



## **Specimen Policy**

Short Term Disability

Income Protection

*For broker reference only.  
Not for customer distribution.*



**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY  
1 FOUNTAIN SQUARE  
Chattanooga, Tennessee 37402**

**DISABILITY INCOME POLICY**

**Policy Number: G0000041  
Insured: James P. Provident**

*This is an individual policy owned by the employee. The employee can continue coverage to age 72 regardless of employment as long as premiums are paid.*

**THIS POLICY IS GUARANTEED RENEWABLE TO THE POLICY ANNIVERSARY ON OR NEXT FOLLOWING YOUR 72ND BIRTHDAY. YOUR PREMIUM CAN BE CHANGED ONLY IF WE CHANGE IT ON ALL SIMILAR POLICIES IN FORCE IN YOUR STATE.**

*Policy renewal conditions*

We agree to insure the person shown above as the Insured against losses resulting from Total Disability due to Covered Accidents or Covered Sicknesses. We guarantee you can keep this policy in force to the Policy Anniversary on or next following your 72nd birthday, as long as you pay the required premiums when due, subject to the Grace Period allowed. We will make the payments according to all the provisions of this policy, as included on this and the following pages of this policy. This contract is made in consideration of the application and the payment of premiums as provided.

*Satisfaction guaranteed or full premium refund within 30 days of receipt.*

**NOTICE OF THIRTY DAY RIGHT TO CANCEL POLICY**

If, for any reason, you are not satisfied with this policy, you can return it to us at our Home Office within 30 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider this policy as if it never existed. Any premium paid will be refunded to you.

**READ THIS POLICY CAREFULLY**

This policy is a legal contract between you and Provident Life and Accident Insurance Company. Please read it carefully. We want you to be pleased with the coverage it provides. To understand your coverage, you must read this policy as a whole.

SUSAN N. ROTH  
Secretary

THOMAS WATJEN  
President

L-21776

**This specimen is Unum's generic policy L-21776. The actual policy may vary by state and will include any state specific provisions.**

Provident Policy G0000041 for James P. Provident, Insured

**POLICY GUIDE**

	<b>Page</b>
Policy Schedule.....	3
Definitions.....	4
Premiums .....	5
Total Disability Benefit .....	7
Waiver of Premium .....	9
What Is Not Covered By This Policy.....	10
Claim Provisions .....	10
General Provisions.....	11

A copy of your application and any Supplementary Benefits are included at the back of this policy.

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Provident Policy G0000041 for James P. Provident, Insured

**POLICY SCHEDULE**

**Insured:** James P. Provident

**Policy Number:** G00000041

**Coverage Effective Date:** June 1, 2000

**Policy Effective Date:** July 1, 2000

**Issue Age:** 35

**Total Premium Amount:** \$40.45

**Premium Mode:** Monthly

**BENEFITS FOR TOTAL DISABILITY**

**ACCIDENT**

**Elimination Period:** [ 14 Days ]  
**Maximum Benefit Period:** [ 6 Months ]  
**Monthly Benefit Amount For On-Job Total Disability:** [ \$500.00 ]  
**Monthly Benefit Amount For Off-Job Total Disability:** [ \$1,500.00 ]

**SICKNESS**

**Elimination Period:** [ 14 Days ]  
**Maximum Benefit Period:** [ 6 Months ]  
**Monthly Benefit Amount For Sickness:** [ \$1,500.00 ]

**SUPPLEMENTARY BENEFITS**

(The premium shown below is included in the Total Premium Amount)

**MENTAL ILLNESS LIMITED BENEFIT RIDER**

**Elimination Period:** [ 14 days ]  
**Maximum Benefit Period:** [ 6 Months ]  
**Monthly Benefit Amount for Total Disability:** [ \$750.0 ]

**Premium Amount:** [ \$2.55 ]

*Policy schedule page lists specific information for each policy.*

*Standard coverage effective date is the first day of the month in which payroll deductions begin.*

