

The following list indicates important policy language changes or other procedures required in some states. Please access www.standard.com/di for copies of miscellaneous notices and outlines of coverage, if applicable.

State	Procedure or Language Change	Miscellaneous Requirements
Alabama	Generic language	
Alaska	<ul style="list-style-type: none"> • Contestable Period – 3 years. • Claim Forms - send within 10 working days (generic 15 days). • ERISA Endorsement – Claim Forms – send within 10 working days (generic 15 days). 	<ul style="list-style-type: none"> • Policy Modification Endorsement (PME), If issued, removes Compassionate, AIB and changes definition of Total Disability from own occ to regular occ.
Arizona	<ul style="list-style-type: none"> • Claim Forms - send within 10 working days (generic 15 days). • ERISA Endorsement - Claim Forms – send within 10 days. Notice of Decision on Claim – send within 15 working days (generic 45 days) or send notice that we are extending the period to decide the claim by 45 days (generic 30 days). By end of extension period we may extend again for another 45 days (generic is 30 days). 	
Arkansas	<ul style="list-style-type: none"> • Contestable Period – 3 years. • Exclusions/Limitations - May not exclude first 90 days of disability due to pregnancy or childbirth if disability is due to complications of pregnancy. • ERISA Endorsement – No Allocation of Authority provision. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notices 10033(5/06) and 7640(8/95)AR - required with application if applicable. Return signed forms to home office with application.
California	Pending	
Colorado	<ul style="list-style-type: none"> • Denied Claims Review Procedures – Added paragraph explaining entitlement to claim review in court if claim is denied and all administrative remedies are exhausted. • ERISA Claims Procedures Endorsement - Allocation of Authority provision removed. Denied Claims Review Procedures as noted above. • Time Limit on Certain Defenses – Provision revised by endorsement/rider. 	<ul style="list-style-type: none"> • Replacement Notice 6457(5/05)CO - required with application if applicable. Return signed form to home office with application. • Other Insurance Application Supplement, 12290(5/05)CO, required with base app, GI app, Multi-Life GI app, and FPO app. Return signed form to the home office with the application.
Connecticut	<ul style="list-style-type: none"> • Survivor Benefit <i>not available</i>. • Compassionate Disability Benefit <i>not available</i>. • Rehab Program requires physician agreement. • Cosmetic/Transplant Surgery Benefit covered as sickness if 30 days (rather than 6 months) after policy effective date . • Exclusions do not include “assault” or “violent disorder.” (Active participation in riot is excluded.) 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.

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Connecticut, continued	<ul style="list-style-type: none"> Pre-existing Conditions provision includes statement: “Denial of any claim based on disability contributed to or caused by a pre-existing condition is subject to the Time Limit On Certain Defenses provision, below.” Time Limit on Certain Defenses - References to fraudulent misstatements removed. Catastrophic Disability Rider <i>not available</i>. 	
Delaware	Generic language	<ul style="list-style-type: none"> 365 day Waiting Period with 2 year Benefit Period not available. Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
District of Columbia	<ul style="list-style-type: none"> Contestable Period – 3 years. Pre-existing Condition – Reasonably prudent person language removed. Domestic Partner definition: <i>an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you.</i> Mental Nervous Substance Abuse Endorsement - Definition of Abuse modified. Pre-existing Conditions Endorsement - Reasonably prudent person language removed. 	
Florida	Pending	
Georgia	<ul style="list-style-type: none"> Exclusions – Assault deleted; “violent disorder” changed to “act of civil disobedience.” Pre-existing Conditions (in IDI policy and GI Pre-ex Endorsement) – Added paragraph stating that denial of claim based on a pre-ex condition is subject to the Time Limit On Certain Defenses provision. Claims – Added Time Of Loss provision stating benefits will be paid for loss occurring while policy is in force; and policy termination will not affect claim for Disability which began while policy was in force. Claim Forms – Send within 10 (not 15) days. Proof of Loss – Added language clarifies 45-day period for providing additional info/ documents we request after we receive Proof Of Loss; if not possible within 45 days, may not be later than 1 year unless insured lacks legal capacity. Also, we may require additional documentation at least once every 6 months (instead of generic “at 	<ul style="list-style-type: none"> Outline of Coverage 15216(7/10)GA required at time of application.

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<p>Georgia, continued</p>	<p>reasonable intervals”) while insured is receiving benefits, except in the event of legal incapacity.</p> <ul style="list-style-type: none"> • Time of Payment – Language outlines specific notice and payment procedures if benefit payments do not begin 15 days after proof of loss and 15 days after receipt of additionally requested documents. Requires interest payment (18% per annum) if benefits not paid within 15 days after all required documentation/information is received. (Note: ERISA Endorsement contains an abbreviated version, providing only that payment will be made within 15 days after approval; and if we have not begun payments within 15 days after we receive all required documents/information , we will pay interest, as above.) • Premiums – Notification to owner 60 days prior to effective date of any premium increase. • Misstatement of Age – If, with correct age, policy would not have been effective or would have terminated before acceptance of premium, our liability is limited to refund of prem. paid for period not covered by policy. • Catastrophic Disability Rider *– The term, “catastrophic” is not allowed. Rider title and references in this and other policy forms use “<i>Activities of Daily Living</i>” or “<i>ADL</i>.” • Issue And Participation Limits (definition in base policy and reference in FPO Rider) – Language for amt of coverage and qualifying for coverage deletes reference to (other insurance issued by) “us and any other insurer and any government agency.”** • ERISA Endorsement – Notice of Decision on Claim must be sent within 15 (not 45) business . If claim denied (all or in part), written notice of denial is sent within 15 business days after our receipt of all info/ documents needed to make decision. <i>Also see Time of Payment, above.</i> Allocation of Authority – Modified to remove clause that our decision is conclusive and binding 	<p>* Activities of Daily Living (ADL) Benefit Rider</p> <p>** GA law prohibits reference to other insurers/insurance in policy and riders.</p>
<p>Hawaii</p>	<ul style="list-style-type: none"> • Claims: Proof Of Loss – Unless insured lacks legal capacity, Proof Of Loss must be submitted within 15 months (generic is 1 year) after the 90th day after the end of the period for which benefits are claimed. • Contestable Period – 3 years 	
<p>Idaho</p>	<ul style="list-style-type: none"> • Pre-existing Conditions – (1) Self- 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year

