satisfactory</b> written Proof Of Loss and all other conditions are met, we will pay Disability Benefits under this policy. Any accrued Disability Benefits will be paid immediately. <del>Any Disability Benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss. If we pay benefits more than 30 days after we receive satisfactory Proof Of Loss, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory Proof Of Loss and ending on the day the benefit is paid. Once your claim is approved, Disability Benefits will continue until the end of the period for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive Disability Benefits.</del></p> <p>Disability Benefits due thereafter will be paid monthly and will continue until the end of the period for which you have provided us with written Proof Of Loss. Any Disability Benefits remaining unpaid upon termination of the period of Disability will be paid immediately upon receipt of written Proof Of Loss.</p> |
|   | FL, MT, NY, ND, SD, WY | <p>After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay Disability Benefits under this policy. Any accrued Disability Benefits will be paid immediately. Any Disability Benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss. <del>If we pay benefits more than 30 days after we receive satisfactory Proof Of Loss, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory Proof Of Loss and ending on the day the benefit is paid.</del></p>   |






# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language   |
|--|-------|--|
|  <p>Time of Payment (continued)</p> | MT    | <p>After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay Disability Benefits under this policy. Any accrued Disability Benefits will be paid immediately. Any Disability Benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss. <b>If we pay benefits more than 30 days after we receive satisfactory Proof Of Loss, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory Proof Of Loss and ending on the day the benefit is paid.</b></p> <p>Once your claim is approved, Disability Benefits will continue until the end of the period <b>for which we are liable</b> and for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive Disability Benefits. <b>Any balance due to you which remains unpaid upon termination of our liability will be paid immediately upon our receipt of Proof Of Loss.</b></p> |
|  <p>Payment of Claims</p>           | FL    | <p>...If the Owner has died or lacks legal capacity and no payee has been named by the Owner, or if a named payee <b>is not living has died or lacks legal capacity to execute a valid release</b> at the time of the Owner's death, we will pay benefits <b>to the Owner's estate. However, if benefits are payable to the Owner's estate, we may pay benefits, up to \$3,000:</b></p> <ul style="list-style-type: none"> <li>• to the Owner's surviving spouse; if none, then</li> <li>• equally to the Owner's surviving natural and adopted children; if none, then</li> <li>• equally to the Owner's surviving parent(s); <b>if none, then);</b></li> <li>• <b>to the Owner's estate.</b></li> </ul>  |
|  | MT    | <p>We will pay all benefits to the Owner, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. <b>The right to change a payee is reserved to the Owner. Consent of the payee shall not be requisite to surrender or assignment of this policy or to any change of payee or to any other changes in this policy.</b> At the Owner's request we will provide a form for naming or changing a payee....</p>  |
|  | NY    | <p>We will pay all benefits to the <b>OwnerInsured</b>, unless the <b>OwnerInsured</b> names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the <b>OwnerInsured</b>. At the <b>Owner'sInsured's</b> request we will provide a form for naming or changing a payee.</p> <p>If the <b>OwnerInsured</b> has died or lacks legal capacity and no payee has been named by the <b>OwnerInsured</b>, or if a named payee is not living at the time of the <b>Owner's</b>Insured's death, we will pay benefits:</p> <ul style="list-style-type: none"> <li>• to the <b>Owner'sInsured's</b> surviving spouse; if none, then</li> <li>• equally to the <b>Owner'sInsured's</b> surviving natural and adopted children; if none, then</li> <li>• equally to the <b>Owner'sInsured's</b> surviving parent(s); if none, then</li> <li>• to the <b>Owner'sInsured's</b> estate</li> </ul> <p>We will not be liable to anyone to the extent we make payment in good faith.</p>  |







# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language   |
|--|-------|--|
|  <p>Payment of Claims (continued)</p> | WY    | <p>We will pay all benefits to the Owner, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. At the Owner's request we will provide a form for naming or changing a payee.</p> <p>If the Owner has died or lacks legal capacity and no payee has been named by the Owner, or if a named payee <b>is not living</b> has died or lacks legal capacity to execute a valid release at the time of the Owner's death, we will pay benefits to the Owner's estate. However, if benefits are payable to the Owner's estate, we may pay benefits, up to \$1,000:</p> <ul style="list-style-type: none"> <li>to the Owner's surviving spouse; if none, then</li> <li>equally to the Owner's surviving natural and adopted children; if none, then</li> <li>equally to the Owner's surviving parent(s); <b>if none, then</b></li> <li><b>to the Owner's estate</b></li> </ul> <p>We will not be liable to anyone to the extent we make payment in good faith.</p> |
|  <p>Overpayment of Benefits</p>       | MT    | <p>We have the right to be reimbursed for any overpayment of benefits under this policy. <b>We have 180 days after the payment of a claim to review the validity of a claim and to request reimbursement of an overpayment. Our right to request reimbursement will commence when we have actual knowledge of a claim overpayment but we cannot request reimbursement of an overpayment more than 24 months after payment of a claim.</b> We will notify the Owner promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. <b>We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.</b></p>   |
|  | NY    | <p>We have the right to be reimbursed for any overpayment of benefits under this policy. We will notify the <b>Owner/Insured</b> promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.</p>  |
|  <p>Review Procedure</p>            | NY    | <p>If we deny all or part of your claim, you may request a review by contacting us in writing at our <b>HomeAdministrative</b> Office. You may make the request within 180 days after receiving notice of the denial...</p>  |





# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language   |
|--|-------|--|
|  <p>Premiums</p>      | FL    | The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: <b>(1) After this policy has been in force for three years; and (2)</b> if the change applies to all policies with like benefits insuring the same Risk Class. <b>We will notify you in writing at least 45 days prior to any change in premium.</b> Premiums are payable at our Home Office. The initial premium is due on or before the Policy Effective Date. If the initial premium is not paid, the policy is never in force.   |
|  | MT    | The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. <b>We will not increase the premium more often than once during any 12-consecutive-month period, except as allowed by state law.</b> Premiums are payable at our Home Office. The initial premium is due on or before the Policy Effective Date. If the initial premium is not paid, the policy is never in force. |
|  | NY    | The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at our <b>HomeAdministrative</b> Office. The initial premium is due on or before the Policy Effective Date. If the initial premium is not paid, the policy is never in force.   |
|  | SD    | The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. <b>We will notify you in writing at least 30 days prior to any change in premium rates.</b> Premiums are payable at our Home Office. The initial premium is due on or before the Policy Effective Date. If the initial premium is not paid, the policy is never in force....                                       |
|  <p>Grace Period</p> | CA    | ...<br><b>If this policy is being renewed under the Renewal Option After The Termination Date provision, and we have notified the Owner within at least five days before the due date of the unpaid premium of Our intent not to renew this policy, this provision will not apply to this policy. Our notice of nonrenewal under this provision must be in writing and delivered or mailed to the Owner at the Owner's last address in our records.</b>  |





# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State                  | Language  |
|---|------------------------|---|
|  <p>Reinstatement</p>                      | CA                     | <p>...</p> <p>The reinstated policy will only cover Disabilities due to :</p> <ul style="list-style-type: none"> <li>• Injury sustained <del>or Sickness that began</del> after the Reinstatement Date.; <del>or</del></li> <li>• <b>Sickness that began more than ten days after the Reinstatement Date.</b></li> </ul> <p>If we require an application for reinstatement, a new period for contesting the policy or a claim will apply to the reinstated policy. See Time Limit On Certain Defenses under GENERAL PROVISIONS. We may add or change provisions or limitations <b>by way of endorsement</b> when we reinstate the policy. Except for the provisions that may be added or changed, the Owner’s rights and our rights will be the same as before the policy terminated.</p> <p><b>Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.</b></p>  |
|   | FL, MT, NY, ND, SD, WY | <p>...The reinstated policy will only cover Disabilities due to:</p> <ul style="list-style-type: none"> <li>• Injury sustained <del>or Sickness that began</del> after the Reinstatement Date.; <del>or</del></li> <li>• <b>Sickness that began more than ten days after the Reinstatement Date.</b></li> </ul>   |
|  <p>Suspension During Military Service</p> | CA, FL, MT, ND, WY     | <p>If you are on full-time active duty in the military service of any nation or international authority or a reserve component of the armed forces of the United States, you may suspend the policy by providing us with written request to suspend the policy. <del>Coverage will be suspended on the date we receive your written request (or a later date if requested by you) and</del> The suspension will become effective on the date your active duty begins. You may not suspend the policy during active military training lasting 90 days or less. We will refund the pro rata portion of any premium paid beyond the date the suspension becomes effective. While the policy is suspended, no premiums are due and you have no coverage under the policy.</p> <p>...</p> <p>When calculating the Benefit Waiting Period for an Injury or Sickness that did not arise during a period of active duty, the Benefit Waiting Period is the same number of days that would have applied before coverage suspension took effect and may be consecutive or may be interrupted by the period of suspension.</p> |
|   |                        |   |






# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State     | Language  |
|---|-----------|---|
|  <p>Suspension During Military Service (continued)</p> | <p>NY</p> | <p>If you are on full-time active duty in the military service of any nation or international authority or a reserve component of the armed forces of the United States <b>(including the National Guard)</b>, you may suspend the policy by providing us with written request to suspend the policy. <del>Coverage will be suspended on the date we receive your written request (or a later date if requested by you) and t</del>The suspension will become effective on the date your active duty begins. <del>You may not suspend the policy during active military training lasting 90 days or less.</del> We will refund the pro rata portion of any premium paid beyond the date the suspension becomes effective. While the policy is suspended, no premiums are due and you have no coverage under the policy.</p> <p>...</p> <p>If the coverage is resumed, the policy will not cover Disability due to an Injury that was sustained or a Sickness that first manifested itself while the policy was suspended, <del>and if such Injury or Sickness was determined by the secretary of Veterans Affairs to be a condition incurred in the line of duty.</del> All other exclusions, limitations or modifications of coverage will be the same as existed on the policy before the policy was suspended.</p> <p><del>When calculating the Benefit Waiting Period for an Injury or Sickness that did not arise during a period of active duty, the Benefit Waiting Period is the same number of days that would have applied before coverage suspension took effect and may be consecutive or may be interrupted by the period of suspension.</del></p> |
|  <p>Policy Termination</p>                           | <p>FL</p> | <p>If a premium is not paid by the end of its grace period, the policy will terminate. This policy will also terminate on the earliest of:...</p> <ul style="list-style-type: none"> <li>the date of your death. After we receive notice of your death, we will refund to the Owner or the Owner's estate <b>that part of</b> any premium paid for the period beyond the date of death.</li> </ul>  |
|   | <p>NY</p> | <p>...In addition, the Owner may terminate this policy by sending us a written request. Such termination will be effective on the date the request is received at our <b>HomeAdministrative</b> Office, or on the date the Owner requests, subject to our approval. We will refund any premium paid for the period beyond the effective date of the termination.</p>  |





# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language   |
|---|-------|--|
|  <p>Policy Termination (continued)</p> | ND    | <p>If a premium is not paid by the end of its grace period, the policy will terminate. This policy will also terminate on the earliest of:</p> <p>...</p> <ul style="list-style-type: none"> <li>the date of your death. <b>Within 30 days A</b>fter we receive notice of your death, we will refund to the Owner or the Owner’s estate any premium paid for the period beyond the date of death.</li> </ul> |
|  <p>Renewal Option Request</p>         | NY    | <p>The Owner may request this Option by writing to us at our <b>HomeAdministrative</b> Office. We must receive the request at least 30 days prior to the Termination Date. he policy must be in force with all due premiums paid on the date we receive the request.</p>   |
|  <p>Renewal Premium</p>                | FL    | <p>...<b>We will notify you in writing at least 45 days prior to any change in premium.</b> We will refund to the Owner any premium paid after the Termination Date, unless the policy is in force under the Renewal Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewal Option.</p>        |
|   | MT    | <p>...<b>We will not increase the Renewal Premium more often than once during any 12-consecutive-month period, except as allowed by state law....</b></p>  |
|   | SD    | <p>...<b>We will notify you in writing at least 30 days prior to any change in premium rates.</b> We will refund to the Owner any premium paid after the Termination Date, unless the policy is in force under the Renewal Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewal Option.</p>  |








# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State                 | Language  |
|---|-----------------------|---|
|  <p>Conformity With State Laws</p>       | <p>CA, ND, SD, WY</p> | <p>CONFORMITY WITH <del>INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS STATE LAWS</del></p> <p><del>This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards.</del> Any provision <del>inof</del> this policy <del>thatwhich</del>, on <del>the provision'sits</del> effective date, <del>is in</del> conflicts with <del>IIPRC standards for this product type is hereby</del> the laws of the state in which the application was taken, is amended to <del>conform to the IIPRC standards for this product type as of the provision's effective date</del> meet the minimum requirements of such laws.</p>   |
|   | <p>FL</p>             | <p>CONFORMITY WITH <del>INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS STATE LAWS</del></p> <p><del>This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards.</del> Any provision <del>of in</del> this policy <del>that which</del>, on <del>the provision's its</del> effective date, <del>is in</del> conflicts; with <del>IIPRC standards for this product type is hereby</del> the laws of the state in which the insured resides on such date, is amended to <del>conform to the IIPRC standards for this product type as of the provision's effective date</del> meet the minimum requirements of such laws.</p>  |
|   | <p>MT</p>             | <p>CONFORMITY WITH <del>INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS MONTANA STATUTES</del></p> <p><del>This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards.</del> The provisions of this policy <del>that on the provision's effective date, is in conflict with IIPRC standards for this product type is hereby</del> conform to meet the minimum requirements of <del>such laws</del> Montana law and control over any conflicting statutes of any state in which the insured resides on or after the Effective Date of this policy.</p>   |
|   | <p>NY</p>             | <p>CONFORMITY WITH <del>INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS STATE LAWS</del></p> <p><del>This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the IIPRC standards.</del> Any provision <del>inof</del> this policy <del>thatwhich</del>, on <del>the provision'sits</del> effective date, <del>is in</del> conflicts with <del>IIPRC standards for this product type is hereby</del> the laws of the state in which the Insured resides, is amended to <del>conform to the IIPRC standards for this product type as of the provision's effective date</del> meet the minimum requirements of such laws.</p>   |
|  <p>Time Limit on Certain Defenses</p> | <p>WY</p>             | <p>After <del>two</del>three years from the later of the Policy Effective Date or its most recent Reinstatement Date (if an application for Reinstatement was required), no misstatements, except fraudulent misstatements, made by you or the Owner in the application for the policy or for reinstatement shall be used to rescind the policy or to deny a claim for Disability starting after the end of such <del>two</del>three-year period.</p> <p>No claim for Disability starting after <del>two</del>three years from the later of the Policy Effective Date or its most recent Reinstatement Date (if an application for Reinstatement was required) will be reduced or denied on the ground that a disease or physical condition existed before such date, unless it is specifically excluded by name or specific description, or there was fraudulent misstatement in the application for the policy or for reinstatement.</p> <p>If you apply for an increase in coverage under this policy, this provision will apply to statements made in the application for the increase; and the <del>two</del>three-year period will begin on the date the underwritten increase becomes effective and will apply only to the amount of the increase.</p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State  | Language  |
|---|--------|---|
|    | FL     | Legal action cannot be brought against us until at least 60 days following the date we receive Proof Of Loss. Also, legal action may not be brought against us after <b>three years the expiration of the applicable statute of limitations</b> from the date written proof is required under Proof Of Loss.  |
|    | MT, NY | If your Issue Age <del>or gender</del> has been misstated, any benefits will equal those that the premiums paid would have purchased at your correct Issue Age <del>and gender</del> .  |
|    | NY     | Changes, assignments, designations of payees and other requests will not affect us until: <ul style="list-style-type: none"> <li>• they have been signed by the Owner; and</li> <li>• we have received them at our <b>HomeAdministrative</b> Office; and</li> <li>• where required, we have approved them.</li> </ul>   |
|    | FL     | The Owner may assign this policy at any time while the policy is in force and while you are not Disabled and while no benefits are payable. We will be bound by an assignment only: <del>(1) if it is in writing; and (2) After it is approved at our Home Office. Once approved.</del> Unless otherwise specified by the Owner, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment. We will not be liable for any action taken <b>prior to,</b> or for any payment made by us before, <del>our approval of the an assignment meeting these requirements is received at our home office.</del> |
|   | NY     | The Owner may assign this policy at any time while the policy is in force and while you are not Disabled and while no benefits are payable. We will be bound by an assignment only: (1) If it is in writing; and (2) After it is approved at our <b>HomeAdministrative</b> Office. Once approved, unless otherwise specified by the Owner, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment. We will not be liable for any action taken prior to, or for any payment made by us before, our approval of the assignment.  |
|  | CA     | <b>CHANGE OF PAYEE</b><br>Unless the Owner makes an irrevocable designation of payee, the right to change the payee is reserved to the Owner, and the consent of the payee is not required to terminate or assign this policy or to change any payee, or to make any other changes to this policy.  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State             | Language  |
|---|-------------------|---|
|  | Definitions<br>CA | <p><del>Activities Of Daily Living are Bathing; Contenance; Dressing; Eating; Toileting; and Transferring, defined as follows:</del></p> <ul style="list-style-type: none"> <li><del>Bathing means washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.</del></li> <li><del>Contenance means voluntarily controlling bowel and bladder function; or if incontinent, maintaining a reasonable level of personal hygiene.</del></li> <li><del>Dressing means putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.</del></li> <li><del>Eating means getting food and fluid into the body. This may be done manually, intravenously or by feeding tube.</del></li> <li><del>Toileting means getting to and from and on and off the toilet, and/or performing related personal hygiene.</del></li> <li><del>Transferring means moving into or out of a bed, a chair or a wheelchair. This may be done with or without adaptive devices.</del></li> </ul> <p><del>Benefit Waiting</del>Elimination Period (See definition under <del>Benefit Waiting</del>Elimination Period Limitation in the EXCLUSIONS AND LIMITATIONS section.)</p> <p>Commencement Date means the first day immediately following the completion of the <del>Benefit Waiting</del>Elimination Period. For Presumptive Disability the <del>Benefit Waiting</del>Elimination Period is waived, and the Commencement Date is the first day of your Presumptive Disability.</p> <p>Earnings means ...</p> <p>We will use the accounting method used on your federal income tax return for your tax year immediately prior to your tax year in which your Disability <del>or your Family Member's Serious Health Condition</del> began. We will use the same method throughout the duration of the claim. If the cash method is used, we will exclude from Monthly Earnings that income which is both earned prior to and received after the date your Disability began <del>or your Family Member's Serious Health Condition began</del>.</p> |






# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language  |
|--|-----------|---|
|  <p>Definitions (continued)</p> | <p>CA</p> | <p><i>The following definitions are not included in the policy:</i></p> <ul style="list-style-type: none"> <li>• Activities of Daily Living</li> <li>• Domestic Partner</li> <li>• Family Care Benefit</li> <li>• Family Member</li> <li>• Hands-On Assistance</li> <li>• Serious Health Condition</li> <li>• Severe Cognitive Impairment</li> <li>• Standby Assistance</li> <li>• Substantial Supervision</li> </ul> <p>Injury means an <b>accidental bodily</b> injury which is sustained after the Policy Effective Date <b>and while this policy is in force.</b></p> <p>Predisability Earnings means the greater of:</p> <ul style="list-style-type: none"> <li>• your highest average Earnings for any consecutive 12 months in the last 24 months before the date your Disability <b>or your Family Member's Serious Health Condition</b> began; or</li> <li>• your Earnings for any two full tax years within the three full tax years preceding the date your Disability <b>or your Family Member's Serious Health Condition</b> began, divided by 24.</li> </ul> <p>Regular Medical Care means the <b>appropriate frequent</b> medical treatment <b>and care</b> for your Injury or Sickness, based on <b>prevailing generally accepted</b> medical standards <b>in the county and state where treatment and care are provided.</b> Regular Medical Care includes <b>your</b> compliance with appropriate medical treatments <b>and care</b> recommended by the Physician(s) providing care for your Injury or Sickness.</p> <p>Substantial And Material <b>Duties Acts</b> means <b>the usual and customary duties acts</b> that are <b>generally performed and essential to normally required for the performance</b> of your Regular Occupation <b>and cannot be reasonably omitted or modified.</b></p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language  |
|--|-------|---|
|  <p>Definitions (continued)</p> | FL    | <p>Maximum Benefit Period means the maximum period of time we will pay Disability Benefits for any one Disability. This period is shown on the Policy Data page. It begins on the Commencement Date. Once the Maximum Benefit Period ends, you will not be eligible for a new Maximum Benefit Period unless:</p> <ul style="list-style-type: none"> <li>• you have been working for at least 30 hours per week for at least <del>[6]</del> <b>[12]</b> consecutive months; and</li> <li>• the policy remains in force; and</li> <li>• you have satisfied all other terms of the policy.</li> </ul>  |
|  | MT    | <p><i>Complications of Pregnancy is not included in the policy.</i></p> <p>Physician means any licensed medical professional, other than you, the Owner, a member of your or the Owner's household, or any person related to you or the Owner by blood or marriage, who is practicing and diagnosing within the scope of his or her medical or professional license. <b>Physician includes, but is not limited to, osteopaths, chiropractors, optometrists, chiropodists and psychologists.</b></p> <p>Risk Class means the Risk Class for this policy, as shown on the Policy Data page. <b>It also includes the Occupation Class and gender as shown on the Policy Data page.</b></p> |





# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State                     | Language   |
|--|---------------------------|--|
|  <p>Definitions (continued)</p> | <p>NY</p> <hr/> <p>SD</p> | <p><i>The following definitions are not included in the policy:</i></p> <ul style="list-style-type: none"> <li>• <i>Activities of Daily Living</i></li> <li>• <i>Complications of Pregnancy</i></li> <li>• <i>Domestic Partner</i></li> <li>• <i>Family Care Benefit</i></li> <li>• <i>Family Member</i></li> <li>• <i>Hands-On Assistance</i></li> <li>• <i>Serious Health Condition</i></li> <li>• <i>Severe Cognitive Impairment</i></li> <li>• <i>Standby Assistance</i></li> <li>• <i>Substantial Supervision</i></li> </ul> <p><b>Administrative Office is our office at 1100 S.W. Sixth Avenue, Portland, Oregon 97204.</b></p> <p>Earnings means...We will use the accounting method used on your federal income tax return for your tax year immediately prior to your tax year in which your Disability <del>or your Family Member's Serious Health Condition</del> began. We will use the same method throughout the duration of the claim. If the cash method is used, we will exclude from Monthly Earnings that income which is both earned prior to and received after the date your Disability began <del>or your Family Member's Serious Health Condition began</del>.</p> <p>Injury means <del>an accidental</del> a bodily injury which is sustained after the Policy Effective Date and while this policy is in force.</p> <p>Physician means any licensed medical professional, other than you; <del>the Owner, or</del> a member of your <del>or the Owner's household, or any person related to you or the Owner by blood or marriage</del> immediate family, who is practicing and diagnosing within the scope of his or her medical or professional license. <b>In this instance, immediate family includes: spouse; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.</b></p> <p>Predisability Earnings means the greater of:</p> <ul style="list-style-type: none"> <li>• your highest average Earnings for any consecutive 12 months in the last 24 months before the date your Disability <del>or your Family Member's Serious Health Condition</del> began; or</li> <li>• your Earnings for any two full tax years within the three full tax years preceding the date your Disability <del>or your Family Member's Serious Health Condition</del> began, divided by 24.</li> </ul> <p>Sickness means an illness or disease which <del>first manifests itself after the Policy Effective Date and</del> causes you to be Disabled while this policy is in force. <b>Sickness includes Complications Of Pregnancy as diagnosed by a Physician.</b></p> <p>Physician means any licensed medical professional, other than you, the Owner, a member of your or the Owner's household, or any person related to you or the Owner by blood or marriage, who is practicing and diagnosing within the scope of his or her medical or professional license. <b>The exclusion for the member of your household or person related to you by blood or marriage does not apply in those areas in which such person is the only Physician in the area and acting within the scope of their normal employment.</b></p> <p>Sickness means an illness or disease which <b>first</b> manifests itself after the Policy Effective Date and while this policy is in force. Sickness includes Complications Of Pregnancy as diagnosed by a Physician.</p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language  |
|---|-------|---|
|  <p>All Riders</p>                 | FL    | <p><i>At end of all riders:</i></p> <p><b>The Owner may call Standard Insurance Company at (800)247-6888 to make inquiries, obtain information, or request assistance in resolving any problems concerning coverage.</b></p>  |
|   | NY    | <p><b>The Standard Life Insurance Company of New York...</b></p> <p>TERMINATION OF RIDER</p> <p>This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our <b>HomeAdministrative</b> Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders....</p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p><b>J. Greg Ness</b> _____ <b>Holley Y. Franklin</b><br/> <b>— President</b> _____ <b>Corporate Secretary</b></p> <p><i>The changes to Termination of Rider do not apply to the BIR and AIB riders.</i></p> |
|  <p>Noncancelable Policy Rider</p> | FL    | <p><i>In Florida, noncancelable policy provisions are incorporated into the base policy instead of being added with a rider.</i></p>  |
|   | NY    | <p>PREMIUMS</p> <p>The premium is the amount we charge at regular intervals to keep this policy in force and is shown on the Policy Data Page. We cannot change the premium while this policy is in force, prior to the Termination Date. Premiums are payable at our <b>HomeAdministrative</b> Office. The first premium is due on or before the Policy Effective Date. If the first premium is not paid, the policy is never in force.</p>  |





# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language   |
|--|-----------|--|
|  <p>Basic Residual Disability Rider</p> | <p>CA</p> | <p>For purposes of this rider only, the definitions of Disability/Disabled and Disability Benefit/Disability Benefits in the policy are changed, <b>and the definition of Residual Disability/Residually Disabled is added</b>, as follows:</p> <p>...</p> <p><b>RESIDUAL DISABILITY</b></p> <p><del>You will be eligible for a Disability Benefit during your Residual Disability if you meet the requirements below.</del></p> <p><b>Residual Disability/Residually Disabled means:</b></p> <ul style="list-style-type: none"> <li>• you are not Totally Disabled; and</li> <li>• you are working in your Regular Occupation or any other occupation; and</li> <li>• due to your Injury or Sickness, you have a Loss Of Income <b>and either a Loss Of Duties or a Loss Of Time</b>; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <b>satisfactory to us</b>, that further care would be of no benefit to you.</li> </ul> <p><del>Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.</del></p> <p><del>Loss Of Time means you are able to perform all Substantial And Material Duties but you are unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability. Loss of Duties and and Loss of Time definitions are moved to the Definitions section of the rider.</del></p> <p><b>RESIDUAL DISABILITY</b></p> <p><b>You will be eligible for a Disability Benefit during your Residual Disability if you meet all the requirements below.</b></p> <ul style="list-style-type: none"> <li>• you become Disabled while this rider is in force;</li> <li>• you have either a Loss Of Duties or a Loss Of Time, due to your Injury or Sickness; and</li> <li>• you satisfy the Elimination Period by being either Totally or Residually Disabled.</li> </ul> <p><del>Loss Of Income means your Indexed Predisability Earnings minus your Monthly Earnings. Your Loss Of Income must be at least 20% of your Indexed Predisability Earnings and be solely due to the Injury or Sickness that caused your Disability.</del></p> <p><b>BENEFIT FOR RESIDUAL DISABILITY</b></p> <p><del>To satisfy the The Disability Benefit Waiting Period, for Residual Disability will be paid when you can behave a Loss Of Income, and either Totally Disabled a Loss Of Duties or Residually Disabled. Once the Benefit Waiting Period has been satisfied, Disability Benefits become payable. a Loss Of Time, due to your Injury or Sickness. The Disability Benefit for Residual Disability will be based on your Loss Of Income, and calculated as shown below. follows:</del></p> <p>...Disability Benefits will no longer be payable for Residual Disability on the date that the first of the following events occurs:</p> <ul style="list-style-type: none"> <li>• you are no longer Residually Disabled;</li> <li>• your Loss Of Income is no longer solely due to the Injury or Sickness that caused your Disability;</li> <li>• <b>you no longer have either a Loss Of Duties or a Loss Of Time solely due to the Injury or Sickness that caused your Disability;</b></li> <li>• you become Totally Disabled; or</li> <li>• the Maximum Benefit Period ends.</li> </ul> |





# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language  |
|--|-------|---|
|  <p>Basic Residual Disability Rider (continued)</p> | CA    | <p>...</p> <p>DEFINITIONS</p> <p>CPI-U means the average Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index <del>upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.</del></p> <p>...</p>   |
|  <p>Enhanced Residual Disability Rider</p>          | CA    | <p>During the <del>Benefit Waiting</del>Elimination Period, Residual Disability/Residually Disabled means:</p> <p>...</p> <ul style="list-style-type: none"> <li>you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <del>satisfactory to us, establishing</del> that further care would be of no benefit to you.</li> </ul> <p>...</p> <p>After the <del>Benefit Waiting</del>Elimination Period, Residual Disability/Residually Disabled means:</p> <p>...</p> <ul style="list-style-type: none"> <li>you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <del>satisfactory to us, establishing</del> that further care would be of no benefit to you.</li> </ul> <p>Loss Of Duties means you are able to perform some but not all Substantial And Material <b>DutiesActs</b>. The Substantial And Material <b>DutiesActs</b> which you are unable to perform must account for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.</p> <p>Loss Of Time means you are able to perform all Substantial And Material <b>DutiesActs</b> but you are unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.</p> <p>...</p> <p>BENEFIT FOR RESIDUAL DISABILITY</p> <p>To satisfy the <del>Benefit Waiting</del>Elimination Period, you can be either Totally Disabled or Residually Disabled. Once the <del>Benefit Waiting</del>Elimination Period has been satisfied, Disability Benefits become payable.</p> <p>...</p> <p>TERMINATION OF RIDER</p> <p><del>This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders. This rider will end on the date the policy ends for any reason.</del></p> |





# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language   |
|---|-------|--|
|  <p>Short-Term Residual Disability Rider</p> | CA    | <p>...</p> <p>Disability/Disabled means <b>(1)</b> Total Disability/Totally Disabled, as defined in the policy; and <b>(2)</b> Residual Disability/Residually Disabled, as defined below.</p> <p>...</p> <p>Residual Disability/Residually Disabled means you are not Totally Disabled, and you are working in your Regular Occupation; but due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>• <del>you are unable to perform one or more of the Substantial And Material Duties of your Regular Occupation; or you are performing all of the Substantial And Material Duties of your Regular Occupation but for not more than 50% of the time that you did immediately prior to your Injury or Sickness; and</del></li> <li>• you have a Loss Of Income; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) <b>appropriate</b> for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, <del>satisfactory to us,</del> <b>establishing</b> that further care would be of no benefit to you.</li> </ul> <p>...</p> <p>BENEFIT FOR RESIDUAL DISABILITY</p> <p>To satisfy the <del>Benefit Waiting</del><b>Elimination</b> Period, you can be either Totally Disabled or Residually Disabled. Once the <del>Benefit Waiting</del><b>Elimination</b> Period has been satisfied, Disability Benefits become payable.</p> <p>...</p> <p>TERMINATION OF RIDER</p> <p><del>This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders. This rider will end on the date the policy ends for any reason.</del></p> |
|  <p>Benefit Increase Rider</p>             | CA    | <p>BENEFIT INCREASE</p> <p>...</p> <p>Each Benefit Increase purchased under this rider will be effective on its Option Date, or on the Accelerated Option Date if applicable. However, if you are Disabled or any benefits under this policy are payable on the Option Date or Accelerated Option Date, or if you are receiving disability benefits from any other source on that date, the Benefit Increase will not take effect until any such benefits are no longer payable and you are no longer Disabled. A Benefit Increase will apply only to a Disability <del>or Serious Health Condition</del> that begins after the date on which that Benefit Increase became effective. A Benefit Increase will not apply to any Recurrent Disability <del>or recurrent Serious Health Condition</del> that began prior to the effective date of the Benefit Increase.</p>   |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State   | Language   |
|---|---|--|
|  <p>Benefit Increase Rider (continued)</p>   | NY  | <p>Benefit Increase</p> <p>...Each Benefit Increase purchased under this rider will be effective on its Option Date, or on the Accelerated Option Date if applicable. However, if you are Disabled or any benefits under this policy are payable on the Option Date or Accelerated Option Date, or if you are receiving disability benefits from any other source on that date, the Benefit Increase will not take effect until any such benefits are no longer payable and you are no longer Disabled. A Benefit Increase will apply only to a Disability <del>or Serious Health Condition</del> that begins after the date on which that Benefit Increase became effective. A Benefit Increase will not apply to any Recurrent Disability <del>or recurrent Serious Health Condition</del> that began prior to the effective date of the Benefit Increase....</p>  |
|  <p>Automatic Increase Benefit Rider</p>     | CA, NY  | <p>...</p> <p>EFFECT OF AUTOMATIC INCREASES</p> <p>An Automatic Increase will occur on each Increase Date. An Automatic Increase will affect benefit amounts that later become payable for Disability Benefits, {Recovery Benefits,} <del>Family Care Benefits</del> and the Survivor Benefit.</p> <p>An Automatic Increase will only apply to a Disability <del>or Serious Health Condition</del> that begins after the Increase Date on which that Automatic Increase took effect.</p>   |
|  <p>Indexed Cost of Living Benefit Rider</p> | <p>CA, MT, ND, SD</p> <hr/> <p>FL</p> <hr/> <p>NY</p> | <p>CPI-U means the Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index <del>upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.</del></p> <p>CPI-U means the Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index <del>upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it.</del></p> <p>Cost of Living Adjustment</p> <p>...If Disability Benefits are not payable on a Change Date because you have Recovered from a prior Disability, a Cost of Living Adjustment will be made on that Change Date if you later have a Recurrent Disability. A Cost Of Living Adjustment will not be made on a Change Date, however, if Disability Benefits are not payable on a Change Date and you have a Recovery longer than <del>{6} {12}</del> months.</p> <p>CPI-U means the Consumer Price Index For All Urban Consumers published by the United States Department of Labor. If the CPI-U is changed or discontinued, we will use a similar index <del>upon approval by the Interstate Insurance Product Regulation Commission. We will notify you of any change in the index before we use it...</del></p> <p>The Owner's written application for the increase must be received at our <b>HomeAdministrative</b> Office within 90 days after Disability Benefits {and Recovery Benefits} end and premiums are no longer waived. In addition, the required premium for the increase must be received within 31 days after our receipt of the application. The purchase will be in the form of an increase to this policy or a new policy, as determined by us....</p> |






# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language  |
|--|-----------|---|
|  <p>Catastrophic Disability Benefit Rider</p> | <p>CA</p> | <p>Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>• <del>you are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity;</del></li> <li>• <del>you require Substantial Supervision for your health or safety due to Severe Cognitive Impairment;</del> or</li> <li>• you have a complete and permanent loss of any of the following:                             <ul style="list-style-type: none"> <li>- speech;</li> <li>- hearing in both ears, not restorable by hearing aids;</li> <li>- sight in both eyes which measures at or below 2/20, after reasonable efforts are made to correct your vision using the most advanced, medically acceptable procedures and devices available;</li> <li>- use of both hands;</li> <li>- use of both feet; or</li> <li>- use of one hand and one foot</li> </ul> </li> <li>• and you are <del>Presumptively Disabled</del>not engaged in any occupation for wage and profit.</li> </ul> <p>...</p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language   |
|--|-----------|--|
|  <p>Catastrophic Disability Benefit Rider (continued)</p> | <p>NY</p> | <p><b>DEFINITIONS</b></p> <p><b>ACTIVITY / ACTIVITIES OF DAILY LIVING</b> – These are: Bathing; Continenence; Dressing; Eating; Toileting; and Transferring, as defined below.</p> <p><b>BATHING</b> - Washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.</p> <p><b>CONTINENCE</b> – (1) Voluntarily controlling bowel and bladder function; or (2) If incontinent, maintaining a reasonable level of personal hygiene.</p> <p><b>DRESSING</b> – Putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.</p> <p><b>EATING</b> – Getting food and fluid into the body. This may be done: manually or intravenously; or by feeding tube.</p> <p><b>TOILETING</b> – (1) Getting to and from, and on and off, the toilet; and/or (2) performing related personal hygiene.</p> <p><b>TRANSFERRING</b> – Moving into or out of: a bed, a chair or a wheelchair. This may be done with or without adaptive devices.</p> <p>...</p> <p><b>Hands-On Assistance</b> means the physical assistance of another person without which there would be an inability to perform the Activity Of Daily Living in question.</p> <p><b>Severe Cognitive Impairment</b> means a loss or deterioration in intellectual capacity that is:</p> <ul style="list-style-type: none"> <li>comparable to and includes Alzheimer’s disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and</li> <li>measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.</li> </ul> <p><b>Standby Assistance</b> means the presence of another person within arm’s reach that is necessary to prevent, by physical intervention, injury while performing the Activity Of Daily Living in question.</p> <p><b>Substantial Supervision</b> means continual supervision by another person that is necessary for protection from threats to health or safety (such as may result from wandering). It may include cueing by verbal prompting or gestures, or other similar demonstrations....</p> |





# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State   | Language   |  |             |  |      |         |                                 |         |          |          |          |          |          |
|---|---|--|--|-------------|--|------|---------|---------------------------------|---------|----------|----------|----------|----------|----------|
|  | Student Loan Rider  | <p>CA</p> <p>...</p> <p>Student Loan <b>Benefit Waiting Elimination</b> Period means the number of days, beginning on the first day that you are Totally Disabled, that must elapse before Student Loan Benefits become payable. The Student Loan <b>Benefit Waiting Elimination</b> Period is shown on the Policy Data page. You must be Totally Disabled, from the same or different causes, on all of the days of the Student Loan <b>Benefit Waiting Elimination</b> Period. However, the days need not be consecutive; they may be interrupted by periods of Recovery, as long as the total number of days is reached within a larger period of consecutive days, as follows:</p> <table border="0" data-bbox="908 516 1623 748"> <tr> <td style="padding-right: 20px;">Student Loan <b>Benefit Waiting Elimination</b> Period</td> <td style="padding-right: 20px;">Consecutive</td> </tr> <tr> <td style="padding-right: 20px;">(days of Total Disability and Not Working)</td> <td style="padding-right: 20px;">Days</td> </tr> <tr> <td style="padding-right: 20px;">60 days</td> <td style="padding-right: 20px;">must be reached within 120 days</td> </tr> <tr> <td style="padding-right: 20px;">90 days</td> <td style="padding-right: 20px;">180 days</td> </tr> <tr> <td style="padding-right: 20px;">180 days</td> <td style="padding-right: 20px;">360 days</td> </tr> <tr> <td style="padding-right: 20px;">365 days</td> <td style="padding-right: 20px;">540 days</td> </tr> </table> <p>...</p> <p>STUDENT LOAN BENEFIT</p> <p>The Student Loan Benefit payable each month during your Total Disability will equal the Monthly Student Loan Expense for that month, subject to the Maximum Monthly Student Loan Benefit. We will pay the Student Loan Benefit under this rider if:</p> <ul style="list-style-type: none"> <li>• You become Totally Disabled while this rider is in force; and</li> <li>• Benefits for Total Disability are payable under the policy; and</li> <li>• You satisfy the Student Loan <b>Benefit Waiting Elimination</b> Period; and</li> </ul> <p>...</p> | Student Loan <b>Benefit Waiting Elimination</b> Period | Consecutive | (days of Total Disability and Not Working) | Days | 60 days | must be reached within 120 days | 90 days | 180 days | 180 days | 360 days | 365 days | 540 days |
|   | Student Loan <b>Benefit Waiting Elimination</b> Period      | Consecutive  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| (days of Total Disability and Not Working)  | Days  |  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| 60 days   | must be reached within 120 days                             |  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| 90 days   | 180 days  |  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| 180 days  | 360 days  |  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| 365 days  | 540 days  |  |  |             |  |      |         |                                 |         |          |          |          |          |          |
| NY  | <i>The Student Loan Rider is not available in New York.</i> |  |  |             |  |      |         |                                 |         |          |          |          |          |          |







# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State                     | Language  |
|---|---------------------------|---|
|  <p>Own Occupation Rider</p>                       | <p>CA</p> <hr/> <p>SD</p> | <p>...</p> <p>Total Disability/Totally Disabled means that due to your Injury or Sickness: <b>you are unable to perform with reasonable continuity the Substantial And Material Acts necessary to perform your Regular Occupation in the usual and customary way.</b></p> <ul style="list-style-type: none"> <li><del>you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</del></li> <li><del>you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</del></li> </ul> <p>...</p> <p><b>REGULAR MEDICAL CARE</b></p> <p>If you are Totally Disabled, you must be receiving Regular Medical Care from a Physician(s) to treat your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof establishing that further care would be of no benefit to you.</p> <p>...</p>  |
|  <p>Regular Occupation Extension Policy Rider</p> | <p>CA</p>                 | <p>This rider changes the definition of Total Disability/Totally Disabled in the policy's BENEFITS FOR TOTAL DISABILITY section to read as follows:</p> <p>Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>you are unable to perform <b>with reasonable continuity</b> the Substantial And Material <del>Duties of Acts necessary to perform</del> your Regular Occupation <b>in the usual and customary way</b>; and</li> <li>you <del>are not engaged choose not to work</del> in any <del>other job or</del> occupation for wage or profit; <del>and</del></li> <li><del>you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</del></li> </ul> <p>If you choose to work at any job, you will not be considered Totally Disabled under this policy, however, you may qualify for Residual Disability, as found in the residual disability rider.</p> <p>...</p> <p><b>REGULAR MEDICAL CARE</b></p> <p>If you are Totally Disabled, you must be receiving Regular Medical Care from a Physician(s) to treat your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof establishing that further care would be of no benefit to you.</p> <p>...</p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language  |
|---|-------|---|
|  <p>Regular Occupation Extension Policy Rider (continued)</p>          | FL    | <p>Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <p><b>For the first 12 months of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the <b>Substantial And Material Duties</b> of your Regular Occupation; and</li> <li>• you are receiving <b>Regular Medical Care</b> from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> <p><b>After the first 12 months of Disability:</b></p> <ul style="list-style-type: none"> <li>• you are unable to perform the Substantial And Material Duties of your Regular Occupation; and</li> <li>• you are not engaged in any other job or occupation for wage or profit; and</li> <li>• you are receiving Regular Medical Care from one or more Physician(s) appropriate for your Injury or Sickness. This Regular Medical Care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.</li> </ul> |
|   | SD    | <p>...Total Disability/Totally Disabled means that due to your Injury or Sickness:</p> <ul style="list-style-type: none"> <li>• you are unable to perform <b>all of</b> the Substantial And Material Duties of your Regular Occupation; and</li> </ul> <p>...</p>   |
|  <p>Guaranteed Renewable Contract Policy Riders - Premium Section</p>  | FL    | <p>The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: <b>(1) After the rider has been in force for three years; and (2)</b> if the change applies to all policies with like benefits insuring the same Risk Class. <b>We will notify you in writing at least 45 days prior to any change in premium.</b></p>  |
|  <p>Noncancelable Contract Policy Riders - Premium Section</p>       | FL    | <p>The annual premium for this rider is shown on the Policy Data page. We cannot change the premium <b>amount.</b></p>  |
|  <p>Policy Limitation for Mental Disorder and/or Substance Abuse</p> | CA    | <p>...</p> <p>Substance Abuse means <del>any excessive use or, abuse of, intoxication from, dependence on, addiction to, or withdrawal from</del> being intoxicated by alcohol or <del>drugs</del> under the influence of any controlled substance unless administered on the advice of a physician and used in <del>any form</del>. <del>Abuse may occur</del> accordance with <del>or without medical supervision</del>. <del>It includes taking drugs in excess of the prescribed dosage</del> such advice.</p>  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State     | Language  |
|---|-----------|---|
|  <p>Policy Limitation for Mental Disorder and/or Substance Abuse (continued)</p> | <p>NY</p> | <p><b>The Standard Life Insurance Company of New York...</b></p> <p>We, <b>The Standard Life Insurance Company of New York</b>, issue this policy on the express condition or conditions that this policy is changed as noted below...</p> <p>Hospital means <del>a legally operated short-term, acute, general hospital</del> <b>that: (a) provides full-time medical care, which:</b></p> <ul style="list-style-type: none"> <li><b>Is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment; and (b) is care of injured or sick persons;</b></li> <li><b>Has organized departments of medicine and major surgery;</b></li> <li><b>Has a requirement that every patient must be under the direction care of a full-time staff of physician;</b></li> <li><b>Provides 24-hour nursing services by or under the supervision of a registered professional nurse (R.N.);</b></li> <li><b>Is duly licensed physicians. The following are by the agency responsible for licensing such hospitals; and</b></li> <li><b>Is not Hospitals:, other than incidentally, a place of rest-homes and nursing homes; convalescent homes and homes, a place primarily for the treatment of tuberculosis, a place for the aged; and facilities primarily affording; a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care....</b></li> </ul> <p>Individual Policy Issue Department<br/>                 1100 S.W. Sixth Avenue Portland, Oregon 97204<br/>                 (800) <del>247-6888378-6057</del></p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p><del>J. Greg Ness</del> _____ <b>Holley Y. Franklin</b><br/> <del>— President</del> _____ <b>Corporate Secretary</b></p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State         | Language   |
|---|---------------|--|
|  <p>Policy Limitation for Pre-Existing Conditions Policy Endorsement (PE101)</p> | <p>CA</p>     | <p>...</p> <p>PRE-EXISTING CONDITIONS</p> <p><b>Except as noted below, You are covered for Disabilities Disability caused or substantially contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition; we will pay Disability Benefits only if, on the date you become Disabled, the policy has been continuously in force for 12 consecutive months only if the Pre-existing Condition is not specifically excluded from coverage by amendment or endorsement.</b></p> <p>Pre-existing Condition means <b>any</b>:</p> <p><b>A diagnosed or undiagnosed mental or physical condition for which; begins after this policy has been in force for 12 continuous months, which was not disclosed or was misrepresented in your application, and which:</b></p> <ul style="list-style-type: none"> <li>• you received a medical professional’s advice or treatment for; or</li> <li>• caused symptoms for which a prudent person would usually seek medical treatment, care or services for during the [3 / 6 / 12] month period <b>ending the day before</b> immediately prior to the Policy Effective Date;</li> <li>• <del>you have consulted a physician or any other licensed medical professional, or received medical treatment or services;</del></li> <li>• <del>you have undergone diagnostic procedures or you have taken prescription drugs or medications; or</del></li> <li>• <del>a reasonably prudent person would have sought medical advice, care or treatment.</del></li> </ul> <p><b>Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement</b></p> <p>...</p> |
|   | <p>MT, ND</p> | <p>Pre-existing Condition means any mental or physical condition for which, during the [3 / 6 / 12] month period ending the day before the Policy Effective Date:</p> <p>...</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <b>or:</b></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul>  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State     | Language  |
|---|-----------|---|
|  <p>Policy Limitation for Pre-Existing Conditions Policy Endorsement (PE101)<br/>(continued)</p> | <p>NY</p> | <p><b>The Standard Life Insurance Company of New York</b></p> <p>...We, <b>The Standard Life Insurance Company, of New York</b>, issue this policy on the express condition or conditions that this policy is changed as noted below...</p> <p>Pre-existing Condition means...</p> <p>If the application for this policy does not seek disclosure of Pre-existing Conditions, and a Pre-existing Condition is not specifically excluded in the policy or in a policy endorsement, Disability due to that Pre-existing Condition is excluded for the first 12 months following the Policy Effective Date. After the first 12 months, Disability due to Pre-existing Condition is covered by this policy. <b>If you were age 65 or older on the Policy Effective Date, the Disability due to that Pre-existing Condition is excluded for the first 6 months following the Policy Effective Date, and after the first 6 months, the Disability due to the Pre-existing Condition is covered by this policy....</b></p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p><b>J. Greg Ness</b> _____ <b>Holley Y. Franklin</b><br/> <b>President</b> _____ <b>Corporate Secretary</b></p> |
|   | <p>SD</p> | <p>...PRE-EXISTING CONDITIONS</p> <p>Except as noted below, for <del>Disabilities</del> <b>a Disability that results from, or is</b> caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, we will <b>not</b> pay Disability Benefits <del>only if, on</del> <b>for a Disability during the date you become Disabled, 12-month period after the policy has been continuously in force for 12 consecutive months</b> Policy Effective Date....</p>  |
|   | <p>WY</p> | <p>Pre-existing Condition means any mental or physical condition for which, during the [3 / 6 / <del>12</del>] month period ending the day before the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; or</li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or</del></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul>   |






# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language   |
|---|-------|--|
|  <p>Policy Limitation for Pre-Existing Conditions Policy Endorsement (PE106)</p> | CA    | <p>...</p> <p>PRE-EXISTING CONDITIONS</p> <p><b>Except as noted below, You are covered for Disabilities</b> Disability caused or <b>substantially</b> contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition; <del>we will pay Disability Benefits only if, on the date you become Disabled, the policy has been continuously in force for 12 consecutive months</del> only if the Pre-existing Condition is not specifically excluded from coverage by amendment or endorsement.</p> <p>Pre-existing Condition means <b>any</b>:</p> <p><b>A diagnosed or undiagnosed</b> mental or physical condition <del>for</del> which; <b>begins after this policy has been in force for 12 continuous months, which was not disclosed or was misrepresented in your application, and which:</b></p> <ul style="list-style-type: none"> <li>• <del>you received a medical professional’s advice or treatment for; or</del></li> <li>• <del>caused symptoms for which a prudent person would usually seek medical treatment, care or services for during the [3 / 6 / 12] month period ending the day before immediately prior to the Policy Effective Date.</del></li> <li>• <del>you have consulted a physician or any other licensed medical professional, or received medical treatment or services;</del></li> <li>• <del>you have undergone diagnostic procedures or you have taken prescription drugs or medications; or</del></li> <li>• <del>a reasonably prudent person would have sought medical advice, care or treatment.</del></li> </ul> <p><b>Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement</b></p> |