*The date the first premium for the policy is due.*

*Employee rates are issue-age rated, age last birthday, unitobacco.*

*The on-job total disability benefit does not apply to the Non-Occupational plan.*

*If chosen by the employer, the rider is added for all issued policies.*

*Equal to 50% of the policy benefit amount.*

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**DEFINITIONS**

*These terms are used throughout the policy.*

*Standard coverage effective date is the first day of the month in which payroll deductions begin.*

**Coverage Effective Date** is the date coverage become effective as shown in the policy schedule.

**Covered Accident** means an accident causing Injury which:

- (1) Occurs after the Coverage Effective Date;
- (2) Occurs while this policy is in force; and
- (3) Is not excluded by name or specific description in this policy.

**Covered Sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an Injury, which:

- (1) Occurs after the Coverage Effective Date;
- (2) Occurs while this policy is in force; and
- (3) Is not excluded by name or specific description in this policy.

**Disability or Disabled** means Total Disability or Totally Disabled.

*Available accident elimination periods down to zero days, with sickness elimination periods down to seven days.*

**Elimination Period** means the number of days that must elapse before benefits become payable. The number of days is shown in the Policy Schedule. Benefits are not payable, nor do they accrue during an Elimination Period.

**Injury or Injuries** means an accidental bodily injury that is the direct result of a Covered Accident. Injuries must be independent of sickness, disease, bodily infirmity and other causes. Carpal Tunnel Syndrome is considered to be a sickness.

*Only the employee is covered under this policy.*

**Insured** means the person who completed and signed the application and is covered under this policy. The name of the Insured is shown in the Policy Schedule.

*Benefit periods are 3, 6, 12, 24 and 60 months.*

**Maximum Benefit Period** means the longest period of time for which benefits will be paid for a disability. The number of months is shown in the Policy Schedule.

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

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

**Physician** means a person who is licensed by law, and is acting within the scope of such license, to treat Injuries or Sickness that results in Total Disability. A Physician cannot be you or anyone related to you by blood or marriage, a business or professional partner, or any person who has a financial affiliation or business interest with you.

**Policy** means the legal contract between You and Us. The Policy, any application(s), the Policy Schedule(s) and any attached papers that we call Riders, amendments, or endorsements make up the entire contract between You and Us.

**This specimen is Unum's generic policy L-21776. The actual policy may vary by state and will include any state specific provisions.**

Provident Policy G0000041 for James P. Provident, Insured

**DEFINITIONS** (Continued)

*The date the first premium for this policy is due.*

**Policy Effective Date** means the date the first premium for this policy is due. The Policy Effective Date is shown in the Policy Schedule. This date will be used to determine policy years, months, and anniversaries.

**Pre-Existing Condition** means a sickness or physical condition for which within 12 months before the Coverage Effective Date:

- (1) Symptoms existed that would cause an ordinary prudent person to seek advice or treatment from a Physician; or
- (2) You were treated, received medical advice from a Physician or had taken prescribed medicine.

*No new elimination period is required for disability due to a related cause if it occurs within six months from the end of the previous period.*

**Recurrent Disability** means your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition. The latter disability will be considered a recurrent disability.

**We, Us, Our** means Provident Life and Accident Insurance Company. Our Home Office is 1 Fountain Square; Chattanooga, Tennessee 37402.

**You, Your and Yourself** means the Insured, who is the owner of this policy.

**PREMIUMS**

**Premium Payments.** The premiums for this policy are shown in the Policy Schedule and must be paid to us at our Home Office.

If you do not pay the premiums when they are due or within the Grace Period, this policy will end at the end of the Grace Period. The premium due dates are based on: (1) The Policy Effective Date shown in the Policy Schedule; and (2) The premium mode, which is how often you pay the premiums.