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Idaho, continued	<p>administered/prescribed treatment or procedures removed from the definition. (2) Six-month look-back period (generic 365 days).</p> <ul style="list-style-type: none"> • Exclusions/Limitations – (1) May not exclude the first 90 days of disability due to pregnancy or childbirth if the disability is due to complications of pregnancy. (2) Disability caused by elective abortion is excluded unless the abortion is performed to preserve the life of the female upon whom the abortion is being performed. (3) “Assault” and “violent disorder and riot” are removed from the list of excluded causes of disabilities. • (GI)Pre-Existing Conditions Endorsement: (1) Self-administered/prescribed treatment or procedures is removed from the definition. (2) Six-month look-back period rather than 365 days. • Outlines of Coverage – rider list added. • Cannot exclude or limit for hazardous sports or activities – application must be declined if hazardous activity is a concern. 	<p>Benefit Period not available.</p> <ul style="list-style-type: none"> • Outline of Coverage and receipt, 12639(5/05), required at the time of application. Return signed receipt to the home office with the application. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
Illinois	<ul style="list-style-type: none"> • Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months. • Own Occ (IDI) and Regular Occ (GI) definitions – retirement clause of definition requires insured to be “completely unable to engage in the normal activities of a retired person of like age and good health.” • Pregnancy Exclusion – cannot exclude complications of pregnancy. • Pre-ex Condition definition - physician consultations, self-administered/diagnostic procedures and all prescription medications are replaced by “a clear, distinct symptom or symptoms occurred which, in the opinion of a legally qualified physician, would indicate that the condition existed.” (Note: prudent person clause is retained.) • Claims-Time Of Payment – If payment is not made within 30 days after satisfactory written proof of loss, interest is added at 9% per annum. 	<ul style="list-style-type: none"> • Replacement Notice 10033(5/06) - required with application if applicable. Return signed form to home office with application.
Indiana	<ul style="list-style-type: none"> • Pre-ex Condition definition (policy) – revised to state such conditions will be 	

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<p>Indiana, continued</p>	<p>payable only if (1) you are asked to disclose the pre-ex condition on the application; (2) the pre-ex condition is disclosed on the app (deleted ‘fully’) and (3) not specifically excluded.</p> <p>Added: If the application does not seek disclosure of pre-x conditions and pre-x condition is not excluded in policy or endorsement, we may not deny a claim for disability caused by that pre-x if the disability begins more than 24 months after the policy effective date.</p> <ul style="list-style-type: none"> • Exclusions/Limitations – added <i>Any disability where the policy was not in force at the time you became disabled.</i> • Sickness – Definition modified to state: An illness or disease which causes you to become disabled. • Injury – Definition modified to state: an accidental bodily injury which causes you to become disabled. • GI Pre-ex Conditions Exclusion Endorsement - Pre-ex Condition definition revised to state such conditions will be payable only if (1) you are asked to disclose the pre-ex condition on the application; (2) the pre-ex condition is disclosed on the app (deleted ‘fully’) and (3) not specifically excluded. 	
<p>Iowa</p>	<ul style="list-style-type: none"> • Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy uses 12 months). • Total /Partial/Extended Partial Disability – Definitions modified to delete “regular” care of a physician. • Exclusions/Limitations – (1) May not exclude first 90 days of disability due to pregnancy or childbirth if due to complications of pregnancy. (2) Revised to state: <i>Disability that begins while incarcerated.</i> • Pre-existing Conditions – Self-administered/prescribed treatment or procedures is removed from the definition. • Own Occ Rider, 24 Month Reg Occ Rider and ERISA Claims Procedures Endorsement - Definitions do not include “regular” care of a physician • Pre-existing Conditions Endorsement - Self-administered/prescribed treatment or procedures removed from the definition. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.

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Kansas	<ul style="list-style-type: none"> • Exclusions: No pregnancy exclusion. • Claims: Overpayment of Benefits provision replaced by Errors Related To your Coverage provision. • Additional Cancellation By Owner provision - Under this required provision, policy terminates on date owner's written request is received by home office, or on the date requested in the notice. Prompt premium refund using pro rata method. • Policy Termination provision - Added item for cancellation by owner under the above provision. • Legal Action - Five years (rather than 3) allowed for legal action. • Time Limit On Certain Defenses (IDI and GI): clarification added that contestable period runs from reinstatement date only if reinstatement application was required. • GI Policy: Time Limit On Certain Defenses – 2-year period is removed for contesting based on pre-x conditions. • GI Pre-X Endorsement: Besides adding pre-x conditions exclusion, also replaces the GI policy's Time Limit On Certain Defenses provision with regular 2-year Time Limit On Certain Provisions (identical to provision in the non-GI base policy).. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Minimum of 3 issued policies required for any multi-life IDI and GI. Minimum 10 issued policies required for Association groups.
Kentucky	<ul style="list-style-type: none"> • Contestable Period – 3 years. • Notice of Claim – We must receive notice within 60 days after loss (generic 30 days). • Time of Payment of Claims – Payment must be made within 30 days of receipt of proof of loss. 	<ul style="list-style-type: none"> • Replacement Notice 6462(1/91)KY - required with application if applicable. Return signed form to home office with application.
Louisiana	<ul style="list-style-type: none"> • Contestable Period – 3 years. • Premiums – must notify the insured/owner at least 45 days prior to any premium increase. • Conformity with State Laws - provision replaced with Extension of Time Limitations provision: Laws pertain to the state in which the insured resides at the time of policy issue. • Mental Nervous Substance Abuse Endorsement – Abusive Use definition modified slightly. 	
Maine	<ul style="list-style-type: none"> • Own/Regular Occupation - If insured is retired the last occ in which insured worked at least 30 hours per week will be deemed 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Outline of Coverage and Receipt

