



Income Protector

Combined Insurance's Income Protector – a good decision

This policy provides cash benefits to help replace your lost income if you are totally disabled and unable to work due to illness or injury.

The Income Protector benefits are payable directly to you (or someone you designate) when you have a covered total disability. These cash benefits can be used any way you choose and are portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Income Protector.

How the Combined Insurance Income Protector helps you

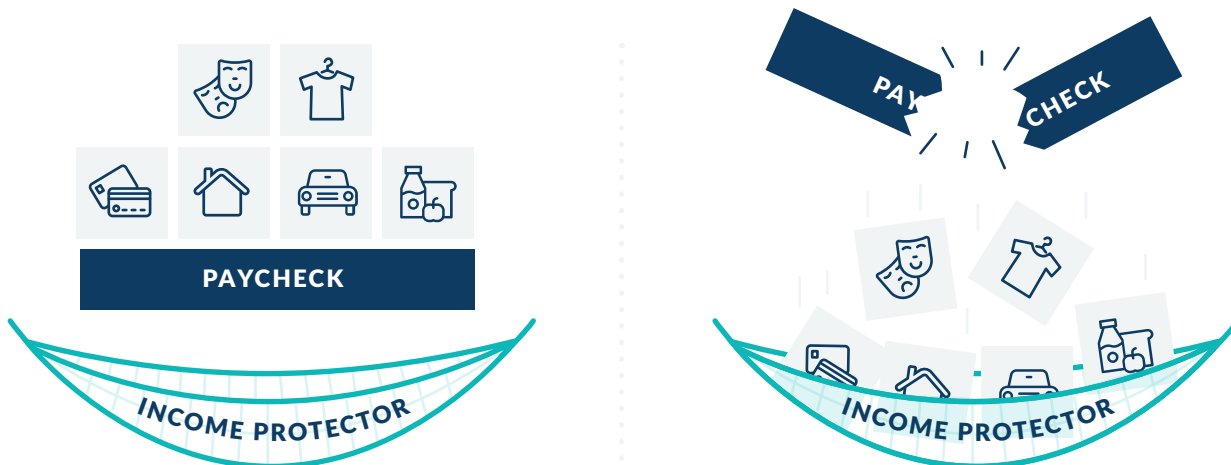
Income Protector pays cash directly to you for covered total disability due to an accident or sickness for up to 2 years, depending on the plan selected. You are covered on or off the job and you are protected 24 hours a day, 365 days a year.

You are considered totally disabled when you are under the regular care of a doctor, and are unable to perform all of the substantial and material duties of your own occupation for up to two years of disability.

Protecting your financial peace of mind

Family budgets are often figured "to the penny," and many have little cash to fall back on. Income Protector can help bring balance to your financial obligations when the loss of your paycheck due to disability threatens to take away your peace of mind.

77% of Americans would find it difficult to meet their current financial obligations if their paycheck was delayed for a week.¹



¹ PayrollOrg 2024 "Getting Paid in America" survey, PRNewswire.com/news/payrollorg/

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Exclusions and Limitations

Benefits will not be paid for total disability resulting from:

- Intentionally self-inflicted injury;
- Normal pregnancy or childbirth (not applicable in MT);
- Cosmetic surgery or other elective procedures which are not medically necessary; or
- Mental illness without demonstrable organic cause (not applicable in TX and VT).

Pre-existing conditions

Pre-existing conditions are not covered unless the total disability caused by the condition begins more than 24 months* after the policy issue date. A pre-existing condition is a medical condition not disclosed on the application for which:

1. Medical advice or treatment was recommended by, or received from, a physician within the 12 month period before the issue date, or
2. Symptoms existed within the 12 month period before the issue date which would cause an ordinarily prudent person to seek diagnosis, care or treatment**

* 12 months in DE and NC; 18 months in IN.

** Not applicable in MN, MT and NC.

Elimination period

Elimination period means the number of consecutive days the Insured must be totally disabled before benefits begin. No disability benefits are payable during the elimination period.

Recurrent disability

Successive periods of total disability will be considered one period of total disability unless such periods are separated by at least 180 consecutive days or the disabilities resulted from different or unrelated injuries or sicknesses.

Relation of earnings to insurance

(Not applicable in DE)

Monthly benefits will be reduced when the total amount of all the insured's disability coverage* exceeds what he or she earned prior to becoming disabled.

In no event will the total monthly disability benefits payable under all such coverages be reduced below \$200**.

* Includes coverage with Combined Insurance as well as with other companies.

** \$300 in KY and NV.

Reduction in benefits

(Not applicable in MO)

The monthly benefit shall be reduced to the extent of any disability benefits under Workers' Compensation, occupational disease or similar law.

Renewability

Guaranteed Renewable to age 70 or retirement from full time employment (which ever is earlier). We reserve the right to change the premium.

Partial disability benefit

Pays 50% of your usual monthly amount for up to three months or for the remainder of the maximum benefit period, whichever is less.

This is very important

If a covered individual is a Medicaid recipient, policy benefits may be assigned and payable to your state Medicaid agency. Also, benefit payments you receive may count as income for Medicaid eligibility purposes.

Important Notice

This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This document contains a brief description of policy Form No. series 19819. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by state, subject to availability and qualifications.