

SERFF Tracking Number: MADS-126968499 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47626
Company Tracking Number: GLDI-1302
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Group Long Term Disability Income SERFF Tr Num: MADS-126968499 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 47626

Sub-TOI: H11G.003 Long Term Co Tr Num: GLDI-1302 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sue Long, Cheryl Richards, Andrea Greiber Disposition Date: 01/12/2011

Date Submitted: 12/31/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: New LTD Matrix Sections
Project Number: GLDI-1302
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Trust
Filing Status Changed: 01/12/2011
State Status Changed: 01/12/2011
Created By: Sue Long
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 12/21/2010
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: Sue Long

The forms in this filing are intended to be used in conjunction with group Long Term Disability Income forms GLDI-C200-(12/06) and GLDI-P200-(12/06) which were approved for use in your state on 1/19/2010, under filing number MADS-125077023 and State # 34776. The forms in this filing are not "stand-alone" forms. The forms are matrix forms and are meant to be incorporated into the group Long Term Disability Income certificate, GLDI-C200-(12/06), and group Long Term Disability Income master policy, GLDI-P200-(12/06).

As explained in the original filing, the group forms are issued either directly to the employer or through Wisconsin-based

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trusts.

The forms in this filing are new forms and do not replace any forms currently in use by Madison National Life Insurance Company, Inc. We are filing these forms to accommodate our customers who have requested optional benefits in addition to those that we currently offer.

The original forms were filed as a matrix filing, with each provision assigned a section number. The new section numbers are listed below with a brief description of the provision. Provisions to be used in a Certificate of Coverage are indicated with a C before the section number. Provisions to be used in a Master Policy are indicated with a P before the section number.

Sections GLDI-C1302-(1010), GLDI-P1302-(1010), GLDI-C1303-(1010) and GLDI-P1303-(1010) – Optional definitions of disability. The currently filed/approved provision requires the Insured Person because of a covered condition be unable to perform the majority of material duties because of a condition AND have work earnings are reduced because of that condition. The new section requires that the Insured Person be either unable to perform the majority of material duties OR have work earnings reduced because of the covered condition. Upon approval, these sections would be available in addition to the currently approved Definition of Disability provision(s).

Sections GLDI-C1304-(1010) and GLDI-P1304-(1010) – Optional definition of disability including Social Security Qualified Option language. This new provision is a hybrid of the filed/approved version of the SSQO definition of disability and our standard definition of disability.

Sections GLDI-C6302-(1010) and GLDI-P6302-(1010) – Optional Rehabilitation benefit. We currently have two Rehabilitation Benefits from which groups may choose. This third option increases the LTD benefit if an Insured Person participates in an approved rehabilitation plan.

Sections GLDI-C7100-(12/06) and GLDI-P7100-(12/06) – Optional Contagious Disease benefit. This benefit allows a person who has been exposed to a contagious disease and has had his/her license suspended to be eligible for disability benefits, even if s/he is physically and mentally capable of working.

Sections GLDI-C7300-(0509) and GLDI-P7300-(0509) – Optional Activities of Daily Living benefit. The optional provision provides a benefit separate from the LTD benefit if the Insured Person is unable to perform activities of daily living as described within the provision.

With the exception of forms 7100 and 7300, the forms listed above were filed in our state of domicile, Wisconsin on 12/20/2010. The filing was returned with a status of "Filed" on 12/21/2010.

Forms GLDI-C7100-(12/06) and GLDI-P7100-(12/06) were approved for use in Wisconsin on April 14, 2008. Forms

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GLDI-C7300-(0509) and GLDI-P7300-(0509) were returned "Filed" by Wisconsin on May 21, 2009.

We reserve the right to alter the format of the form submitted herein without re-filing due to future technology changes, i.e. paper size, font, font size, line ending or page ending changes, or electronic format. Be assured that any minimum font-size requirements will be met. We also retain the right to correct grammar and spelling errors as long as those corrections do not change the intent or purpose of this filing.

Company and Contact

Filing Contact Information

Sue Long, Compliance Specialist smm@madisonlife.com
 PO Box 5008 800-356-9601 [Phone] 2061 [Ext]
 Madison, WI 53705 608-830-2700 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
 1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health
 Madison, WI 53717 Group Name: State ID Number:
 (608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	12/31/2010	43365315
Madison National Life Insurance Company, Inc.	\$550.00	01/03/2011	43394867

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/12/2011	01/12/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/06/2011	01/06/2011	Sue Long	01/06/2011	01/06/2011
Pending Industry Response	Rosalind Minor	01/03/2011	01/03/2011	Sue Long	01/03/2011	01/03/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Rehabilitation Benefit - Policy	Sue Long	01/06/2011	01/06/2011

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Disposition

Disposition Date: 01/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Definition of Disability - Partial "OR" - Certificate	Approved-Closed	Yes
Form	Definition of Disability - Partial "OR" - Policy	Approved-Closed	Yes
Form	Definition of Disability - Zero Day "OR" - Certificate	Approved-Closed	Yes
Form	Definition of Disability - Zero Day "OR" - Policy	Approved-Closed	Yes
Form	Definition of Disability - Social Security Hybrid - Certificate	Approved-Closed	Yes
Form	Definition of Disability - Social Security Hybrid - Policy	Approved-Closed	Yes
Form	Rehabilitation Benefit - Certificate	Approved-Closed	Yes
Form (revised)	Rehabilitation Benefit - Policy	Approved-Closed	Yes
Form	Rehabilitation Benefit - Policy	Replaced	Yes
Form	Contagious Disease Benefit - Certificate	Approved-Closed	Yes
Form	Contagious Disease Benefit - Policy	Approved-Closed	Yes
Form (revised)	Activities of Daily Living Benefit - Certificate	Approved-Closed	Yes
Form	Activities of Daily Living Benefit - Certificate	Replaced	Yes
Form	Activities of Daily Living Benefit - Policy	Approved-Closed	Yes

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Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/06/2011

Submitted Date 01/06/2011

Respond By Date

Dear Sue Long,

This will acknowledge receipt of the captioned filing.

Objection 1

- Activities of Daily Living Benefit - Certificate, GLDI-C7300-(0509) (Form)

Comment: The form name describes this form as Matrix, Activities of Daily Living Benefit-Certificate(Form). The attached form is for Contagious Disease Benefit. It appears that the wrong form was attached.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: Group Long Term Disability Income
 Project Name/Number: New LTD Matrix Sections/GLDI-1302

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/06/2011
 Submitted Date 01/06/2011

Dear Rosalind Minor,

Comments:

Thank you for bringing this error to my attention.

Response 1

Comments: I have now attached the correct form.

Related Objection 1

Applies To:

- Activities of Daily Living Benefit - Certificate, GLDI-C7300-(0509) (Form)

Comment:

The form name describes this form as Matrix, Activities of Daily Living Benefit-Certificate(Form). The attached form is for Contagious Disease Benefit. It appears that the wrong form was attached.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Activities of Daily Living Benefit - Certificate	GLDI-C7300-(0509)		Matrix	Initial		47.100	GLDI-C7300-(0509) Activities of Daily Living.pdf

Previous Version

Activities of Daily Living GLDI- Matrix Initial 47.100 GLDI-

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Company Tracking Number: GLDI-1302
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.003 Long Term
Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302
Benefit - Certificate C7300- C7100
(0509) Contagious Disease
Benefit.pdf

No Rate/Rule Schedule items changed.

Thank you,

Sue

Sincerely,

Andrea Greiber, Cheryl Richards, Sue Long

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Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/03/2011

Submitted Date 01/03/2011

Respond By Date

Dear Sue Long,

This will acknowledge receipt of the captioned filing.

Objection 1

- Definition of Disability - Partial "OR" - Certificate, GLDI-C1302-(1010) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$600.00. Please submit an additional \$550.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/03/2011
Submitted Date 01/03/2011

Dear Rosalind Minor,

Comments:

THANK YOU FOR YOUR LETTER

Response 1

Comments: I HAVE SUBMITTED THE ADD'L \$550.00 FOR THE TOTAL OF \$600.00 \$50.00 PER FORM.

Related Objection 1

Applies To:

- Definition of Disability - Partial "OR" - Certificate, GLDI-C1302-(1010) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$600.00. Please submit an additional \$550.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I APPRECIATE YOUR TIME.

SUE

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Sincerely,
Andrea Greiber, Cheryl Richards, Sue Long

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Amendment Letter

Submitted Date: 01/06/2011

Comments:

Please note in error I attached the certificate twice for form 6302. I have now attached the policy for form 6302.