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Maine, continued	<p>his/her own/regular occ.</p> <ul style="list-style-type: none"> • Pre-existing Conditions - Benefits for a Disability caused or contributed to by a Pre-existing Condition are excluded for only 12 months measured from the Effective Date if the application does not seek disclosure of prior or current medical conditions, or medical care or treatment and it is not specifically excluded from coverage by amendment or endorsement. • Sickness defined as “an illness or disease of an insured person.” • Contestable Period – 3 years 	<p>12639(5/05) must be provided at the time of application. Return signed Receipt to the home office.</p> <ul style="list-style-type: none"> • Replacement Notice 12410(11/04)ME - required with application if applicable. Return signed form to home office with application.
Maryland	<ul style="list-style-type: none"> • Time Effective: coverage is effective and terminates at 12:01 a.m. Eastern Time on applicable date. • Total Disability definition includes inability to perform <i>each and every</i> Substantial And Material Duty. • Retirement treated the same as unemployment where the last occupation in which the Insured worked at least 30 hours per week will be deemed his Own/Regular Occupation. • Compassionate Disability – A Serious Health Condition caused by physical/ mental condition manifesting before the Policy Effective Date is covered only if the Serious Health Condition begins more than 1 year after the Policy Effective Date. • Cosmetic/Transplant Surgery – If surgery within 6 mos after Policy Effective Date results in a condition caused by unexpected complication, and that condition is immediate cause of Disability, insured is eligible for Disability Benefits. • Exclusions/Limitations - complications of pregnancy are not excluded; assault, violent disorder and riot are also not excluded. • Pre-existing Conditions Exclusion (in IDI base policy and in GI Pre-ex Endorsement – Clarifies requirement that specific exclusion of pre-ex conditions by amendment/ endorsement must be signed by Insured/Owner and attached to policy. Denial of claim based on pre-ex condition is subject to Time Limit On Certain Defenses provision (see below for variations) • Time Limit On Certain Defenses (TLCD) – References to reinstatement date are moved to a separate Time Limit On Certain Defenses After Reinstatement provision. In 	

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<p>Maryland, continued</p>	<p>both provisions, “fraudulent misstatements” is retained for statements in the application but removed from the 2nd paragraph pertaining to pre-existing conditions as basis for denial/reduction of claim.</p> <p>In GI Base Policy – In TLCD and TLCD After Reinstatement, the two-year period is removed for pre-x-based denials/reductions.</p> <p>In GI Pre-ex Endorsement – TLCD and TLCD After Reinstatement provide 1-year period in for pre-x-based denials/reductions.</p> <ul style="list-style-type: none"> • Claims: <p>Time Of Loss provision added – termination of policy will not affect Disability that began while policy was in force.</p> <p>Claim Forms – clarification that a written statement (generic “letter”) may be submitted, within time fixed for submitting completed a claim form, if we don’t send claim forms within 15 <i>days after Insured gives</i> notice of claim.</p> <p>Proof Of Loss – 90-day period is measured from the end of “the period for which we are liable” (generic measures from the end of “each monthly period for which you claim benefits”). Added 45-day-period for providing info/documents that we request.</p> <p>Review Procedure – Notice of decision within 45 days (generic 60 days); added 45-day extension and requirements for notification of extension of review period; also specifies contents of notice of extension and notice of claim denial.</p> • Premiums – Notification of increase premium required at least 40 days prior to end of grace period applicable to the first increased premium. • Reinstatement – Six month period for requesting reinstatement is removed (no such limitation). “Or our authorized rep” added for receipt of premium. Added provision that an premium accepted in connection with reinstatement is applied to a period for which premium not previously paid but not more than 60 days prior to Reinstatement Date. • Renewal Option: Premium – premiums change each year the policy is continued under Renewal Option; notification by mail required at least 40 days prior to end of grace period for the first increased premium. <p>End Of Renewal Option – the date <i>we receive notice</i> that Insured has ceased being</p>	

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<p>Maryland, continued</p>	<p>regularly employed at least 30 hrs per week. Added provision for return of unearned premium.</p> <ul style="list-style-type: none"> • Conformity With State Laws – laws of insured’s state of residence (generic - state where app was taken). • Legal Action – 60 day period is measured from the date written proof <i>has been furnished to us</i> (generic “is received by us”). 3-year limit on legal action is measured from date written proof is required <i>to be furnished</i>. • Assignment: We will not be liable <i>to the new assignee</i> for any action taken prior to...approval of assignment. • CPI-U definition: Any other comparable index must be approved by state. • Continuous Disability definition: New waiting period <i>and Maximum Benefit Period</i> apply if Recovery is longer than 12 full months and Disability is from the same cause(s). • Injury, Sickness Definitions – Added: If Injury /Sickness occurs before Policy Effective Date, resulting Disability is covered after 2 years from the Policy Effective Date, unless specifically excluded. • FPO – Language added to clarify any conditions excluded in policy will also be excluded under any policy issued under FPO. Issue And Participation Limits applicable to purchase will be those used as of either the Policy Eff Date or date of FPO purchase application, whichever more favorable to Insured (generic is the latter). • Own Occ Rider (GI) – Total Disability definition includes inability to perform <i>each and every</i> Substantial And Material Duty. Language added to clarify Insured may be working in an occ other than his Regular Occ and still meet definition of Totally Disabled. ERISA Endorsement: Time Of Loss, Claim Forms, Proof Of Loss – as modified in base policy. Review Procedure For Denied Claims – Insured entitled to receive reasonable access to and copies of all non-privileged documents and info, contact info for state insurance commissioner, info concerning right to bring civil action or lawsuit. Allocation Of Authority – Includes (at end) right to challenge claim under Maryland law. 	