**Grace Period.** After the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. During the Grace Period, this policy will stay in force. If the premium is not paid before the Grace Period ends, the coverage provided by this policy will terminate.

**Our Right to Change Premiums.** We have the right to change the premium we charge for this policy. However, we cannot single you out for a rate change. If we make a change, it will be made on all similar policies in force in your state with the same class and form number. If we plan to make a change, we will send you a notice at least 31 days before the date the increase becomes effective. We will not change your premium rate more than once in a 12 month period.

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**PREMIUMS (Continued)**

**Unpaid Premium.** Upon the payment of a claim under this policy, any premium then due and unpaid may be deducted from your claim payment.

**Changing the Way You Pay for This Policy.** If you would like to change the way you pay for this policy, you can notify us in writing at our Home Office. You may pay premiums by payroll deduction (if applicable), automatic bank draft, or by quarterly, semi-annual or annual payments.

**Reinstatement.** If You do not pay a premium by the end of the Grace Period, this Policy will no longer be in force. However, You may be able to put it back in force. This is called reinstatement. We may require a reinstatement application at the time We accept Your premium. If We require this, You will be given a conditional receipt for the premium. If We approve the reinstatement application, this Policy will be reinstated on the date We approve it. If We do not notify You that We have approved or disapproved the reinstatement application, this Policy will be reinstated on the 45th day after the date on the conditional receipt.

The reinstated policy will cover only disabilities that result from:

- (1) Covered Accidents that occur after the reinstatement date; or
- (2) Covered Sicknesses which begin more than 10 days after the reinstatement date.

We have the right to make changes in this policy before we reinstate it. Any changes will be made in or attached to the reinstated policy we send to you. In every other way, your rights and our rights will be the same.

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*The definition of disability may vary by state.*

**TOTAL DISABILITY BENEFIT**

We will pay the Monthly Benefit Amount, as shown on the Policy Schedule, if You become Totally Disabled and are Disabled longer than the Elimination Period shown on the Policy Schedule as the result of a Covered Accident or a Covered Sickness while this Policy is in force.

After the Elimination Period and up to the Maximum Benefit Period, We will pay the Monthly Benefit Amount shown on the Policy Schedule for as long as this coverage is in force and You remain Disabled, except as shown in the Geographical Limitations section. If the benefits are payable for less than a full month, We will pay benefits in a daily amount. A month is 30 days. The daily amount is one-thirtieth of the monthly amount.

During the first two years of disability, Total Disability or Totally Disabled, means you are:

- (1) unable to perform the material and substantial duties of Your occupation;
- (2) not engaged in any other occupation; and
- (3) under a Physician’s care for the Injury or Covered Sickness causing such Total Disability.

After the second year of Disability, if applicable, Total Disability or Totally Disabled means You are:

- (1) unable to perform the material and substantial duties of any occupation for which You are fitted by education, training or experience; and
- (2) not engaged in any other occupation; and
- (3) under a Physician’s care for the injury or Covered Sickness causing such Total Disability.

**Pre-Existing Condition Limitation.** If you become Disabled because of a Pre-Existing Condition, We will not pay for a Disability period if it begins during the first 12 months this Policy is in force.

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**TOTAL DISABILITY BENEFIT (Continued)**

**Recurrent Disability.** A recurrent disability will be treated as follows:

- (1) A continuation of the previous disability, not a new disability, if you have returned to work for less than 6 months;
- (2) A new disability, if you have returned to work for 6 months or more, working at least the same number of hours you were working before the previous disability began;
- (3) A new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for 6 months or more; and
- (4) A continuation of the previous disability for any circumstances not specifically listed above.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability for which benefits were not payable due to the Pre-Existing Continuation Limitation.

A new disability is subject to a new Elimination Period and a new Maximum Benefit Period applies. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period, and a new Maximum Benefit Period does not apply.

We will pay benefits for only one disability at a time even if it is caused by more than one Injury, more than one sickness or an Injury and a covered sickness.