Thank you,
 Sue

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GLDI-P6302-(1010)	Matrix	Rehabilitation Benefit - Policy	Initial				46.100	GLDI-P6302 Rehabilitation Benefit.pdf

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 Project Name/Number: New LTD Matrix Sections/GLDI-1302

Form Schedule

Lead Form Number: GLDI-C1302-(1010)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/12/2011 (1010)	GLDI-C1302-(1010)	Matrix	Definition of Disability - Partial "OR" - Certificate	Initial		57.800	GLDI-C1302 definition of disability - partial disability - OR def.pdf
Approved-Closed 01/12/2011 (1010)	GLDI-P1302-(1010)	Matrix	Definition of Disability - Partial "OR" - Policy	Initial		58.700	GLDI-P1302 definition of disability - partial disability - OR def.pdf
Approved-Closed 01/12/2011 (1010)	GLDI-C1303-(1010)	Matrix	Definition of Disability - Zero Day "OR" - Certificate	Initial		64.500	GLDI-C1303 definition of disability - zero day - OR def.pdf
Approved-Closed 01/12/2011 (1010)	GLDI-P1303-(1010)	Matrix	Definition of Disability - Zero Day "OR" - Policy	Initial		63.800	GLDI-P1303 definition of disability - zero day - OR def.pdf
Approved-Closed 01/12/2011 (1010)	GLDI-C1304-(1010)	Matrix	Definition of Disability - Social Security Hybrid - Certificate	Initial		49.900	GLDI-C1304 definition of disability - SSQO hybrid.pdf
Approved-Closed 01/12/2011 (1010)	GLDI-P1304-(1010)	Matrix	Definition of Disability - Social Security Hybrid - Policy	Initial		49.900	GLDI-P1304 definition of disability - SSQO

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Approved- Closed 01/12/2011 (1010)	GLDI- C6302-	Matrix	Rehabilitation Benefit Initial - Certificate	46.800	hybrid.pdf GLDI-C6302 Rehabilitation Benefit.pdf
Approved- Closed 01/12/2011 (1010)	GLDI- P6302-	Matrix	Rehabilitation Benefit Initial - Policy	46.100	GLDI-P6302 Rehabilitation Benefit.pdf
Approved- Closed 01/12/2011 (12/06)	GLDI- C7100-	Matrix	Contagious Disease Initial Benefit - Certificate	45.500	GLDI-C7100 Contagious Disease Benefit.pdf
Approved- Closed 01/12/2011 (12/06)	GLDI- P7100-	Matrix	Contagious Disease Initial Benefit - Policy	48.200	GLDI-P7100 Contagious Disease Benefit.pdf
Approved- Closed 01/12/2011 (0509)	GLDI- C7300-	Matrix	Activities of Daily Initial Living Benefit - Certificate	47.100	GLDI-C7300- (0509) Activities of Daily Living.pdf
Approved- Closed 01/12/2011 (0509)	GLDI- P7300-	Matrix	Activities of Daily Initial Living Benefit - Policy	47.200	GLDI-P7300- (0509) Activities of Daily Living.pdf

I. DEFINITION OF DISABILITY

- A. During the Elimination Period, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of your Own Occupation.
- B. During your Own Occupation Period, **Disability and Disabled** mean you are
1. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation; or
 2. due to such inability, your Work Earnings are less than [1-99%] of your [Indexed] Predisability Earnings, and you are incapable of earning [1-99%] or more of your [Indexed] Predisability Earnings.

Your Work Earnings may be Deductible Income. See the “LTD Benefit Calculation” and “Deductible Income” sections.

- C. After your Own Occupation Period ends, **Disability and Disabled** mean you are:
1. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation; or
 2. due to such inability, your Work Earnings are less than [1-99%] of your [Indexed] Predisability Earnings, and you are incapable of earning [1-99%] or more of your [Indexed] Predisability Earnings.

Your Work Earnings may be Deductible Income. See the “LTD Benefit Calculation” and “Deductible Income” sections.

- D. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- [E. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.]
- F. Your Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

GLDI-C1302-(1010)

I. DEFINITION OF DISABILITY

- A. During the Elimination Period, **Disability and Disabled** mean the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of his or her Own Occupation.
- B. During the Insured Person's Own Occupation Period, **Disability and Disabled** mean he or she is:
1. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of his or her Own Occupation; or
 2. due to such inability, the Insured Person's Work Earnings are less than [1-99%] of his or her [Indexed] Predisability Earnings, and he or she is incapable of earning [1-99%] or more of his or her [Indexed] Predisability Earnings.

The Insured Person's Work Earnings may be Deductible Income. See the "LTD Benefit Calculation" and "Deductible Income" sections.

- C. After the Insured Person's Own Occupation Period ends, **Disability and Disabled** mean he or she is:
1. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation; or
 2. due to such inability, the Insured Person's Work Earnings are less than [1-99%] of his or her [Indexed] Predisability Earnings, and he or she is incapable of earning [1-99%] or more of his or her [Indexed] Predisability Earnings.

The Insured Person's Work Earnings may be Deductible Income. See the "LTD Benefit Calculation" and "Deductible Income" sections.

- D. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- [E. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.]
- F. The Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

GLDI-P1302-(1010)

VIII. DEFINITION OF DISABILITY

- A. **Disability or Disabled** mean that during the Elimination Period and your Own Occupation Period:
1. you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation; or
 2. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions] or Pregnancy, your Work Earnings in Any Occupation are less than [1-99%] of your [Indexed] Predisability Earnings.

Your Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

- B. After your Own Occupation Period ends, Disability and Disabled mean:
1. you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation; or
 2. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, your Work Earnings in Any Occupation are less than [1-99%] of your [Indexed] Predisability Earnings.

Your Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

- C. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.

- [D. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.]

- E. Your Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

VIII. DEFINITION OF DISABILITY

A. **Disability or Disabled** mean that during the Elimination Period and the Insured Person's Own Occupation Period:

1. the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of his or her Own Occupation; or
2. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, the Insured Person's Work Earnings in Any Occupation are less than [1-99%] of his or her [Indexed] Predisability Earnings.

The Insured Person's Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

B. After the Insured Person's Own Occupation Period ends, Disability and Disabled mean:

1. the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of Any Occupation; or
2. as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, the Insured Person's Work Earnings in Any Occupation are less than [1-99%] of the Insured Person's [Indexed] Predisability Earnings.

The Insured Person's Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

C. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.

[D. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.]

E. The Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

GLDI-P1303-(1010)

[VIII. DEFINITION OF DISABILITY

TOTAL

- [A. During the Elimination Period and your Own Occupation Period, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of your Own Occupation.
- B. After your Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:
1. The inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
 2. The condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24] months or more.
- C. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than your former work. Work will be considered gainful even if it pays less than your former work.
- D. Qualifying for Benefits.
1. To qualify for LTD Benefits, you must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [1-24] months of a continuous period of disability. If you do not apply within this period, benefits will terminate at the end of this [1-24] month period.
 2. This period will be extended if one of the following is true:
 - a) You did not apply for SSDI benefits because you are not a participant in any of the programs available through the Social Security Administration and are therefore ineligible for SSDI benefits.
 - b) You are not eligible for a disability benefit from SRS or a state employee trust fund.
 3. You must continue to be Disabled.
- E. After [1-24] months, if SSDI benefits are awarded, we will presume that you are Disabled as long as you continue to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.
- F. If SSDI benefits are not awarded, we will presume that you are not Disabled beyond your Own Occupation Period, and Benefits will terminate at the end of your Own Occupation Period. If you believe, however, that the weight of the evidence clearly contradicts the SSDI determination, you will have the right, upon request, to receive our application of the SSDI criteria described above. If we determine that you meet the definition of Disability, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- G. If you do not apply for SSDI benefits because you are ineligible for an SSDI determination, we will apply the SSDI criteria described above. If we determine that you meet the definition of Disability under this section, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".

- H. If your benefits terminate because you are not receiving SSDI benefits, we will reinstate your Benefits retroactive to the date of termination if both of the following are true:
1. On the date of termination of Benefits you had applied for and were awaiting an initial SSDI determination or a decision on an administrative approval of an adverse initial determination.
 2. It is subsequently determined that you were entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.
- I. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- J. If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.]
- K. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.
- L. Your Own Occupation Period and Any Occupation Period are specified in the "Schedule of Benefits".]

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PARTIAL

- [M. During the Elimination Period, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of your Own Occupation.
- N. During your Own Occupation Period, **Disability and Disabled** mean you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation, and, due to such inability, your Work Earnings are less than [20%-90%] of your Predisability Earnings, and you are incapable of earning [20%-90%] or more of your Predisability Earnings.

Your Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

- O. After your Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:
1. The inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
 2. The condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24] months or more.
- P. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than your former work. Work will be considered gainful even if it pays less than your former work.
- Q. Qualifying for Benefits.
1. To qualify for LTD Benefits, you must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [1-24] months of a continuous period of disability. If you do not apply within this period, benefits will terminate at the end of this [1-24] month period.

