

**THE PAUL REVERE LIFE INSURANCE COMPANY**  
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**DISABILITY INCOME INSURANCE CERTIFICATE**

**Disclosure Statement**  
**(Applicable to policy form GDIS-P-NY and certificate form GDIS-C-NY)**

**THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, available from the Company.**

**Please Read Your Certificate Carefully.** This disclosure statement provides a very brief description of the important features of the Group Policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of the policyholder, you and us. The certificate describes the features of the coverage, lists any limitations or exclusions on coverage and explains how to file a claim against the coverage. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY**.

**Disability Income Coverage.** The certificate is designed to provide coverage for disabilities that result from covered injuries or covered sicknesses, subject to any limitations or exclusions. The insurance evidenced by the certificate provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

**BENEFITS**

**Totally Disabled or Total Disability**

We will pay the total disability benefit shown on the Certificate Schedule if you become totally disabled as the result of a covered injury or covered sickness while the certificate is in force.

If you are totally disabled longer than the elimination period shown on the Certificate Schedule, we will pay the total disability benefit for as long as this coverage is in force and you remain totally disabled up to the maximum benefit period and in the amount shown on the Certificate Schedule, except for the Geographical Limitations provision in the certificate.

If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Certificate Schedule.

If you do not have a job when you become totally disabled, we will pay the total disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and you are under the regular and appropriate care of a physician. At home means in your house or yard. However, you can follow your physician's orders even if it means leaving home.

If you become disabled because of a pre-existing condition, we will not pay for any disability if it begins during the pre-existing condition limitation period shown on the Certificate Schedule.

The disability benefit provided by the certificate terminates on the certificate anniversary date on or after you reach age 75.

**Partially Disabled or Partial Disability**

We will pay the partial disability benefit up to the maximum benefit period and in the amount shown for a partial disability on the Certificate Schedule if you become partially disabled as a result of a covered injury or a covered sickness, except for the Geographical Limitations provision in the certificate.

This benefit is subject to the following conditions:

- coverage must be in force;
- you must remain partially disabled;
- the total disability benefit must have been paid for at least 14 days immediately prior to your being partially disabled; and

- for a given period of disability, you may receive either a partial disability benefit or a total disability benefit, but not both.

The disability benefit provided by the certificate terminates on the certificate anniversary date on or after you reach age 75.

### **Recurrent Disability**

A recurrent disability will be treated as:

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

A new disability is subject to a new elimination period, and a new maximum benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new maximum benefit period does not apply. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

### **Concurrent Disability**

During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the maximum benefit period shown on the Certificate Schedule.

### **Subsequent Disability**

Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless the following requirements are met:

- If you were employed when the previous period of disability ended:
  - The disability periods are separated by a minimum 10 calendar days;
  - During such time, you returned to work performing the material and substantial duties of your job; and
  - During such time, you were no longer qualified to receive total or partial disability benefits.
- If you were not employed, or did not return to work, when the previous period of disability ended:
  - The disability periods are separated by a minimum of 6 months;
  - During such time, you were released from the care of a physician with no medical restrictions or limitations; and
  - During such time, you were no longer qualified to receive total or partial disability benefits.

### **Geographical Limitations**

If you become totally disabled as the result of a covered injury or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Certificate Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States and its possessions, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60 day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the certificate when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the maximum benefit period shown on the Certificate Schedule. We will pay the monthly benefit amount shown on the Certificate Schedule for up to the remaining applicable maximum benefit period.

### **Waiver of Premium**

After you have been totally disabled or qualify for partial disability benefits as the result of a covered injury or a covered sickness for more than 90 consecutive days while the certificate is in effect, or after the elimination period shown on the Certificate Schedule, whichever is greater, we will waive the premium for the certificate and any attached riders(s) for as long as you remain disabled, up to the maximum benefit period shown on the Certificate Schedule. You must pay all premiums to keep the certificate and any attached rider(s) in force until you have been totally disabled or qualify for partial

disability benefits for 90 consecutive days while the certificate is in effect, or for the elimination period shown on the Certificate Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume that you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the certificate and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an injury or sickness which is excluded by specific name or specific description in the certificate.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

## **GENERAL EXCLUSIONS AND LIMITATIONS**

### **Exclusions**

**We will not pay benefits for losses that are caused by, contributed to by or occur as result of your:**

#### **Alcoholism or Drug Addiction**

**Addiction to alcohol or drugs, except for drugs taken as prescribed by your physician.**

#### **Extra Hazardous Activities**

**Aviation and related activities, such as skydiving and parachuting, and participation as a professional in athletics or sports.**

#### **Felonies, Riot or insurrection**

**Participating in a felony, riot or insurrection.**

#### **Intoxicants and Narcotics**

**Being intoxicated or under the influence of any narcotics unless administered on the advice of your physician.**

#### **Mental or Emotional Disorders**

**Having a mental or emotional disorder.**

#### **Suicide or Injuries Which You Intentionally Do to Yourself**

**Committing or attempting to commit suicide or intentionally self inflicting an injury.**

#### **War or Act of War**

**Involvement in any war or any act of war, declared or undeclared, or serving in the armed forces or units auxiliary thereto.**

### **Limitations**

#### **Giving Birth Limitation**

**We will not pay benefits for losses due to you giving birth within the first 9 months after the coverage effective date of the certificate as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.**

#### **Pre-existing Condition Limitation**

**We will not pay for loss when the disability is a pre-existing condition as defined in the certificate, unless you have satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date you suffer a loss due to a covered injury or covered sickness. Credit toward the satisfaction of the pre-existing condition limitation period will be given for any continuous time you were covered under the pre-existing condition clause of previous coverage through another carrier if:**

- you were insured under the previous coverage at the time of enrollment in the coverage provided by the certificate; and
- you were insured under the coverage provided by the certificate on the Policy Effective Date shown on the Policy Rate Schedule.

**You are responsible for furnishing proof of your previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.**

## **TERMINATION**

Your coverage will terminate on the earliest of the following dates:

- the date the policy is terminated by the policyholder or us; or
- the end of the grace period following the premium due date we fail to receive the required premium for you; or
- the date you are no longer in an eligible class; or
- the date your class is no longer included for insurance; or
- the certificate anniversary date on or after your 75<sup>th</sup> birthday; or
- the date the next premium is due after you ask us to end your coverage.

## **EXTENSION OF BENEFITS**

Termination of insurance for any reason described above will not affect your rights to benefits, if any, for a disability that begins while your insurance is in force under the group policy. You are considered to be continuously disabled if you are disabled from one condition and, while still disabled from that condition, incur another condition that causes disability.

**This disclosure statement is a very brief summary of your certificate.**

**The certificate itself sets forth the rights and obligations of both you and the Insurance Company. It is therefore imperative that you READ YOUR CERTIFICATE carefully.**

**The expected benefit ratio for the certificate is 61.41%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the policy. (Applicable to certificate form GDIS-C-NY)**