*Defines disability when unemployed.*

If you are unemployed when You become Totally Disabled, We will pay the Monthly Benefit Amount only as long as You are kept at home, are under a Physician's care and are considered ADL Disabled.

**ADL Disabled** means that, because of Injuries or a Covered Sickness, You are unable to perform two or more Activities of Daily Living (ADLs) without stand-by assistance.

Activities of Daily Living (ADLs) are:

- (1) Bathing means washing ones self by sponge bath or in a tub or shower, including the task of getting into or out of the tub or shower.
- (2) Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- (3) Transferring means moving into or out of a bed, chair or wheelchair.
- (4) Eating means feeding ones self by getting food into the body from a receptacle (such as plate, cup or table) or by feeding tube or intravenously.
- (5) Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- (6) Contenance means the ability to maintain control of bowl or bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag.)

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Provident Policy G0000041 for James P. Provident, Insured

**TOTAL DISABILITY BENEFIT (Continued)**

*Expands geographical boundaries offering coverage when the Insured is outside the United States.*

**Geographical Limitations.** If you become Totally Disabled due to a Covered Accident, a Covered Sickness, or in accordance with any Policy Riders while you are outside the covered geographical areas and You are Disabled longer than the Elimination Period shown in the Policy Schedule. Your Maximum Benefit Period while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

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

**Termination of Benefits.** Benefits will automatically end on the earliest of the following:

- (1) You are no longer Totally Disabled;
- (2) You fail to provide satisfactory proof of continuing Total Disability when requested;
- (3) You continue to be Totally Disabled beyond the Maximum Benefit Period shown in the Policy Schedule; or
- (4) Your death.

*The Waiver of Premium provision is automatically included in the policy at no additional premium.*

**WAIVER OF PREMIUM**

After 90 days of Total Disability, or after the Elimination Period, if longer than 90 days, we will waive the payment of premiums, which thereafter become due for as long as the disability continues, but not beyond the Maximum Benefit Period. For premiums to be waived, your Total Disability must be the result of a Covered Accident or a Covered Sickness.

After the Total Disability ends, or after the end of the Maximum Benefit Period, whichever is earlier, to keep this policy in force, you must resume the payment of premiums by paying the next premium due. Thereafter, premiums will be due and payable as provided in this policy.

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*May vary by state.*

**WHAT IS NOT COVERED BY THIS POLICY**

*Some losses are excluded under this policy. Please read carefully.*

We will not pay benefits for losses that are caused by or occur as the result of your:

- (1) war or act of war, whether declared or undeclared;
- (2) riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (3) operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (4) engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- (5) participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (6) committing or trying to commit suicide or injuring Yourself intentionally, whether You are sane or not;
- (7) addiction to alcohol or drugs, except for drugs taken as prescribed by Your Physician;
- (8) having a Pre-Existing Condition as described and limited in this Policy;
- (9) practicing for or participating in any semi-professional or professional competitive athletic contest for which You receive any type of compensation or remuneration;
- (10) having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under this Policy;
- (11) having a work-related injury, unless an On-Job Total Disability benefit is shown on the Policy Schedule;
- (12) giving birth within the first nine months after the Coverage Effective Date as the result of a normal pregnancy, including Cesarean. Complications of a pregnancy will be covered to the same extent as any other Covered Sickness.

*Requirements necessary for filing a claim.*

**CLAIMS PROVISIONS**

**How to File A Claim.** You must complete a claim form within 90 days after the covered loss begins or as soon as it is reasonably possible. Send the claim form along with proof of loss to us at our Home Office.

If you do not have a claim form you must give us a written statement describing your loss within 90 days after the covered loss begins or as soon as it is reasonably possible. The statement should include your full name and address and the policy number as shown in the Policy Schedule. It can also include proof of loss and how the loss occurred. Send the statement to us at our Home Office. When we receive the statement describing your loss, we will send you claim forms within 15 days. If you do not receive claim forms, your written statement along with the proof of loss will be used to process your claim.