2. This period will be extended if one of the following is true:
 - a) You did not apply for SSDI benefits because you are not a participant in any of the programs available through the Social Security Administration and are therefore ineligible for SSDI benefits.
 - b) You are not eligible for a disability benefit from SRS or a state employee trust fund.
 3. You must continue to be Disabled.
- R. After [1-24] months, if SSDI benefits are awarded, we will presume that you are Disabled as long as you continue to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.
- S. If SSDI benefits are not awarded, we will presume that you are not Disabled beyond your Own Occupation Period, and Benefits will terminate at the end of your Own Occupation Period. If you believe, however, that the weight of the evidence clearly contradicts the SSDI determination, you will have the right, upon request, to receive our application of the SSDI criteria described above. If we determine that you meet the definition of Disability, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- T. If you do not apply for SSDI benefits because you are ineligible for an SSDI determination, we will apply the SSDI criteria described above. If we determine that you meet the definition of Disability under this section, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- U. If your benefits terminate because you are not receiving SSDI benefits, we will reinstate your Benefits retroactive to the date of termination if both of the following are true:
 1. On the date of termination of Benefits you had applied for and were awaiting an initial SSDI determination or a decision on an administrative approval of an adverse initial determination.
 2. It is subsequently determined that you were entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.
- V. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- [W.If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.]
- X. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.
- Y. Your Own Occupation Period and Any Occupation Period are specified in the "Schedule of Benefits".]

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ZERO DAY RESIDUAL

- [Z. **Disability and Disabled** mean that during the Elimination Period and your Own Occupation Period you are, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of your Own Occupation, and, due to such

inability, your Work Earnings are less than [20%-90%] of your [Indexed] Predisability Earnings, and you are incapable of earning [20%-80%] or more of your [Indexed] Predisability Earnings.

Your Work Earnings may be Deductible Income. See the “LTD Benefit Calculation” and “Deductible Income” sections.

AA. After your Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:

1. The inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
2. The condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24 months] or more.

BB. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than your former work. Work will be considered gainful even if it pays less than your former work.

CC. Qualifying for Benefits.

1. To qualify for LTD Benefits, you must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [12-24 months] of a continuous period of disability. If you do not apply within this period, benefits will terminate at the end of this [12-24 month] period.
2. This period will be extended if one of the following is true:
 - a) You did not apply for SSDI benefits because you are not a participant in any of the programs available through the Social Security Administration and are therefore ineligible for SSDI benefits.
 - b) You are not eligible for a disability benefit from SRS or a state employee trust fund.
3. You must continue to be Disabled.

DD. After [12-24] months, if SSDI benefits are awarded, we will presume that you are Disabled as long as you continue to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.

EE. If SSDI benefits are not awarded, we will presume that you are not Disabled beyond your Own Occupation Period, and Benefits will terminate at the end of your Own Occupation Period. If you believe, however, that the weight of the evidence clearly contradicts the SSDI determination, you will have the right, upon request, to receive our application of the SSDI criteria described above. If we determine that you meet the definition of Disability, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the “Schedule of Benefits”.

FF. If you do not apply for SSDI benefits because you are ineligible for an SSDI determination, we will apply the SSDI criteria described above. If we determine that you meet the definition of Disability under this section, we will pay you a monthly benefit. This will continue as long as you continue to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the “Schedule of Benefits”.

GG. If your benefits terminate because you are not receiving SSDI benefits, we will reinstate your Benefits retroactive to the date of termination if both of the following are true:

1. On the date of termination of Benefits you had applied for and were awaiting an initial SSDI determination or a decision on an administrative approval of an adverse initial determination.
2. It is subsequently determined that you were entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.

HH. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.

[II. If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.]

JJ. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.

KK. Your Own Occupation Period and Any Occupation Period are specified in the "Schedule of Benefits".]

[VIII. DEFINITION OF DISABILITY

TOTAL

- [A. During the Elimination Period and Own Occupation Period, **Disability and Disabled** mean the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of his or her Own Occupation.
- B. After the Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:
1. the inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
 2. the condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24] months or more.
- C. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than the Insured Person's former work. Work will be considered gainful even if it pays less than the Insured Person's former work.
- D. Qualifying for Benefits.
1. To qualify for LTD Benefits, the Insured Person must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [1-24] months of a continuous period of disability. If the Insured Person does not apply within this period, benefits will terminate at the end of this [1-24] month period.
 2. This period will be extended if one of the following is true:
 - a) the Insured Person did not apply for SSDI benefits because he or she is not a participant in any of the programs available through the Social Security Administration and is therefore ineligible for SSDI benefits.
 - b) the Insured Person is not eligible for a disability benefit from SRS or a state employee trust fund.
 3. The Insured Person must continue to be Disabled.
- E. After [1-24] months, if SSDI benefits are awarded, the Insurer will presume that the Insured Person is Disabled as long as he or she continues to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.
- F. If SSDI benefits are not awarded, the Insurer will presume that the Insured Person is not Disabled beyond his or her Own Occupation Period, and Benefits will terminate at the end of the Own Occupation Period. If the Insured Person believes, however, that the weight of the evidence clearly contradicts the SSDI determination, he or she will have the right, upon request, to receive the Insurer's application of the SSDI criteria described above. If the Insurer determines that the Insured Person meets the definition of Disability, the Insurer will pay the Insured Person a monthly benefit. This will continue as long as the Insured Person continues to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- G. If the Insured Person does not apply for SSDI benefits because he or she is ineligible for an SSDI determination, the Insurer will apply the SSDI criteria described above. If the Insurer determines that the Insured Person meets the definition of Disability under this section, the Insurer will pay a monthly benefit to him or her. This will continue as long as the Insured Person continues to meet the definition of Disability

under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the “Schedule of Benefits”.

- H. If the Insured Person’s benefits terminate because he or she is not receiving SSDI benefits, the Insurer will reinstate the Insured Person’s Benefits retroactive to the date of termination if both of the following are true:
 - 1. On the date of termination of Benefits the Insured Person had applied for and was awaiting an initial SSDI determination or a decision on an administrative approval of an adverse initial determination.
 - 2. It is subsequently determined that the Insured Person is entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.
- I. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- J. If, with Reasonable Accommodations, the Insured Person could perform a majority of his or her Material Duties, he or she will not be considered Disabled. An Employer’s failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable the Insured Person to perform his or her Material Duties.]
- K. Preventive Measures. The Insured Person’s inability to perform any of his or her Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.
- L. The Own Occupation Period and Any Occupation Period are specified in the “Schedule of Benefits”.]

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PARTIAL

[M. During the Elimination Period, **Disability and Disabled** mean the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform a majority of the Material Duties of his or her Own Occupation.

N. During the Own Occupation Period, **Disability and Disabled** mean the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of his or her Own Occupation, and, due to such inability, his or her Work Earnings are less than [20%-90%] of his or her Predisability Earnings, and the Insured Person is incapable of earning [20%-90%] or more of his or her Predisability Earnings.

Work Earnings may be Deductible Income. See the LTD Benefit Calculation and Deductible Income sections.

- O. After the Insured Person’s Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:
 - 1. the inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
 - 2. The condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24] months or more.
- P. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than the Insured Person’s former work. Work will be considered gainful even if it pays less than the Insured Person’s former work.

Q. Qualifying for Benefits.

1. To qualify for LTD Benefits, the Insured Person must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [1-24] months of a continuous period of disability. If the Insured Person does not apply within this period, benefits will terminate at the end of this [1-24] month period.
 2. This period will be extended if one of the following is true:
 - a) the Insured Person did not apply for SSDI benefits because he or she is not a participant in any of the programs available through the Social Security Administration and are therefore ineligible for SSDI benefits.
 - b) The Insured person is not eligible for a disability benefit from SRS or a state employee trust fund.
 3. The Insured Person must continue to be Disabled.
- R. After [1-24] months, if SSDI benefits are awarded, the Insurer will presume that the Insured Person is Disabled as long as he or she continues to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.
- S. If SSDI benefits are not awarded, the Insurer will presume that the Insured Person is not Disabled beyond his or her Own Occupation Period, and Benefits will terminate at the end of the Own Occupation Period. If the Insured Person believes, however, that the weight of the evidence clearly contradicts the SSDI determination, he or she will have the right, upon request, to receive the Insurer's application of the SSDI criteria described above. If the Insurer determines that the Insured Person meets the definition of Disability, the Insurer will pay the Insured Person a monthly benefit. This will continue as long as the Insured Person continues to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- T. If the Insured Person does not apply for SSDI benefits because he or she is ineligible for an SSDI determination, the Insurer will apply the SSDI criteria described above. If Insurer determines that the Insured Person meets the definition of Disability under this section, it will pay a monthly benefit to him or her. This will continue as long as the Insured Person continues to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".
- U. If benefits terminate because the Insured Person is not receiving SSDI benefits, the Insurer will reinstate his or her Benefits retroactive to the date of termination if both of the following are true:
1. On the date of termination of Benefits the Insured Person had applied for and was awaiting an initial SSDI determination or a decision on an administrative approval of an adverse initial determination.
 2. It is subsequently determined that the Insured Person was entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.
- V. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.
- [W.If, with Reasonable Accommodations, the Insured Person could perform a majority of his or her Material Duties, he or she will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable the Insured Person to perform his or her Material Duties.]
- X. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.
- Y. Own Occupation Period and Any Occupation Period are specified in the "Schedule of Benefits".]