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Maryland, continued	<ul style="list-style-type: none"> • MDSA Limitation Endorsement – Definition of Abusive Use does not include use of medication administered pursuant to advice of Physician. 	
Massachusetts	<ul style="list-style-type: none"> • Own Occ (IDI) and Regular Occ (GI) definitions – retirement clause of definition requires insured to be “completely unable to engage in the normal activities of a retired person of like age and good health.” • Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy uses 12 month separation). • Proof Of Loss – Removed 45-day limit for providing information/documentation we request after receiving Proof Of Loss. If information/ documentation we request is not provided, “we may decide your claim based on the information we have received.” (Generic language says “your claim may be denied.”) • Time Limit on Certain Defenses and Reinstatement – 2-year contestable period cannot (re)start from reinstatement date / reinstatement application. 	<ul style="list-style-type: none"> • Additional Disclosure Notice for MIB and Investigative Consumer Reports, form 15989, must be given to proposed insured (along with Disclosure Notice - Information Practices, 3519) at time of application. • Replacement Notice 9948(3/01)MA - required with application if applicable. Return signed form to home office with application. • Outline of Coverage is issued with the policy.
Michigan	<ul style="list-style-type: none"> • Complaint Procedures provision added. • ERISA Claims Procedures Endorsement -(1) Allocation of Authority provision removed; (2) Complaint Procedures provision added; (3) Notice of Decision on Claim – we must provide contact information for requesting a review. 	
Minnesota	<ul style="list-style-type: none"> • Survivor Benefit <i>not available</i> • Exclusions/Limitations – assault and confinement to penal/correctional facility are not excluded. • Pre-existing Conditions Exclusion – self-administered/prescribed treatment or procedures is removed from the definition. Reasonably prudent person language is also removed. • Sickness definition – “first manifested” is replaced by “first diagnosed or treated.” • Basic Monthly Benefit definition – language added to clarify that benefit is not reduced by, or in proportion to, any increase in disability benefits received under federal or state laws (SSA, Veterans, Workers Comp, etc.) 	<ul style="list-style-type: none"> • Guaranty Association Notice 7127(11/10)MN must be provided at time of application. Delivery Receipt 8770(11/10)MN must be signed by producer and returned with application..

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Minnesota, continued	<ul style="list-style-type: none"> • Premiums – 30-days advance notice required before any premium increase. • Claims-Review Procedures – MN Dept of Commerce contact info is added for help with dispute resolution. • Policyowner’s Right to Cancel Policy – Cancellation, if by mailed notice, is effective upon postmark; refund of premium required within 10 days of receipt of notice. • Endorsements: GI Pre-existing Conditions Exclusion, ERISA Claims Procedures, and IDI Policy Modification are not attached as endorsements; instead, these provisions are <i>incorporated into the base policy</i>. Policy form numbers (in lower left corner) include indicators, E, MOD, X: B170(7/10)MN basic IDI (non-GI) policy B170(7/10)MN-E w/ERISA claims provisions B170(10/11)MN-MOD modified as if the Policy Modification Endorsement were attached B170(10/11)MN-MOD-E modified as if the Policy Modification Endorsement were attached; ERISA claims language included. B170GI(7/10)MN basic GI policy B170GI(7/10)MN-E w/ERISA claims provisions B170GI(7/10)MN-X w/Pre-Ex Conditions Exclusion B170GI(7/10)MN-X-E w/ERISA claims provisions and Pre-Ex Conditions Exclusion 	
Mississippi	<ul style="list-style-type: none"> • Claims: Time of Payment - If payments do not begin within 45 days after receipt of satisfactory proof of loss, interest must be paid at a rate of 1.5% per month on any benefits due, from the 45th day until payment is made. 	
Missouri	<ul style="list-style-type: none"> • Pregnancy Exclusion – cannot exclude complications of pregnancy. • Exclusion for intentionally self-inflicted injury only while sane. • Claim Forms: If we do not provide <i>claim forms that are usually required for filing Proof Of Loss</i> within 15 days after we receive written notice of claim, <i>insured is deemed to have complied with our requirements for Proof Of Loss upon your submitting, within the required time frame, written proof of the occurrence, character and extent of the Disability.</i> • Reinstatement: Removed six-month time limit (after policy termination) for requesting reinstatement. • ERISA Endorsement: Allocation of Authority provision is called “Reservation of Authority;” Removed statement that our 	

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Missouri, continued	authority is conclusive and binding.” Claim Forms provision same as in base policies (above).	
Montana	<ul style="list-style-type: none"> • Rates are gender-neutral only. All references to gender are removed from policy. • Premiums (including Renewal Premiums) must not increase more often than once during any 12-consecutive-month period, except as allowed by state law. • No pregnancy exclusion. • Exclusions: Added “Any condition which we have excluded by name or specific description in an endorsement attached to and made part of the policy.” • Pre-existing Conditions removed entirely. • Notice of Claim required within 180 days (generic is 30) after Disability [or Serious Health Condition] starts. • Investigation of Your Claim: “Reasonable time” clause is removed. • Conformity With <i>Montana Statutes</i> (generic is “State Laws”) - Specific language – Policy provision conform to minimum requirements of MT law and control over any conflicting statutes of any state where insured resides. • Physician (definition) - includes, but is not limited to, osteopaths, chiropractors, optometrists, chiropodists and psychologists.” • Risk Class (definition) - as shown on Data Page. Reference to occ class and sex is removed. • ERISA Endorsement - Notice of Claim and Investigation provisions are state-specific as in base policies, noted above. Allocation of Authority provision removed entirely. • Pre-X Exclusion Endorsement (GI): Pre-existing Conditions (definition) – Removed prudent person clause and self-administered / self-prescribed diagnostic procedures 	<ul style="list-style-type: none"> • Rates are gender-neutral only. • Outline of Coverage required at time of application.
Nebraska	<ul style="list-style-type: none"> • Exclusions from Coverage – (1) Exclusion while confined to a correctional institution not allowed; (2) assault removed. • Time of Payment – Any accrued benefits will be paid within 15 days of our determination of benefits payable. • Overpayment of Benefits – We will notify the owner within six months upon our discovery of any overpayment. In instances of error prompted by representations or 	