# Platinum Advantage Policy Language Differences by State

| Policy Feature  | State | Language  |
|---|-------|---|
|  <p>Policy Limitation for Pre-Existing Conditions Policy Endorsement (PE106)<br/>(continued)</p> | ND    | <p>...Pre-existing Condition means any mental or physical condition for which, during the [3 / 6 / 12 month period ending the day before the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or.</del></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul> <p>...</p>   |
|   | MT    | <p><del>...The PRE-EXISTING CONDITIONS provision of the policy's EXCLUSIONS AND LIMITATIONS section is changed to read:</del> This endorsement adds the following provision to the EXCLUSIONS AND LIMITATIONS section of the policy. This addition applies as of the Policy Effective Date...</p> <p>Pre-existing Condition means any mental or physical condition for which, during the [3 / 6 / 12 month period ending the day before the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or.</del></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul> |
|   | NY    | <p>The Standard Life Insurance Company of New York</p> <p>...We, The Standard Life Insurance Company, of New York, issue this policy on the express condition or conditions that this policy is changed as noted below....</p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p><del>J. Greg Ness</del> _____ <b>Holley Y. Franklin</b><br/> <del>President</del> _____ <b>Corporate Secretary</b></p>  |
|   | SD    | <p><del>...The PRE-EXISTING CONDITION</del>This endorsement adds the following provision <del>of</del>to the <del>policy's</del> EXCLUSIONS AND LIMITATIONS section <del>is changed to read:</del>of the policy. This addition applies as of the Policy Effective Date.</p> <p>PRE-EXISTING CONDITIONS</p> <p>Except as noted below, for <del>Disabilities</del>a Disability that results from, or is caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, we will <b>not</b> pay Disability Benefits <del>only if, on</del>for a Disability during the <del>date you become Disabled;</del>12-month period after the <del>policy has been continuously in force for 12 consecutive months</del>Policy Effective Date....</p>   |
|   | WY    | <p>Pre-existing Condition means any mental or physical condition for which, during the [3 / 6 / <del>12</del>] month period ending the day before the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; or</li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or</del></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul>   |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language  |
|--|-------|---|
|  <p>Policy Exclusion for Pre-existing Conditions Policy Endorsement (PE102)</p> | CA    | <p>...</p> <p>PRE-EXISTING CONDITIONS</p> <p><b>Disability Benefits</b> You are covered for a Disability caused or <b>substantially</b> contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, <b>will be payable</b> only if the Pre-existing Condition is <b>fully disclosed in the application and it is</b> not specifically excluded from coverage by amendment or endorsement.</p> <p>Pre-existing Condition means <b>any</b>:</p> <ul style="list-style-type: none"> <li>• <b>A diagnosed</b> mental or physical condition for which; :             <ul style="list-style-type: none"> <li>- <b>you received medical treatment, care or services; or</b></li> <li>- <b>you took prescribed medication</b> during the <b>365 days12 months</b> immediately prior to the Policy Effective Date;; <b>or</b></li> <li>• <del>you have consulted a physician or any other licensed medical professional, or received medical treatment or services;</del></li> <li>• <del>you have undergone diagnostic procedures or you have taken prescription drugs or medications; or</del></li> </ul> </li> <li><del>a reasonably</del></li> <li>• <b>A diagnosed or undiagnosed mental or physical condition which begins after this policy has been in force for 12 continuous months, which was not disclosed or was misrepresented in your application, and which:</b> <ul style="list-style-type: none"> <li>- <b>you received a medical professional’s advice or treatment for; or</b></li> <li>- <b>caused symptoms which a prudent person would have soughtusually seek medical advicetreatment, care or treatmentservices for during the 12 months immediately prior to the Policy Effective Date.</b></li> </ul> </li> </ul> <p>...</p> |
|  | ND    | <p>...Pre-existing Condition means any mental or physical condition for which, during the 365 days immediately prior to the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <b>or.</b></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul> <p>...</p>  |




# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State     | Language  |
|--|-----------|---|
|  <p>Policy Exclusion for Pre-existing Conditions Policy Endorsement (PE102) (continued)</p> | <p>MT</p> | <p><del>...Disability Benefits for a Disability caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement. Except as noted below, for Disabilities caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, we will pay Disability Benefits only if, on the date you become Disabled, the policy has been continuously in force for 12 consecutive months.</del></p> <p>Pre-existing Condition means any mental or physical condition for which, during the <del>365 days immediately prior to 12 month period ending the day before the</del> Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; <b>or</b></li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or.</del></li> <li>• <del>a reasonably prudent person would have sought medical advice, care or treatment.</del></li> </ul> <p>...</p> <p><b>Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement.</b></p> <p><b>If the application for this policy does not seek disclosure of Pre-existing Conditions, and a Pre-existing Condition is not specifically excluded in the policy or in a policy endorsement, Disability due to that Pre-existing Condition is excluded for the first 12 months following the Policy Effective Date. After the first 12 months, Disability due to Pre-existing Condition is covered by this policy....</b></p> |
|  | <p>NY</p> | <p><b>The Standard Life Insurance Company of New York</b></p> <p>...We, <b>The Standard Life Insurance Company, of New York</b>, issue this policy on the express condition or conditions that this policy is changed as noted below...</p> <p><b>THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK</b></p> <p><del>J. Greg Ness</del> _____ <b>Holley Y. Franklin</b><br/> <del>President</del> _____ <b>Corporate Secretary</b></p>   |



# Platinum Advantage Policy Language Differences by State

| Policy Feature   | State | Language   |
|--|-------|--|
|  <p>Policy Exclusion for Pre-existing Conditions Policy Endorsement (PE102) (continued)</p> | SD    | <p><b>...PRE-EXISTING CONDITIONS</b></p> <p><b>Disability Benefits</b> Except as noted below, for a Disability that results from, or is caused or contributed to by a Pre-existing Condition, or by a medical or surgical treatment of a Pre-existing Condition, <b>will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement</b> we will not pay Disability Benefits for a Disability during the 12-month period after the Policy Effective Date.</p> <p>Pre-existing Condition means any mental or physical condition for which, during the <del>365 days immediately prior to</del> <b>12 month period ending the day before</b> the Policy Effective Date:</p> <p>...</p> <p><b>Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement.</b></p> <p><b>If the application for this policy does not seek disclosure of Pre-existing Conditions, and a Pre-existing Condition is not specifically excluded in the policy or in a policy endorsement, Disability due to that Pre-existing Condition is excluded for the first 12 months following the Policy Effective Date. After the first 12 months, Disability due to Pre-existing Condition is covered by this policy....</b></p> |
|  | WY    | <p>Pre-existing Condition means any mental or physical condition for which, during the <del>365 days</del> <b>6 months</b> immediately prior to <del>12 month period ending the day before</del> the Policy Effective Date:</p> <ul style="list-style-type: none"> <li>• you have consulted a physician or any other licensed medical professional, or received medical treatment or services; or</li> <li>• you have undergone diagnostic procedures or you have taken prescription drugs or medications; <del>or</del></li> <li>• <b>a reasonably prudent person would have sought medical advice, care or treatment.</b></li> </ul> <p>...</p>  |

This is only a brief summary of policy provisions and benefits in a particular state. Some policy provisions may vary in other states and some benefits and riders may not be available in a particular state. The policy has exclusions and limitations, and terms under which the policy may be continued or discontinued. For costs and complete details of coverage, please contact The Standard.

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