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ZERO DAY RESIDUAL

[Z. **Disability and Disabled** mean that during the Elimination Period and Own Occupation Period the Insured Person is, as a result of Physical Disease, Injury, [Mental Disorder,] [Substance Abuse,] [Special Conditions,] or Pregnancy, unable to perform one or more of the Material Duties of his or her Own Occupation, and, due to such inability, his or her Work Earnings are less than [20%-90%] of his or her [Indexed] Predisability Earnings, and he or she is incapable of earning [20%-80%] or more of his or her [Indexed] Predisability Earnings.

Work Earnings may be Deductible Income. See the “LTD Benefit Calculation” and “Deductible Income” sections.

AA. After Own Occupation Period ends, **Disability and Disabled** means a disability that meets the criteria established by the Social Security Act for the receipt of Social Security Disability Insurance (SSDI) benefits, which are as follows:

1. The inability to engage in any Substantial Gainful Activity due to any medically determinable physical or mental impairment.
2. The condition can be expected to result in death or has lasted or can be expected to last for a continuous period of [1-24 months] or more.

BB. **Substantial Gainful Activity** means activity of a nature generally performed as work for remuneration or profit. This involves the performance of significant physical or mental duties or a combination of the two. Work will be considered substantial even if it is performed part-time and even if it is less demanding and less responsible than the Insured Person’s former work. Work will be considered gainful even if it pays less than the Insured Person’s former work.

CC. Qualifying for Benefits.

1. To qualify for LTD Benefits, the Insured Person must apply for SSDI benefits and State Retirement System (SRS) disability benefits before the end of [12-24 months] of a continuous period of disability. If the Insured Person does not apply within this period, benefits will terminate at the end of this [12-24 month] period.
2. This period will be extended if one of the following is true:
 - a) The Insured Person did not apply for SSDI benefits because he or she is not a participant in any of the programs available through the Social Security Administration and are therefore ineligible for SSDI benefits.
 - b) The Insured Person is not eligible for a disability benefit from SRS or a state employee trust fund.
3. The Insured Person must continue to be Disabled.

DD. After [12-24] months, if SSDI benefits are awarded, the Insurer will presume that the Insured Person is Disabled as long as he or she continues to be Disabled and receive SSDI benefits. Such payments are subject to the Maximum Benefit Period and any other provisions that apply under the Group Policy.

EE. If SSDI benefits are not awarded, the Insurer will presume that the Insured Person is not Disabled beyond the Own Occupation Period, and Benefits will terminate at the end of the Own Occupation Period. If the Insured Person believes, however, that the weight of the evidence clearly contradicts the SSDI determination, he or she will have the right, upon request, to receive the Insurer’s application of the SSDI criteria described above. If the Insurer determines that the Insured Person meets the definition of Disability, the Insurer will pay the Insured Person a monthly benefit. This will continue as long as the Insured Person continues to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the “Schedule of Benefits”.

FF. If the Insured Person does not apply for SSDI benefits because he or she is ineligible for an SSDI determination, the Insurer will apply the SSDI criteria described above. If the Insurer determines that the Insured Person meets the definition of Disability under this section, it will pay the Insured Person a monthly benefit. This will continue as long as the Insured Person continues to meet the definition of Disability under this section. Payment of benefits is subject to the Maximum Benefit Period specified in the "Schedule of Benefits".

GG. If benefits terminate because the Insured Person is not receiving SSDI benefits, the Insurer will reinstate the Insured Person's Benefits retroactive to the date of termination if both of the following are true:

1. On the date of termination of Benefits the Insured Person had applied for and was awaiting an initial SSDI determination or a decision on an administrative appeal of an adverse initial determination.
2. It is subsequently determined that the Insured Person was entitled to SSDI benefits prior to the date on which Benefits under this Option terminated.

HH. Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.

[II. If, with Reasonable Accommodations, the Insured Person could perform a majority of Material Duties, he or she will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. **Reasonable Accommodations** means modifications or adjustments in the work environment or the way things are usually done that would enable the Insured Person to perform his or her Material Duties.]

JJ. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.

KK. Own Occupation Period and Any Occupation Period are specified in the "Schedule of Benefits".]

[I. REHABILITATION BENEFIT

- A. If you are Disabled and are receiving a monthly LTD Benefit, you may be eligible to participate in a Rehabilitation Plan. A **Rehabilitation Plan** means a written plan, program or course of medical treatment or vocational training or education that is intended to prepare you to return to work full time. The plan may include, but is not limited to:
1. job modification;
 2. job placement;
 3. retraining; and
 4. other activities reasonably necessary to help you return to work.
- B. Eligibility for a Rehabilitation Plan is based on your education, training, experience, and physical/mental capabilities. Before a Rehabilitation Plan will be considered:
1. your Disability must prevent you from performing your Own Occupation;
 2. you must not have the necessary skills to allow you to perform Any Occupation;
 3. you must have the physical and mental capability for successful completion of a Rehabilitation Plan; and
 4. There must be a reasonable expectation that a Rehabilitation Plan will help you return to active employment.
- C. All Rehabilitation Plans will be developed with input You, your Physician, your Employer, and the Company and described in an individual written Rehabilitation Plan, which states:
1. the Rehabilitation Plan goals;
 2. the responsibilities of You, the Company, and any third parties associated with the Rehabilitation Plan;
 3. the times and dates of the Rehabilitation Plan; and
 4. all costs associated with the services.
- D. Either your Physician, you, or We may initiate consideration for your participation in a Rehabilitation Plan. Failure to participate without Good Cause will result in a reduction or termination of the monthly LTD Benefit. Reduction of the monthly LTD Benefit will be based on your income potential if you were employed after a Rehabilitation Plan.
- E. Definitions:
Good Cause means documented physical or mental impairments not identified in your existing disability claim that:
1. renders you incapable of rehabilitation;
 2. interferes with a medical program you are currently participating in; or
 3. conflicts with any other program you are participating in that will allow you to return to active employment.
- F. We will make the final determination of any Rehabilitation Plan provided, eligibility for participation and any continued monthly LTD Benefit payments.
- G. The definition of Disability will not apply during the term of the Rehabilitation Plan but will be reapplied after such program ends.
- H. While you are participating in a plan of Rehabilitation Plan approved by Us, Your monthly LTD Benefit will be increased by [1-20]%.]

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[I. REHABILITATION BENEFIT

- A. If the Insured Person is Disabled and is receiving a monthly LTD Benefit, he or she may be eligible to participate in a Rehabilitation Plan. A **Rehabilitation Plan** means a written plan, program or course of medical treatment or vocational training or education that is intended to prepare the Insured Person to return to work full time. The plan may include, but is not limited to:
1. job modification;
 2. job placement;
 3. retraining; and
 4. other activities reasonably necessary to help the Insured Person return to work.
- B. Eligibility for a Rehabilitation Plan is based on the Insured Person's education, training, experience, and physical/mental capabilities. Before a Rehabilitation Plan will be considered:
1. the Disability must prevent the Insured Person from performing his or her Own Occupation;
 2. the Insured Person must not have the necessary skills to allow him or her to perform Any Occupation;
 3. The Insured Person must have the physical and mental capability for successful completion of a Rehabilitation Plan; and
 4. There must be a reasonable expectation that a Rehabilitation Plan will help the Insured Person return to active employment.
- C. All Rehabilitation Plans will be developed with input from the Insured Person, his or her Physician, the Employer, and the Insurer and described in an individual written Rehabilitation Plan, which states:
1. the Rehabilitation Plan goals;
 2. the responsibilities of the Insurer, the Insured Person, and any third parties associated with the Rehabilitation Plan;
 3. the times and dates of the Rehabilitation Plan; and
 4. all costs associated with the services.
- D. Either the Insured Person's Physician, the Insured Person, or the Insurer may initiate consideration for the Insured Person's participation in a Rehabilitation Plan. Failure to participate without Good Cause will result in a reduction or termination of the monthly LTD Benefit. Reduction of the monthly LTD Benefit will be based on the Insured Person's income potential if he or she were employed after a Rehabilitation Plan.
- E. Definitions:
- Good Cause** means documented physical or mental impairments not identified in the Insured Person's existing disability claim that:
1. renders the Insured Person incapable of rehabilitation;
 2. interferes with a medical program the Insured Person is currently participating in; or
 3. conflicts with any other program the Insured Person is participating in that will allow him or her to return to active employment.
- F. The Insurer will make the final determination of any Rehabilitation Plan provided, eligibility for participation and any continued monthly LTD Benefit payments.
- G. The definition of Disability will not apply during the term of the Rehabilitation Plan but will be reapplied after such program ends.
- H. While the Insured Person is participating in a plan of Rehabilitation Plan approved by the Insurer, his or her monthly LTD Benefit will be increased by [1-20]%.]