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Nebraska, continued	<p>nondisclosure by the insured, we must notify the insured within 15 days after the date of discovery. Our notice must state the nature of the error and the amount of the overpayment.</p> <ul style="list-style-type: none"> • Conformity With State and Federal Laws (replaces generic “Conformity With State Statutes” provision) – Any provision of the policy that conflicts with law of federal government or state in which insured resides is amended to conform to the minimum requirements of such law. 	
Nevada	<ul style="list-style-type: none"> • Contestable Period – 3 years. 	<ul style="list-style-type: none"> • Outline of Coverage required at time of application.
New Hampshire	<ul style="list-style-type: none"> • 30-day free look period; policy may be returned by delivering or mailing. • Exclusions – “assault” and “violent disorder” are removed from list of allowable exclusions. • Refund Upon Cancellation provision added under General Provisions - cancellation effective upon receipt of written notice from owner/insured or date specified in notice; premium refund within 30 days to owner. Cancellation will not affect Owner’s rights regarding any claim originating before cancellation date. • Reinstatement - Administratively reinstated policy covers Disability due to injury sustained or sickness that began on or after the Reinstatement Date. • Catastrophic Disability Rider - Uses the term “catastrophic injury or sickness” throughout rider. • ERISA - Allocation of Authority language removed from ERISA Endorsement and placed in separate ERISA Allocation of Authority Endorsement form issued with the policy. • GI Pre-existing Conditions Exclusion Endorsement - Benefits payable only if, on date disability starts, policy has been in force for 9 months (generic is 12 months). If app does not ask about pre-x conditions and pre-x condition not specifically excluded, exclusion is for 9 (not 12) months. After the first 9 months, disability due to pre-x is covered. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Outline of Coverage and Receipt 12639(5/05) must be provided at the time of application. Return signed Receipt to the home office. • Replacement Notice 10033(5/06) - required with application if applicable. Return signed form to home office with application. • Policy Modification Endorsement (PME), If issued, removes Compassionate, AIB and changes definition of Total Disability from own occ to regular occ.

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New Jersey	<p>Separate Policies:</p> <ul style="list-style-type: none"> • B170(7/10)NJ and B170GI(7/10)NJ available for insureds age under 61: “Guaranteed Renewable To The Termination Date.” on the cover. • B170.1(7/10)NJ and B170GI.1(7/10)NJ available for insureds age 61 and over: “Non-Renewable For Stated Reasons Only Insurance.” on the cover. <p>All Policies:</p> <ul style="list-style-type: none"> • Data pages – May not reference discount applied. • Cosmetic/Transplant Surgery – Benefit not available. • Exclusions/Limitations - (1) pregnancy exclusion removed. (2) “Assault” and “violent disorder” removed from exclusions. (3) Correctional institution removed. • Claims – Proof Of Loss – While receiving Disability Benefits, additional documentation must be furnished within 90 days after the period for which benefits are claimed. • Claims – Time Of Payment – Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof. • Renewal Premium – We will not accept any Renewal Premium paid after the Termination Date unless the policy is in force under the Renewal Option. • Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic policy 12 months). • Physician Definition – other than you, the Owner, your husband, wife, civil union partner, domestic partner, mother, father, brothers, sisters, grandparents, children, in-laws, or step-relations. • Sickness Definition – Expanded to state sickness or disease commencing more than 30 days after the effective date and which is not excluded under the pre-existing condition limitation. <p>For B170(7/10)NJ and B170.1(7/10)NJ:</p> <ul style="list-style-type: none"> • For Compassionate Disability – Serious Health Condition – Expanded to state sickness or injury causing loss commencing after the effective date. • Pre-Existing Condition <i>Limitation</i> (generic is 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • 180 day Waiting Period with 1 year Benefit Period not available. • Replacement Notice 9949(12/00)NJ - required with application if applicable. Return signed form to home office with application.

State	Procedure or Language Change	Miscellaneous Requirements
New Jersey, continued	<p><i>Exclusion</i>) If pre-x conditions is not disclosed or not specifically excluded, then may not deny disability that begins 24 months after Policy Effective Date.</p> <p>Riders/Endorsements:</p> <ul style="list-style-type: none"> • Noncan Rider – Not available to insureds age 61 and over. • Catastrophic Disability Rider – The amount of the Catastrophic disability benefit may not be more than the policy’s basic monthly benefit amount. • Mental Nervous Endorsement – Substance Abuse means intoxication, being under the influence of any narcotic unless administered on the advice of a Physician, and drug addiction. Abusive Use and Dependence/Dependency. • Guarantee Issue Policy <i>Limitation</i> (generic is <i>Exclusion</i>)For Pre-Existing Conditions Policy Endorsement – in title and text. • ERISA Claims Procedures Endorsement – Allocation of Authority provision removed and replaced with a Grant of Discretion provision 	
New Mexico	<ul style="list-style-type: none"> • Pre-existing Conditions – Six month look back period rather than 365 days. • Reinstatement – Notice of disapproval must be mailed to insured within 30 days (generic 45 days). If not submitted within 30 days, reinstatement will be effective on the 30th day. • Premiums – we must notify the insured/owner at least 60 days prior to any increase. 	
New York	<p>Three policy versions: B170 – Individual direct sales B170AMR –Associations, Multi-life groups, and Resident Program sales B170GI – Guarantee Issue Sales</p> <ul style="list-style-type: none"> • Compassionate Disability Benefit - Not available. • Cosmetic/Transplant Benefit – ‘Surgery to prevent your disfigurement’ is removed from provision. State does not allow insurers to impose an <i>additional</i> waiting period for disability as a result of this type of surgery. • Exclusions/Limitations – Complications of 	<ul style="list-style-type: none"> • 365-day Waiting Period not available. • Underwriting limitations regarding hazardous sports • List Bill called “Multi-Account Bill” in New York.