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Provident Policy G0000041 for James P. Provident, Insured

**CLAIMS PROVISIONS (Continued)**

**Written Proof of Loss.** Written proof of loss, provided at Your expense, must be sent to Us within 90 days after the end of each period for which You are claiming benefits. If that is not reasonably possible, Your claim will not be reduced or denied for that reason if such proof is filed as soon as is reasonably possible. However, unless You are legally incapacitated, written proof must be given within one year after the date it was required.

We can require any proof that We consider necessary to consider Your claim.

We can require written proof of loss at reasonable periods for continuing disability covered by this policy. However, you must give us proof no later than 90 days after the end of a period of loss for which we owe you benefits. We will not pay benefits for a loss unless you continue to give us written proof of loss as required.

**Payment of Claims.** All benefits will be paid to You unless such benefits have been assigned. If any benefit is payable but not paid upon Your death, then We will pay Your named beneficiary or Your estate. If You are not competent to give valid release, We can pay up to \$1,000 to one of Your relatives who We believe is entitled to it. If We do that in good faith, We will not be liable to anyone for the amount We pay.

**Physical Examinations.** We can require that you be examined by a Physician of your choice at our expense as often as it is reasonably necessary while your claim is pending.

**Legal Actions.** No legal action may be brought to recover on this policy:

- (1) Before 60 days after you send us written proof of loss; or
- (2) More than 3 years (6 years in Kansas and South Carolina) after the time has passed in which we require written proof of loss.

**GENERAL PROVISIONS**

**Entire Contract; Changes.** This policy is a legal contract between you and us. We provide the insurance coverage as stated in this policy. We do this in return for your application and payment of required premiums. Policy, as used herein, means the entire contract. The entire contract consists of:

- (1) This policy, including the Policy Schedule;
- (2) The attached copy of the application; and
- (3) Any attached Riders or endorsements, which add provisions or change the terms of this policy.

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**CLAIMS PROVISIONS (Continued)**

**Changes To This Policy.** Any change to this policy must be written and signed by one of our executive officers at our Home Office. No agent, broker or anyone else may change this policy or waive any of its provisions.

**Misstatement of Age.** If your age has been misstated in the application the benefits will be those the premiums paid would have bought at the correct age. If no coverage would have been available, we will refund those premiums and this policy will be considered never to have been issued.

**Time Limit on Certain Defenses.** We rely on the statements made by you in the application to issue this policy and pay benefits. After 2 years from the Coverage Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions made by You in your application for this policy, will be used to void or contest the policy or to deny a claim for any loss incurred that starts after the end of each two year period.

**Limitation on Pre-Existing Conditions.** No claim for loss incurred that starts after twelve months from the Coverage Effective Date will be reduced or denied on the grounds that a sickness or physical condition not excluded by name or specific description had existed before the Coverage Effective Date.

**Assignment.** You can assign any rights you have under this policy. However, no assignment is binding on us until we receive a copy of it. Each assignment will be subject to any payments made or action taken by us before we received such assignment. We are not responsible for the validity of any assignment.

**Termination of Policy.** This policy will terminate on the earliest of the following:

- (1) Written request by you to terminate this policy;
- (2) Failure to pay the premiums for this policy, subject to the Grace Period allowed; and
- (3) The Policy Anniversary on or next following your 72nd birthday; or
- (4) Your death.

**Conformity With State Statutes.** Any provision of this policy that, on the Coverage Effective Date, is in conflict with the laws of the state in which the application is signed, is amended to conform to the minimum requirements of those laws.