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GLDI-P6302-(1010)

I. CONTAGIOUS DISEASE BENEFIT

- A. If you are capable, physically and mentally, of performing the Material Duties of your Own Occupation, but your ability to perform these duties has been restricted by a state licensing board or by another appropriate government authority because of the risk of transmission of a Contagious Disease to others with whom you may come in contact, you will be considered Disabled under the Group Policy if the restrictions prevent you from earning at least [50%-80%] of your pre-disability income.
- B. **Contagious Disease** includes the asymptomatic but communicable condition [Hepatitis B that is surface antigen positive] [and/or] [Human Immunodeficiency Virus (HIV)].
- C. Benefits will end on the earliest of:
- 1) after benefits have been paid for [1-24] months; or
 - 2) the date your license restriction is lifted by the licensing entity.
- D. Except as provided above, coverage under this provision is subject to all other terms of the Group Policy.

GLDI-C7100-(12/06)

[I. CONTAGIOUS DISEASE BENEFIT

- A. If the Insured Person is capable, physically and mentally, of performing the Material Duties of his or her Own Occupation, but his or her ability to perform these duties has been restricted by a state licensing board or by another appropriate government authority because of the risk of transmission of a Contagious Disease to others with whom the Insured Person may come in contact, the Insured Person will be considered Disabled under the Group Policy if the restrictions prevent the Insured Person from earning at least [50%-80%] of his or her pre-disability income.
- B. **Contagious Disease** includes the asymptomatic but communicable conditions [Hepatitis B that is surface antigen positive], [and/or] [Human Immunodeficiency Virus (HIV)].
- C. Benefits will end on the earliest of:
 - 1) after benefits have been paid for [1-24] months; or
 - 2) the date the license restriction is lifted by the licensing entity.
- D. Except as provided above, coverage under this provision is subject to all other terms of the Group Policy.]

I. ACTIVITIES OF DAILY LIVING DISABILITY BENEFIT

- A. We will pay You an Activities of Daily Living Disability Benefit if You:
1. meet all the requirements under the Definition of Disability section; and
 2. are receiving a monthly LTD Benefit [which will be exhausted because the Maximum Benefit Period has been reached]; and
 3. are unable to function without another person's Direct Assistance or verbal direction due to:
 - a. an inability to perform at least two Activities of Daily Living (ADL) as defined; or
 - b. Cognitive Impairment as defined; and
 4. [are either:
 - a. confined as an Inpatient in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital in which patients receive care from licensed medical professionals; or
 - b. receiving Home Health Care or Hospice Care; and]
 5. make Written Request for this benefit within thirty (30) days after the Maximum Benefit Period has ended.
- B. The Activities of Daily Living Disability Benefit. The Activities of Daily Living Disability Benefit is [[10 - 85%] of the monthly LTD Benefit payable prior to You qualifying for the Activities of Daily Living Disability Benefit/[10 - 30%] of Predisability Earnings], up to a maximum of [\$0 - \$10,000] per month [or the Maximum Monthly Benefit, whichever is less.]
- C. When the Activities of Daily Living Disability Benefit ends:
1. the date You die; or
 2. the date You no longer meet all the requirements of the Activities of Daily Living Disability Benefit; or
 3. [the date You no longer meet the requirements of the Definition of Disability section; or]
 4. [the date You receive Your [sixtieth (60th)] monthly Activities of Daily Living Disability Benefit payment.]
 5. [the date Your Maximum Benefit Period ends.]
- D. Definitions:
- Activities of Daily Living (ADL)** means:
1. Bathing – Your ability to wash yourself in the tub or shower or by sponge bath from a basin without Direct Assistance;
 2. Dressing – Your ability to change clothes without Direct Assistance, including fastening and unfastening any medically necessary braces or artificial limbs;
 3. Eating/Feeding – Your ability to eat without Direct Assistance, once food has been prepared and made available;
 4. Transferring – Your ability to move in and out of a chair or bed without Direct Assistance, except with the aid of equipment (including support and other mechanical devices); and
 5. Toileting – Your ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to adjust clothing without Direct Assistance.

Cognitively Impaired and **Cognitive Impairment** means confusion or disorientation due to organic changes in the brain resulting in a deterioration or loss in intellectual capacity as confirmed by cognitive or other tests satisfactory to the company.

Direct Assistance means You require continuous help or oversight to be able to perform the Activity of Daily Living (ADL).

Home Health Care means medical and non-medical services, provided in Your residence due to Injury or Physical Disease, including: visiting nurse services; physical, respiratory, occupational or speech therapy; nutritional counseling; and home health aide services. Home Health Care services must be: (1) prescribed by and provided under the supervision of a Physician; and (2) rendered by a licensed home health care provided

who is not a member of Your immediate family. Home Health Care does not include: homemaker, companion and home delivered meals services; nor informal care services provided by Your family members.

Hospice Care means a program of care which coordinates the special needs of a person with a Terminal Illness. Hospice Care must be: (1) prescribed by and provided under the supervision of a Physician; and (2) rendered by a licensed hospice care provider who is not a member of Your immediate family.

Inpatient means a person confined in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital, for whom a daily room and board charge is made.

Rehabilitation Facility or **Rehabilitative Hospital** means any facility or Hospital that is licensed in the state in which it is operating to provide You with rehabilitation services, therapy or retraining to enable You to walk, communicate, and/or function as a member of society.

Skilled Nursing Home means a facility or part of a facility that is licensed or certified in the state in which it is operating to provide Skilled Nursing Care.

Skilled Nursing Care means that level of care which:

1. Requires the training and skills of a Registered Nurse;
2. is prescribed by a Physician;
3. is based on generally recognized and accepted standards of health care by the American Medical Association; and
4. is appropriate for the diagnosis and treatment of the Your Physical Disease or Injury.

Terminal Illness means a Physical Disease or condition that is certified by a Licensed Physician in a written statement, on a form prescribed by Us, to reasonably be expected to result in death in less than 12 months.

Written Request means a request made, in writing, by You to Us.

E. Exclusions:

1. [Pre-existing Conditions Limitation:

With respect to the Activities of Daily Living Disability Benefit only,

[a. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:

(1) you have not received treatment for the Pre-existing Condition for [6] consecutive months from the effective date of your insurance][, or]

(2) you have been continuously insured under the Group Policy for at least [12 months] and have been Actively at Work for at least [one full day] after the end of the [12 months].]

[a. You are not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless you have been continuously insured under the Group Policy for at least [12 months] and have been Actively at Work for at least [one full day] after the end of that [12 months].]

b. **Pre-existing Condition** means a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [3 month] period just before the effective date of your insurance under the Group Policy.]

2. The Activities of Daily Living Disability Benefit will not be payable for Disability which is caused by or results from conditions for which a monthly LTD Benefit is specifically limited by the plan such as Mental or Emotional Disorders, or Substance Abuse.

3. [If the plan contains a Survivor Benefit, Cost of Living Adjustment (COLA) Benefit or a Conversion of Insurance Benefit, such benefits are not applicable under the Activities of Daily Living Disability Benefit.]

F. Group Policy Provisions:

Except as provided in this Activities of Daily Living Disability Benefit section, coverage under this provision is subject to all other terms of the Group Policy.