State	Procedure or Language Change	Miscellaneous Requirements
New York, continued	<p>pregnancy or childbirth and Disability while confined to a penal or correctional institution are removed from the list of exclusions.</p> <ul style="list-style-type: none"> • Limitation for residence outside the U.S. and Canada – Applies to Mexico also and added while residing outside these areas for at least 6 consecutive months each calendar year. • Pre-Existing Conditions definition (policies and GI Endorsement)- Deleted diagnostic procedures, including those self-administered, self-prescribed diagnostic procedures. • Suspension During Military Service – Insured may request to suspend coverage while on active military duty and insured may request to reinstate the policy after active duty ends. • Pre-X Exclusion Endorsement (GI) – Pre-existing Conditions is expanded to state that except as noted, for insureds age 65 and older on the policy effective Date, disabilities caused by a Pre-x are covered if on the date you become disabled, the policy has been in force for 6 consecutive months. • MDSA Endorsement – Hospital definition revised. 	
North Carolina	<ul style="list-style-type: none"> • Notification to Owner of any premium rate change is required at least 45 days prior to change. • Definitions of Total/Partial Disability include defined term, Regular Care; language waiving physician’s care requirement is removed, but could still be administered this way per definition of Regular Care. • Cosmetic/Transplant Surgery includes parts (plural) of body. • Exclusions from Coverage - Disability due to non-elective cesarean is covered. • Complications Of Pregnancy (defined) are covered. • Pre-X Conditions definition: Prudent person language removed; self-administered, self-prescribed diagnostic procedures is removed; first manifested language added. • Pre-X Conditions: language is added limiting denial of claims for pre-x if application does not seek disclosure of pre-x conditions and condition is not specifically excluded. • Proof Of Loss must be received within 180 days (not 90 days). • Reinstatement: (NC required language) If Issue Age is 62 or older, any premium 	

State	Procedure or Language Change	Miscellaneous Requirements
North Carolina, continued	<p>accepted in connection with reinstatement is applied to a period which premium has not previously been paid but not more than 60 days prior to Reinstatement Date.</p> <ul style="list-style-type: none"> • GI Pre-X Endorsement: Pre-X Conditions definition: Prudent person language removed; self-administered, self-prescribed diagnostic procedures is removed; first manifested language added. Also, if Issue Age over age 65, there is no exclusion period; we will pay if not specifically excluded by endorsement or amendment. 	
North Dakota	<ul style="list-style-type: none"> • Pre-Ex Conditions definition does not include prudent person clause. • Exclusions from Coverage do not include disability while confined to penal/correctional institution. 	
Ohio	<ul style="list-style-type: none"> • Cancellations requested by the policyowner are effective on the date of home office receipt of the request unless a different date is specified in the request (paragraph added on policy face page). • Presumptive Disability – benefit period is shown on the data page rather than within the text of the provision. • Claims – A general Complaint Procedure provision is added. It includes OH Dept. of Insurance contact information. 	<ul style="list-style-type: none"> • Discount restrictions: <ul style="list-style-type: none"> - No business owner or cross-sale (multi-product) discounts allowed on any policies. - Multi-life and association discounts allowed on IDI “franchise policy B170F(10/11)OH. - GI discount allowed on GI “franchise” policy form B170GI(7/10)OH.
Oklahoma	<ul style="list-style-type: none"> • War Exclusion –Disability due to war or act of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer. • Reinstatement and Time Limit On Certain Defenses –No provision for a (new) contestable period after the reinstatement date. • Claims: Overpayment of Benefits - Our right to reimbursement for overpayment is limited to the 24 month period following an overpayment, unless the payment was made as a result of fraud, or claimant/payee has agreed to refund the overpayment to us. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
Oregon	<ul style="list-style-type: none"> • If policy is replacing other coverage, free look period is 30 days instead of 20. • Own Occupation (ID) and Regular Occupation (GI) defined as employment, business, trade, calling or vocation of same general character as the usual occ ordinarily 	

State	Procedure or Language Change	Miscellaneous Requirements
Oregon, continued	<p>being performed at time of disability; not limited to the way job is performed for insured's employer but may look at way occ is generally performed in national economy.</p> <ul style="list-style-type: none"> ERISA Claims Procedures – Not attached as an endorsement; instead, provisions are incorporated into the base policy when case is ERISA-based. Policy pages show (E) in bottom right corner. <ul style="list-style-type: none"> > Notice of Decision on Claim required within 30 (not 45) days after we receive claim. Extension periods changed from 30 to 45 days. > Allocation of Authority - Our full, exclusive authority as described in first paragraph excludes functions which the policy specifically reserves to the Owner. Conformity With State Laws - if any provisions conflict, policy amended to meet requirements of state in which the policy was issued for delivery (not state where application was taken) 	
Pennsylvania	<ul style="list-style-type: none"> Contestable Period – 3 years. Pre-existing Conditions – Reasonably prudent person language is removed. <i>Disability caused by or resulting from...</i> replaces <i>contributed to by...</i> Exclusions/Limitations – Complications of pregnancy or childbirth covered (not excluded). War definition expanded to include <i>military service or noncombatant unit serving with military</i>. Reinstatements – Conditional receipt must be given when a reinstatement application is required. Sickness – definition modified to state <i>diagnosed or treated</i> instead of <i>manifests</i> (after policy effective date). 	<ul style="list-style-type: none"> 365 day Waiting Period with 2 year Benefit Period not available. Replacement Notice 6836(4/01)PA - required with application if applicable. Return signed form to home office with application.
Rhode Island	<ul style="list-style-type: none"> Face Page – contains warning about omissions and misstatements in application and instructions to contact company within 10 days if info is incorrect or incomplete. Contestability Period - 3 years 	<ul style="list-style-type: none"> Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
South Carolina	<ul style="list-style-type: none"> Exclusions/Limitations - Disability while confined to a penal or correctional institution is removed from the list of exclusions. Premiums – 31 days advance notice required for any premium change. Legal Action - may not be brought against us after 6 years (generic is 3 yrs) from the date 	<ul style="list-style-type: none"> Outline of Coverage required with policy delivery. 365 day Waiting Period with 2 year Benefit Period not available.