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Provident Policy G0000041 for James P. Provident, Insured

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY  
CHATTANOOGA, TENNESSEE**

**SUPPLEMENTARY BENEFIT**

**MENTAL ILLNESS LIMITED BENEFIT RIDER**

*Employer elected coverage for disabilities resulting from a psychiatric or psychological condition.*

**About this Rider.** This Rider provides a Total Disability benefit due to Mental Illness as shown on the Policy Schedule. We have issued this Rider as part of the Policy to which it is attached. It is issued in consideration of the application for the Policy and the payment of the additional premium as shown in the Policy Schedule. All terms of the Policy apply to this Rider except as provided herein.

*Equal to 50% of the base policy face amount.*

**Mental Illness Benefit.** If You are Totally Disabled due to a Mental Illness, benefits for Total Disability will be paid, provided You are under the regular care and treatment of a Physician, who is either:

- (1) a registered specialist in psychiatry;
- (2) a Physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or
- (3) a Physician, if in Our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

*EP/BP is the same as selected on the base policy. (Exception - 60 month BP reduced to maximum 24 months for the rider.)*

After the Elimination Period and up to the Maximum Benefit Period, We will pay the Monthly Benefit Amount shown on the Policy Schedule for the Mental Illness Limited Benefit Rider, as long as this Rider is in force and You remain Disabled, except as shown in the Geographical Limitations section. If benefits are payable for less than a full month, We will pay benefits in a daily amount. A month is 30 days. The daily amount is one-thirtieth of the monthly amount.

**Mental Illness** means a psychiatric or psychological condition classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of a Disability. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association or relevant successor professional organization as of the start of a Disability. The term Mental Illness does not apply to dementia, if due to:

- (1) stroke;
- (2) trauma;
- (3) viral infection;
- (4) Alzheimer's disease; or
- (5) other such conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs, or other similar products.

**Reinstatement.** If premium is not paid by the end of the Grace Period, this Rider will terminate on the same date as the Policy. A reinstated Rider will cover only Disabilities that result from a Mental Illness that begins more than 10 days after the reinstatement date.

**Limitation on Pre-Existing Conditions.** No claim for loss incurred that starts after twelve months from the Effective Date of this Rider will be reduced or denied on the grounds that a sickness or physical condition not excluded by name or specific description had existed before the Effective Date of this rider.

L-21777

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Provident Policy G0000041 for James P. Provident, Insured

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY  
CHATTANOOGA, TENNESSEE**

**SUPPLEMENTARY BENEFIT**

**MENTAL ILLNESS LIMITED BENEFIT RIDER**

**Effective Date.** The coverage provided by this Rider will begin on the same date as the Policy if they are issued at the same time. This date is shown on the Policy Schedule as the Coverage Effective Date. If added at a later date, the Effective Date of this Rider will be the application signed date on the corresponding application for this rider. Such application is attached to and made a part of the Policy.

**Termination of Rider.** This Rider will terminate on the earliest of:

- (1) the failure to pay premiums for this rider, subject to the Grace Period allowed;
- (2) the date the Policy terminates; or
- (3) the date We receive Your written request to terminate this Rider.



SUSAN N. ROTH  
Secretary

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Provident Policy G0000041 for James P. Provident, Insured

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY  
CHATTANOOGA, TENNESSEE**

**SUPPLEMENTARY BENEFIT**

**PRE-EXISTING CONDITION WAIVER**

Any provision of the policy to which this rider is attached to the contrary notwithstanding, no claim of Total Disability commencing after the Coverage Effective Date shall be denied on the basis that the Total Disability was caused by a Pre-Existing Condition.

Any benefit payable will be determined according to the Policy Schedule, included in the Policy.

All other terms, conditions, limitations, and provisions of the policy remain unchanged.



SUSAN N. ROTH  
Secretary


*The Pre-Existing Condition Waiver Rider is available for accounts replacing existing disability coverage.*

L-21778

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Individual short term disability income protection is designed to help replace a substantial portion of salary when a covered accident or sickness causes a disabling event during an employee's working years.

**Underwritten by:**

Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, TN 37402  
unum.com

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