I. ACTIVITIES OF DAILY LIVING DISABILITY BENEFIT

- A. The Insurer will pay the Insured Person an Activities of Daily Living Disability Benefit if the Insured Person:
1. meet all the requirements under the Definition of Disability section; and
 2. are receiving a monthly LTD Benefit [which will be exhausted because the Maximum Benefit Period has been reached]; and
 3. are unable to function without another person's Direct Assistance or verbal direction due to:
 - a. an inability to perform at least two Activities of Daily Living (ADL) as defined; or
 - b. Cognitive Impairment as defined; and
 4. [is either:
 - a. confined as an Inpatient in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital in which patients receive care from licensed medical professionals; or
 - b. receiving Home Health Care or Hospice Care; and]
 5. make Written Request for this benefit within thirty (30) days after the Maximum Benefit Period has ended.
- B. The Activities of Daily Living Disability Benefit. The Activities of Daily Living Disability Benefit is [[10 - 85%] of the monthly LTD Benefit payable prior to the Insured Person qualifying for the Activities of Daily Living Disability Benefit/[10 - 30%] of Predisability Earnings], up to a maximum of [\$0 - \$10,000] per month [or the Maximum Monthly Benefit, whichever is less.]
- C. When the Activities of Daily Living Disability Benefit ends:
1. the date the Insured Person dies; or
 2. the date the Insured Person no longer meets all the requirements of the Activities of Daily Living Disability Benefit; or
 3. [the date the Insured Person no longer meets the requirements of the Definition of Disability section; or]
 4. [the date the Insured Person receives his or her[sixtieth (60th)] monthly Activities of Daily Living Disability Benefit payment.]
 5. [the date the Insured Person's Maximum Benefit Period ends.]
- D. Definitions:
- Activities of Daily Living (ADL)** means:
1. Bathing – the Insured Person's ability to wash him/herself in the tub or shower or by sponge bath from a basin without Direct Assistance;
 2. Dressing – the Insured Person's ability to change clothes without Direct Assistance, including fastening and unfastening any medically necessary braces or artificial limbs;
 3. Eating/Feeding – the Insured Person's ability to eat without Direct Assistance, once food has been prepared and made available;
 4. Transferring – the Insured Person's ability to move in and out of a chair or bed without Direct Assistance, except with the aid of equipment (including support and other mechanical devices); and
 5. Toileting – The Insured Person's ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to adjust clothing without Direct Assistance.

Cognitively Impaired and **Cognitive Impairment** means confusion or disorientation due to organic changes in the brain resulting in a deterioration or loss in intellectual capacity as confirmed by cognitive or other tests satisfactory to the company.

Direct Assistance means the Insured Person requires continuous help or oversight to be able to perform the Activity of Daily Living (ADL).

Home Health Care means medical and non-medical services, provided in the Insured Person's residence due to Injury or Physical Disease, including: visiting nurse services; physical, respiratory, occupational or speech therapy; nutritional counseling; and home health aide services. Home Health Care services must be: (1)

prescribed by and provided under the supervision of a Physician; and (2) rendered by a licensed home health care provider who is not a member of the Insured Person's immediate family. Home Health Care does not include: homemaker, companion and home delivered meals services; nor informal care services provided by the Insured Person's family members.

Hospice Care means a program of care which coordinates the special needs of a person with a Terminal Illness. Hospice Care must be: (1) prescribed by and provided under the supervision of a Physician; and (2) rendered by a licensed hospice care provider who is not a member of the Insured Person's immediate family.

Inpatient means a person confined in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital, for whom a daily room and board charge is made.

Rehabilitation Facility or **Rehabilitative Hospital** means any facility or Hospital that is licensed in the state in which it is operating to provide the Insured Person with rehabilitation services, therapy or retraining to enable the Insured Person to walk, communicate, and/or function as a member of society.

Skilled Nursing Home means a facility or part of a facility that is licensed or certified in the state in which it is operating to provide Skilled Nursing Care.

Skilled Nursing Care means that level of care which:

1. Requires the training and skills of a Registered Nurse;
2. is prescribed by a Physician;
3. is based on generally recognized and accepted standards of health care by the American Medical Association; and
4. is appropriate for the diagnosis and treatment of the Insured Person's Physical Disease or Injury.

Terminal Illness means a Physical Disease or condition that is certified by a Licensed Physician in a written statement, on a form prescribed by the Insurer, to reasonably be expected to result in death in less than 12 months.

Written Request means a request made, in writing, by the Insured Person to the Insurer.

E. Exclusions:

1. [Pre-existing Conditions Limitation:

With respect to the Activities of Daily Living Disability Benefit only,

[a. The Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless:

(1) the Insured Person has not received treatment for the Pre-existing Condition for [6] consecutive months from the effective date of the Insured Person's insurance][, or]

(2) the Insured Person has been continuously insured under the Group Policy for at least [12 months] and has been Actively at Work for at least [one full day] after the end of the [12 months].]

[a. The Insured Person is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless the Insured Person has been continuously insured under the Group Policy for at least [12 months] and have been Actively at Work for at least [one full day] after the end of that [12 months].]

b. **Pre-existing Condition** means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured Person has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the [3 month] period just before the effective date of the Insured Person's insurance under the Group Policy.]

2. The Activities of Daily Living Disability Benefit will not be payable for Disability which is caused by or results from conditions for which a monthly LTD Benefit is specifically limited by the plan such as Mental or Emotional Disorders, or Substance Abuse.
3. [If the plan contains a Survivor Benefit, Cost of Living Adjustment (COLA) Benefit or a Conversion of Insurance Benefit, such benefits are not applicable under the Activities of Daily Living Disability Benefit.]

F. Group Policy Provisions:

Except as provided in this Activities of Daily Living Disability Benefit section, coverage under this provision is subject to all other terms of the Group Policy.

SERFF Tracking Number: MADS-126968499 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47626
Company Tracking Number: GLDI-1302
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: Group Long Term Disability Income
Project Name/Number: New LTD Matrix Sections/GLDI-1302

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: READABILITY CERTIFICATION.pdf	Approved-Closed	01/12/2011

	Item Status:	Status Date:
Satisfied - Item: Application Comments: EOI-1203-H approved by your department on 3/15/2004	Approved-Closed	01/12/2011

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables Comments: Attachment: Explanation of Variables - new LTD forms.pdf	Approved-Closed	01/12/2011

READABILITY CERTIFICATION

To: Department of Insurance
RE: Matrix sections listed below

Having first carefully reviewed the captioned forms, I hereby certify that the forms meet the minimum requirements of the Flesch reading ease policy simplification test, and that:

1. The entire text was analyzed.
2. The type size is at least 10 point, one point leaded.
3. The Flesch reading ease test has been applied to said forms, with resulting scores of:

Form Number	Description	Score
GLDI-C1302-(1010)	Definition of Disability (partial "or" definition – certificate)	57.8
GLDI-P1302-(1010)	Definition of Disability (partial "or" definition – policy)	58.7
GLDI-C1303-(1010)	Definition of Disability (zero day "or" definition – certificate)	64.5
GLDI-P1303-(1010)	Definition of Disability (zero day "or" definition – policy)	63.8
GLDI-C1304-(1010)	Definition of Disability – Social Security Qualified Option hybrid (certificate)	49.9
GLDI-P1304-(1010)	Definition of Disability – Social Security Qualified Option hybrid (policy)	49.9
GLDI-C6302-(1010)	Rehabilitation Benefit (certificate)	46.8
GLDI-P6302-(1010)	Rehabilitation Benefit (policy)	46.1
GLDI-C7100-(12/06)	Contagious Disease Benefit (certificate)	45.5
GLDI-C7100-(12/06)	Contagious Disease Benefit (policy)	48.2
GLDI-C7300-(0509)	Activities of Daily Living Disability Benefit (certificate)	47.1
GLDI-P7300-(0509)	Activities of Daily Living Disability Benefit (policy)	47.2



Robert J. Stubbe
Executive Vice President – Operations
Madison National Life Insurance Company, Inc.
Dated: December 21, 2010

Section/Form Number	Description of Field	Possible Values
GLDI-C1302-(1010) - DEFINITION OF DISABILITY (partial) - Certificate of Coverage	Items A., B., and C. - The bracketed conditions will either appear in all 3 items or in none of them. Whether the bracketed conditions appear or not is determined by the group.	[Mental Disorder,] [Substance Abuse,] [Special Conditions,]
	Items B. and C. - the word "Indexed" is optional. It will either appear in all places or not at all. Whether it's included is determined by group.	[Indexed]
	Item B. 2. - work earnings test during "Own Occupation" period. Range is shown in brackets. Group selects percentage.	[1%-99%]
	Item C. 2. - work earnings test during "Any Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item E. Optional item. Included or omitted. Standard is to include.	[E. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.]
GLDI-P1302-(1010) - DEFINITION OF DISABILITY (partial) - Master Policy	Items A., B., and C. - The bracketed conditions will either appear in all 3 items or in none of them. Whether the bracketed conditions appear or not is determined by the group.	[Mental Disorder,] [Substance Abuse,] [Special Conditions,]
	Items B. and C. - the word "Indexed" is optional. It will either appear in all places or not at all. Whether it's included is determined by group.	[Indexed]

Section/Form Number	Description of Field	Possible Values
	Item B. 2. - work earnings test during "Own Occupation" period. Range is shown in brackets. Group selects percentage.	[1%-99%]
	Item C. 2. - work earnings test during "Any Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item E. Optional item. Included or omitted. Standard is to include.	[E. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or preventive measures does not, by itself, constitute a Disability.]
GLDI-C1303-(1010) - DEFINITION OF DISABILITY (zero day residual) - Certificate of Coverage	Items A. and B. - The bracketed conditions will either appear in both items or in neither of them. Group determines whether the conditions are included or omitted.	[Mental Disorder,] [Substance Abuse,] [Special Conditions,]
	Items A. and B. - the word "Indexed" is optional. It will either appear in all places or not at all. Whether it's included is determined by group.	[Indexed]
	Item A. 2. - work earnings test during "Own Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item B. 2. - work earnings test during "Any Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item D. Optional item. Included or omitted. Standard is to include.	[E. Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or preventive measures does not, by itself, constitute a Disability.]