State	Procedure or Language Change	Miscellaneous Requirements
South Dakota	<p>written proof is required.</p> <ul style="list-style-type: none"> Physician – Definition was revised to exclude Family Member restrictions for those rural areas where the only available physician may be a family member. Sickness – Definition modified <i>disease which first manifests itself</i> Total Disability – Definitions in policy, riders, and endorsements revised to state ...<i>all of the substantial and material duties...</i> Pre-existing Conditions – provision removed. Exclusions/Limitations – added <i>Any condition which we have excluded by name or specific description in an endorsement attached to and made part of the policy.</i> Premiums – must notify the insured at least 30 days prior to any increase. ERISA Endorsement – Allocation of Authority provision was removed. 	<ul style="list-style-type: none"> 365 day Waiting Period with 2 year Benefit Period not available. Outline of Coverage and Receipt 12639(5/05) must be provided at the time of application. Return signed Receipt to the home office.
Tennessee	<ul style="list-style-type: none"> Face Page – Language modified for more clarity regarding renewability before and after policy termination date (under Renewal Option). Premiums – 30 days advance notice required for any premium change. Sickness definition – deleted “first” from “first manifests” (after the policy effective date). Compassionate Disability definition – Injury or Sickness that (“first” is deleted) occurs or manifests itself Exclusions – added “participation in” (insurrection). Complications Of Pregnancy (defined) are covered. Claims: Overpayment of Benefits – If overpayment due to company error, the period to notify and recoup over paid amount is limited to 18 months. IDI Policy: Pre-existing Conditions – (Added) Denial of claim limited to 24 months if application does not seek disclosure of pre-x condition and the condition is not specifically excluded; and denial is subject to Time Limit On Certain Defenses provision. GI Endorsement for Pre-ex Conditions 	

State	Procedure or Language Change	Miscellaneous Requirements
Tennessee, continued	<p>Exclusion – (Added) Denial of claim for Disability due to pre-x is subject to Time Limit On Certain Defenses provision.</p> <ul style="list-style-type: none"> ERISA Endorsement – “full and exclusive” and “binding” have been deleted with regard to company authority and decision. 	
Texas	<ul style="list-style-type: none"> Two versions of policy, TX1 and TX2. (TX1 version includes list bill language on face page). Definitions section is at front of policy. Domestic Partner – reference to civil union is deleted. Policy face page has disclosure that premium may increase on renewal date (renewal option date). Coverage begins and ends at 12:00 midnight standard time at owner’s address. Continuous Disability Definition – Recurring periods from same cause or causes must be separated by recovery of less than 6 full months (generic 12 months). Exclusions/Limitations – (1) The first 90 days ...due to <i>normal</i> pregnancy. (2) added <i>participation</i> in an insurrection Premiums – notification of any increase must be sent to owner at least 60 days in advance. Reinstatement – If an application is required for reinstatement a new period for contesting the <i>statements in the application for reinstatement</i> will apply to the reinstated policy. ERISA Endorsement - Allocation of Authority provision removed. 	<ul style="list-style-type: none"> Outline of Coverage and Receipt 12639(5/05) are required at application. Return signed receipt to home office. Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application. Notice not required if policy being replaced was part of association group.
Utah	<ul style="list-style-type: none"> Total and Partial (Initial and Extended) Disability - in waiver of Physician’s care clause, “proof satisfactory to us” is replaced by <i>proof, through medical records, medical opinions or other medical information</i> (that further care would be of no benefit to the insured). GI Policy and 24-Mo Regular Occ Rider (PR14) – Regular occ definition of Total Disability: “you are not engaged in any other occupation <i>for which you are or may become qualified by reason of education, training or experience.</i>” Continuous Disability definition – recurrent periods separated by less than 6 months (generic is 12 months). Exclusions - assault/felony excluded only if 	<ul style="list-style-type: none"> 365 day Waiting Period with 2 year Benefit Period not available. Replacement Notice 10122(5/06)UT - required with application if applicable. Return signed form to home office with application.

State	Procedure or Language Change	Miscellaneous Requirements
Utah, continued	<p>voluntary.</p> <ul style="list-style-type: none"> • Pre-existing Conditions <i>Limitation</i> instead of “Exclusion.” • Premiums - 45-day advance notice required for any increase. • Claims: <i>Time Of Loss</i> provision is added to say benefits payable only for loss occurring while policy is in force; termination will not affect claim if Disability begins within 30 days after date of Injury/Sickness that occurs while policy is in force. • Claims: Proof Of Loss: Removed 1-year-plus-90-days time limit for giving proof of loss for valid claim • ERISA Endorsement – Time Of Loss provision and Proof Of Loss provisions are state-specific as in base policies. Allocation of Authority replaced with Reservation of Discretion provision. (See endorsement form for language.) • Mental Disorder/Substance Abuse (MDSA) Endorsement – Hospital (definition) has added: “a facility that is licensed as a hospital and is legally operating within the scope of that license 	
Vermont	Pending	
Virginia	<ul style="list-style-type: none"> • No Compassionate Disability Benefit (removed/not available) • Right To Return Policy – if returned, premium must be refunded <i>promptly</i>. • Cover Page Warning that insured should advise us immediately of any misstatements or omissions of medical information; otherwise policy may not be valid. • Benefit For Total Disability – Added language: <i>“The Disability Benefit for Total Disability will begin on the Commencement Date and continue while you remain Continuously Disabled and Totally Disabled, but it will not be paid beyond the Maximum Benefit Period.”</i> • (GI) Regular Occupation definition of Total Disability (in GI base policy and 24-Month Regular Occ Rider) – gainful occupation <i>qualified by reason of education, training or experience.</i> • Exclusions From Coverage: 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application. • Agreement in Application includes certification by applicant <i>and agent</i> that applicant has read, or had read to him, the completed application and applicant realizes any false statement or misrepresentation may result in loss of coverage.