Section/Form Number	Description of Field	Possible Values
GLDI-P1303-(1010) - DEFINITION OF DISABILITY (zero day residual) - Master Policy	Items A. and B. - The bracketed conditions will either appear in both items or in neither of them. Group determines whether the conditions are included or omitted.	[Mental Disorder,] [Substance Abuse,] [Special Conditions,]
	Items A. and B. - the word "Indexed" is optional. It will either appear in all places or not at all. Whether it's included is determined by group.	[Indexed]
	Item A. 2. - work earnings test during "Own Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item B. 2. - work earnings test during "Any Occupation" period. Range shown in brackets. Group selects percentage.	[1%-99%]
	Item D. Optional item. Included or omitted. Standard is to include.	[E. Preventive Measures. The Insured Person's inability to perform any of his or her Material Duties because of preventive treatments or preventive measures does not, by itself, constitute a Disability.]
GLDI-C1304-(1010) - Definition of Disability, Social Security Qualified Option hybrid - Certificate of Coverage	Item A. through L. is used when the group has chosen a "Total" definition of disability.	
	Item A. - Included or omitted, determined by group.	[Mental Disorder,]
	Item A. - Included or omitted, determined by group.	[Substance Abuse,]
	Item A. - Included or omitted, determined by group.	[Special Conditions,]

Section/Form Number	Description of Field	Possible Values
	Item B. 2. - determined by group. Range is shown in brackets	[1-24] months
	Item D. 1. - determined by group. Range is shown in brackets.	[1-24] months
	Item E. - determined by group. Range is shown in brackets.	[1-24] months
	Item J. - Reasonable Accommodation - included or omitted. Determined by group.	
	Item M. through Y. is used when the group has chosen a "Partial" definition of disability.	
	Item M. - Included or omitted, determined by group.	[Mental Disorder,]
	Item M. - Included or omitted, determined by group.	[Substance Abuse,]
	Item M. - Included or omitted, determined by group.	[Special Conditions,]
	Item N. - Included or omitted, determined by group.	[Mental Disorder,]
	Item N. - Included or omitted, determined by group.	[Substance Abuse,]
	Item N. - Included or omitted, determined by group.	[Special Conditions,]
	Item N. percentage of pre-disability earnings	[20%-90%]
	Item N. percentage of pre-disability earnings	[20%-90%]
	Item O. 2. - determined by group. Range is shown in brackets	[1-24] months

Section/Form Number	Description of Field	Possible Values
	Item Q. 1. - determined by group. Range is shown in brackets.	[1-24] months
	Item R. - determined by group. Range is shown in brackets.	[1-24] months
	Item W. - Reasonable Accommodation - included or omitted. Determined by group.	
	Item Z. through KK. is used when the group has chosen a "Zero Day" definition of disability.	
	Item Z. - Included or omitted, determined by group.	[Mental Disorder,]
	Item Z. - Included or omitted, determined by group.	[Substance Abuse,]
	Item Z. - Included or omitted, determined by group.	[Special Conditions,]
	Item Z. percentage of pre-disability earnings	[20%-90%]
	Item Z. either included or omitted, in keeping with plan design selected by group.	[Indexed]
	Item Z. percentage of pre-disability earnings	[20%-90%]
	Item Z. either included or omitted, in keeping with plan design selected by group.	[Indexed]
	Item AA. Determined by group, range is shown in brackets.	[1-24 months]
	Item CC. 1. Time limit during which individual must apply for SSDI and state retirement benefits. Range is shown in brackets.	[12-24]

Section/Form Number	Description of Field	Possible Values
	Item DD - number of months referenced in item CC 1. Range is shown in brackets.	[12-24]
	Item II. - Reasonable Accommodations. Included or omitted. Determined by group.	
GLDI-P1304-(1010) - Definition of Disability, Social Security Qualified Option hybrid - Master Policy	Item A. through L. is used when the group has chosen a "Total" definition of disability.	
	Item A. - Included or omitted, determined by group.	[Mental Disorder,]
	Item A. - Included or omitted, determined by group.	[Substance Abuse,]
	Item A. - Included or omitted, determined by group.	[Special Conditions,]
	Item B. 2. - determined by group. Range is shown in brackets	[1-24] months
	Item D. 1. - determined by group. Range is shown in brackets.	[1-24] months
	Item E. - determined by group. Range is shown in brackets.	[1-24] months
	Item J. - Reasonable Accommodation - included or omitted. Determined by group.	
	Item M. through Y. is used when the group has chosen a "Partial" definition of disability.	
	Item M. - Included or omitted, determined by group.	[Mental Disorder,]

Section/Form Number	Description of Field	Possible Values
	Item M. - Included or omitted, determined by group.	[Substance Abuse,]
	Item M. - Included or omitted, determined by group.	[Special Conditions,]
	Item N. - Included or omitted, determined by group.	[Mental Disorder,]
	Item N. - Included or omitted, determined by group.	[Substance Abuse,]
	Item N. - Included or omitted, determined by group.	[Special Conditions,]
	Item N. percentage of pre-disability earnings	[20%-90%]
	Item N. percentage of pre-disability earnings	[20%-90%]
	Item O. 2. - determined by group. Range is shown in brackets	[1-24] months
	Item Q. 1. - determined by group. Range is shown in brackets.	[1-24] months
	Item R. - determined by group. Range is shown in brackets.	[1-24] months
	Item W. - Reasonable Accommodation - included or omitted. Determined by group.	
	Item Z. through KK. is used when the group has chosen a "Zero Day" definition of disability.	
	Item Z. - Included or omitted, determined by group.	[Mental Disorder,]
	Item Z. - Included or omitted, determined by group.	[Substance Abuse,]

Section/Form Number	Description of Field	Possible Values
	Item Z. - Included or omitted, determined by group.	[Special Conditions,]
	Item Z. percentage of pre-disability earnings	[20%-90%]
	Item Z. either included or omitted, in keeping with plan design selected by group.	[Indexed]
	Item Z. percentage of pre-disability earnings	[20%-90%]
	Item Z. either included or omitted, in keeping with plan design selected by group.	[Indexed]
	Item AA. Determined by group, range is shown in brackets.	[1-24 months]
	Item CC. 1. Time limit during which individual must apply for SSDI and state retirement benefits. Range is shown in brackets.	[12-24]
	Item DD - number of months referenced in item CC 1. Range is shown in brackets.	[12-24]
	Item II. - Reasonable Accommodations. Included or omitted. Determined by group.	
GLDI-C6302-(1010) - REHABILITATION BENEFIT - Certificate of Coverage	Optional benefit. Available upon request from group.	
	Item H. Amount by which LTD benefit may be increased. Range is shown in brackets.	[1%-20%]

Section/Form Number	Description of Field	Possible Values
GLDI-P6302-(1010) - REHABILITATION BENEFIT - Master Policy	Optional benefit. Available upon request from group.	
	Item H. Amount by which LTD benefit may be increased. Range is shown in brackets.	[1%-20%]
GLDI-C7100-(12/06) - CONTAGIOUS DISEASE - Certificate of Coverage	Item A - percentage of pre-disability income	50%-80%
	Item B. Contagious Disease definition - either or both of the conditions listed	[Hepatitis B that is surface antigen positive] [and/or] [Human Immunodeficiency Virus (HIV)]
	Item C. Number of months benefit is payable. Group determines number of months within the range listed.	1-24 months
GLDI-P7100-(12/06) - CONTAGIOUS DISEASE - Master Policy	Item A - percentage of pre-disability income	50%-80%
	Item B. Contagious Disease definition - either or both of the conditions listed	[Hepatitis B that is surface antigen positive] [and/or] [Human Immunodeficiency Virus (HIV)]
	Item C. Number of months benefit is payable. Group determines number of months within the range listed.	1-24 months
GLDI-C7300-(0509) - ACTIVITIES OF DAILY LIVING DISABILITY BENEFIT - Certificate of Coverage	Item A. 2. - additional variable language. Will be included upon request from group.	[which will be exhausted because the Maximum Benefit Period has been reached]

Section/Form Number	Description of Field	Possible Values
	Item A. 4. - additional language. Will be included upon request from group.	4. are either: a. confined as an Inpatient in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital in which patients receive care from licensed medical professionals; or b. receiving Home Health Care or Hospice Care; and
	Item B. benefit. There are 2 choices. Group selects the benefit and then selects the benefit percentage from within the range shown.	[[10 - 85%] of the monthly LTD Benefit payable prior to the Your qualifying for the Activities of Daily Living Disability Benefit / [10 - 30%] of Predisability Earnings]
	Item B. Benefit Limit. Group selects the benefit limit and whether the second part of the sentence is included.	[\$0 - \$10,000] per month [or the Maximum Monthly Benefit, whichever is less].
	Item C. 3. - When Benefit Ends - omitted upon request from group.	[3. the date You no longer meet the requirements of the Definition of Disability section; or]
	Item C. 4. - When Benefit Ends - omitted upon request from group. If included, the number of benefit payments is selected by group from the range shown.	[4. the date You receive Your [second (2nd) - sixtieth (60th)] monthly Activities of Daily Living Disability Benefit payment; or]
	Item C. 5. When Benefit Ends - omitted upon request from group.	[5. the date the Your Maximum Benefit Period ends.]

Section/Form Number	Description of Field	Possible Values
	Item E. - Pre-existing conditions. Standard is to include. Will be omitted upon request from group. Included or not applicable. Determined by group. There are 2 versions of the Pre-ex condition. The first item 1 is used when there is the pre-ex limitation is based on non-treatment. The second item 1 is the pre-ex limitation without non-treatment. The group selects which Pre-ex condition provision to include.	
	Item E. First item 1. a)	Look back time period 5 days or 3/6/9/12/24 months
	Item E. First item 1. a)	Number of months covered - 12/24
	Item E. First item 1. a)	Number of months covered - 12/24
	Item E. First item 1. b)	Number of months covered 12/24
	Item E. First item 1. b)	Number of days for return to work - 1 day/full work week
	Item E. Second item 1.	Number of days for return to work - 1 day/full work week
	Item E. Second item 1. a)	Number of months covered - 12/24
	Item E. Second item 1. a)	Number of months covered - 12/24
	Item E. 2.	Look back time period - 5 days or 3/6/9/12 months
	Item E. 3. - included if the plan includes any of the optional benefits listed. Omitted if those optional benefits are not included in coverage.	[If the plan contains a Survivor Benefit, Cost of Living Adjustment (COLA) Benefit or a Conversion of Insurance Benefit, such benefits are not applicable under the Activities of Daily Living Disability Benefit.]
GLDI-P7300-(0509) - ACTIVITIES OF DAILY LIVING DISABILITY BENEFIT - Master Policy	Item A. 2. - variable language. Will be included upon request from group.	[which will be exhausted because the Maximum Benefit Period has been reached]
	Item A. 4. - language. Will be included upon request from group.	4. is either: a. confined as an Inpatient in a Skilled Nursing Home, Rehabilitation Facility or Rehabilitative Hospital in which patients receive care from licensed medical professionals; or b. receiving Home Health Care or Hospice Care; and

Section/Form Number	Description of Field	Possible Values
	Item B. benefit. There are 2 choices. Group selects the benefit and then selects the benefit percentage from within the range shown.	[[10 - 85%] of the monthly LTD Benefit payable prior to the Insured Person qualifying for the Activities of Daily Living Disability Benefit / [10 - 30%] of Predisability Earnings]
	Item B. Benefit Limit. Group selects the benefit limit and whether the second part of the sentence is included.	[\$0 - \$10,000] per month [or the Maximum Monthly Benefit, whichever is less].
	Item C. 3. - When Benefit Ends - omitted upon request from group.	[3. the date the Insured Person no longer meets the requirements of the Definition of Disability section; or]
	Item C. 4. - When Benefit Ends - omitted upon request from group. If included, the number of benefit payments is selected by group from the range shown.	[4. the date the Insured receives his or her [second (2nd) - sixtieth (60th)] monthly Activities of Daily Living Disability Benefit payment; or]
	Item C. 5. When Benefit Ends - omitted upon request from group.	[5. the date the Insured Person's Maximum Benefit Period ends.]
	Item E. - Pre-existing conditions. Standard is to include. Will be omitted upon request from group. Included or not applicable. Determined by group. There are 2 versions of the Pre-ex condition. The first item 1 is used when there is the pre-ex limitation is based on non-treatment. The second item 1 is the pre-ex limitation without non-treatment. The group selects which Pre-ex condition provision to include.	
	Item E. First item 1. a)	Look back time period 5 days or 3/6/9/12/24 months
	Item E. First item 1. a)	Number of months covered - 12/24

Section/Form Number	Description of Field	Possible Values
	Item E. First item 1. a)	Number of months covered - 12/24
	Item E. First item 1. b)	Number of months covered 12/24
	Item E. First item 1. b)	Number of days for return to work - 1 day/full work week
	Item E. Second item 1.	Number of days for return to work - 1 day/full work week
	Item E. Second item 1. a)	Number of months covered - 12/24
	Item E. Second item 1. a)	Number of months covered - 12/24
	Item E. 2.	Look back time period - 5 days or 3/6/9/12 months
	Item E. 3. - included if the plan includes any of the optional benefits listed. Omitted if those optional benefits are not included in coverage.	[If the plan contains a Survivor Benefit, Cost of Living Adjustment (COLA) Benefit or a Conversion of Insurance Benefit, such benefits are not applicable under the Activities of Daily Living Disability Benefit.]

SERFF Tracking Number: MADS-126968499 State: Arkansas
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47626
 Company Tracking Number: GLDI-1302
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
 Product Name: Group Long Term Disability Income
 Project Name/Number: New LTD Matrix Sections/GLDI-1302

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/31/2010	Form	Rehabilitation Benefit - Policy	01/06/2011	GLDI-C6302 Rehabilitation Benefit.pdf (Superseded)
12/31/2010	Form	Activities of Daily Living Benefit - Certificate	01/06/2011	GLDI-C7100 Contagious Disease Benefit.pdf (Superseded)

[I. REHABILITATION BENEFIT

- A. If you are Disabled and are receiving a monthly LTD Benefit, you may be eligible to participate in a Rehabilitation Plan. A **Rehabilitation Plan** means a written plan, program or course of medical treatment or vocational training or education that is intended to prepare you to return to work full time. The plan may include, but is not limited to:
1. job modification;
 2. job placement;
 3. retraining; and
 4. other activities reasonably necessary to help you return to work.
- B. Eligibility for a Rehabilitation Plan is based on your education, training, experience, and physical/mental capabilities. Before a Rehabilitation Plan will be considered:
1. the Disability must prevent you from performing his or her Own Occupation;
 2. you must not have the necessary skills to allow you to perform Any Occupation;
 3. you must have the physical and mental capability for successful completion of a Rehabilitation Plan; and
 4. There must be a reasonable expectation that a Rehabilitation Plan will help you return to active employment.
- C. All Rehabilitation Plans will be developed with input You, your Physician, your Employer, and the Company and described in an individual written Rehabilitation Plan, which states:
1. the Rehabilitation Plan goals;
 2. the responsibilities of You, the Company, and any third parties associated with the Rehabilitation Plan;
 3. the times and dates of the Rehabilitation Plan; and
 4. all costs associated with the services.
- D. Either your Physician, you, or We may initiate consideration for your participation in a Rehabilitation Plan. Failure to participate without Good Cause will result in a reduction or termination of the monthly LTD Benefit. Reduction of the monthly LTD Benefit will be based on your income potential if you were employed after a Rehabilitation Plan.
- E. Definitions:
- Good Cause** means documented physical or mental impairments not identified in your existing disability claim that:
1. renders you incapable of rehabilitation;
 2. interferes with a medical program you are currently participating in; or
 3. conflicts with any other program you are participating in that will allow you to return to active employment.
- F. We will make the final determination of any Rehabilitation Plan provided, eligibility for participation and any continued monthly LTD Benefit payments.
- G. The definition of Disability will not apply during the term of the Rehabilitation Plan but will be reapplied after such program ends.
- H. While you are participating in a plan of Rehabilitation Plan approved by Us, Your monthly LTD Benefit will be increased by [1-20]%.]

GLDI-C6302-(1010)

GLDI-C6302-(1010)

I. CONTAGIOUS DISEASE BENEFIT

- A. If you are capable, physically and mentally, of performing the Material Duties of your Own Occupation, but your ability to perform these duties has been restricted by a state licensing board or by another appropriate government authority because of the risk of transmission of a Contagious Disease to others with whom you may come in contact, you will be considered Disabled under the Group Policy if the restrictions prevent you from earning at least [50%-80%] of your pre-disability income.
- B. **Contagious Disease** includes the asymptomatic but communicable condition [Hepatitis B that is surface antigen positive] [and/or] [Human Immunodeficiency Virus (HIV)].
- C. Benefits will end on the earliest of:
- 1) after benefits have been paid for [1-24] months; or
 - 2) the date your license restriction is lifted by the licensing entity.
- D. Except as provided above, coverage under this provision is subject to all other terms of the Group Policy.

GLDI-C7100-(12/06)