State	Procedure or Language Change	Miscellaneous Requirements
<p>Virginia, continued</p>	<p>>War - definition does <u>not</u> include substantial armed conflict with organized forces...</p> <p>>Pregnancy – complications are not excluded</p> <p>>Assault and Violent Disorder are deleted.</p> <ul style="list-style-type: none"> • Pre-Existing Condition <i>Limitation</i> (IDI base policy and GI Pre-ex Endorsement) –Self-administered and self-prescribed diagnostic procedures are deleted. • Benefit Waiting Period Limitation: <ul style="list-style-type: none"> >Benefits start on Commencement Date if insured is “<i>Continuously Disabled</i>” on that date. >Added statement that 365-day Waiting Period is not used with Max Benefit Period of 2 years. • Continuous Disability Definition –Recovery of less than 6 full months separating periods of Disability (generic is 12 months). • Claim Forms – Letter of claim meets proof of loss requirements if we do not provide claim forms within 15 days after we receive written notice of claim. • Proof Of Loss - must be received within 90 days after end of each monthly period for which we are liable(rather than for which benefits are claimed). • Examinations – We may request exams while claim in pending. After that, during Disability we have the right to require exams at reasonable intervals but not more often than once every 6 months. • Time Of Payment – Benefits will be paid after satisfactory Proof Of Loss. The phrase “and all other conditions are met” is removed. • Payment Of Claims – state required paragraph is added, pertaining to health care costs. Paragraph ends with statement that this policy does not provide health care benefits, therefore provision may not apply to the policy. • Cancellation By The Insured – State required provision (in the Premiums, Reinstatement, Termination section) allows Insured to cancel policy at any time by written notice. Cancellation effective on our receipt of notice or later date as specified in notice. Unearned premium refunded promptly; earned premium computed pro rata. Cancellation without 	

State	Procedure or Language Change	Miscellaneous Requirements
<p>Virginia, continued</p>	<p>prejudice to any claim originating before effective date of cancellation.</p> <ul style="list-style-type: none"> • Reinstatement-Application Required – Notice of disapproval of application for reinstatement must be mailed within 45 days after date of conditional receipt if app is disapproved <i>or if we do not receive an application even though we require one.</i> <p>Deleted statement that new period for contesting the policy or claim will apply to the reinstated policy.</p> <ul style="list-style-type: none"> • Policy Termination – Time (12:01 a.m.) is deleted. Termination by Owner is effective on date we receive written request or later date as specified in the request. “Subject to Our Approval” is deleted. • Conformity With State Laws – based on state of residence (not state of application). • Time Limit On Certain Defenses – contestable period is measured only from Policy Effective Date; cannot restart with reinstatements. Period is 1 year (rather than 2) for denial/reduction of claims based on pre-ex conditions. • Injury definition includes those sustained <i>on or</i> after the effective date. • Sickness definition includes those which first manifest <i>on or</i> after the effective date • Physician definition excludes members of immediate family. (Members of household or relatives by blood or marriage may meet the definition). <p>Riders:</p> <ul style="list-style-type: none"> • Termination of any rider is effective on date we receive Owner’s written request or later date as specified in the request. “Subject to Our Approval” is deleted. • 24-Month Regular Occ Rider, definition of Total Disability – gainful occ <i>qualified by reason of education, training or experience.</i> <p>Endorsements:</p> <ul style="list-style-type: none"> • ERISA – Claims provisions are state-specified as in base policy. Allocation of Authority provision removed. • MDSA (GI) Note: variations from generic are extensive. For complete language, see form 	

State	Procedure or Language Change	Miscellaneous Requirements
Virginia, continued	<p>12612(7/10)VA)</p> <p>>Limitation does not apply to being under influence of narcotic taken on advice of Physician.</p> <p>>Hospital definition revised.</p> <p>>Mental Disorder definition – any <i>neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind including physiological and psychological dependence on alcohol and drugs</i>. Deleted “regardless of cause... and... presence of physical symptoms.”</p> <p>> Substance Abuse (definition) means alcoholism or drug addiction. (All other language deleted).</p> <p>>Abusive Use deleted entirely.</p> <p>>Dependence/Dependency deleted entirely.</p> <ul style="list-style-type: none"> • Pre-Ex (GI) - Benefits for disability caused by pre-ex condition will be paid only if policy has been <i>in force for 12 months</i> (generic is “continuously in force” for “12 consecutive months”). <p>Def of Pre-ex Condition - self-administered and self-prescribed diagnostic procedures are deleted.</p>	
Washington	<ul style="list-style-type: none"> • Total Disability – Definitions in policies and riders/endorsements do not include “regular” care of a physician. • Proof of Loss – “regular” removed from regular care of a physician requirement. • Reinstatement with Application – Clarifies that policyowner’s signed acceptance is required if policy changes. • Misstatements – If there was a misstatement in age, we will pay the amount of any <i>underpayment</i>. We may also charge the amount of any <i>overpayment</i> against any payment due under the policy. Interest of 6% may be charged. • ERISA Claims Procedure Endorsement – Allocation of Authority provision removed. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
West Virginia	<ul style="list-style-type: none"> • Pre-existing Condition language added to face page of policy. 	<ul style="list-style-type: none"> • 365 day Waiting Period with 2 year Benefit Period not available. • Outline of Coverage Receipt must be provided at the time of application. Return signed Receipt to the home office.

State	Procedure or Language Change	Miscellaneous Requirements
West Virginia, continued		<ul style="list-style-type: none"> • Replacement Notice 10013(12/00) - required with application if applicable. Return signed form to home office with application.
Wisconsin	<ul style="list-style-type: none"> • Time Limit on Certain Defenses and Reinstatement – 2-year period cannot (re)start from reinstatement date / reinstatement application. 	<ul style="list-style-type: none"> • Outline of Coverage required at the time of application. • Replacement Notice 6042(11/90)WI - required with application if applicable. Return signed form to home office with application.
Wyoming	<ul style="list-style-type: none"> • Notice of Claim – must be submitted within 60 (generic 90) days after start of Disability. • Contestability Period – 3 years 	