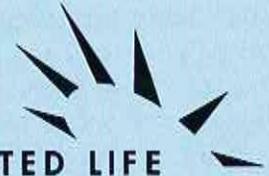


INDIVIDUAL DISABILITY BENEFITS

This is an Individual Disability Insurance Policy

Policy Form Numbers CDI10, C-DI-11, CDI10-LA,
C-DI-11-OK, CDI10-TX (including state variations)

CENTRAL UNITED LIFE
INSURANCE COMPANY SM



Designed Especially for: Postal Employees

Monthly Benefit

DISABILITY INCOME – Accident* (CDI10) **

Pays a Monthly Benefit for Total Disability or Presumptive Disability if you are unable to work due to a covered Injury. Monthly Benefits begin after an elimination Period of 14 or 30 days.** Monthly Benefits continue while your Total Disability lasts or until the end of one year.

\$600-\$2,000*
(Accident & Sickness)

DISABILITY INCOME – Sickness* (CDI10) **

Pays a Monthly Benefit for Total Disability or Presumptive Disability if you are unable to work due to a covered Sickness. Monthly Benefits will begin after an elimination period of 14 or 30 days.** For the 14 day elimination period only, if you are hospitalized as a resident bed patient for a covered Sickness, Benefits will begin on the first day admitted. Monthly Benefits continue while your Total Disability lasts or until the end of one year.

***The premium for this policy includes coverage for both Accident and Sickness.**

****Elimination period does not apply to Presumptive Disability**

Waiver of Premium – All Premiums that are due after You have received Total or Presumptive Disability Benefits for 90 consecutive days will be waived for as long as Benefits are payable, at no additional charge (Waiver of Premium not available with 90 day Benefit Period).

Pays in addition to any other insurance, 50% if Worker's Compensation or similar law pays.

Disability Benefit due to childbirth available if the inception of the pregnancy occurs after the Certificate Effective Date and coverage is in full force.

Policy may be continued if employee changes jobs.

Guaranteed Renewable to age 70.

One rate regardless of age or sex.

Pre-existing conditions covered after 12 months.

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LIMITATIONS & EXCLUSIONS

The Policy (except in GA, including any Rider(s) attached) does not cover losses sustained while caused by, contributed to or resulting from: a. being legally intoxicated as defined by State law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician (in OK, being legally intoxicated as defined by State law where the loss occurred does not apply); or b. alcoholism or drug addiction (except in OK) or Sickness or Injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; or c. attempted suicide while sane or insane (in MO, insane does not apply) or intentionally self-inflicted Injury; or d. Mental or Nervous Disorders; or e. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces (in KY, being exposed to does not apply) (in NC, this exclusion does not apply to any act of terrorism); or f. engaging in an illegal activity (in GA and MO, illegal occupation) ; or g. participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft; or h. voluntary inhalation of gas; or i. (except in OK) mountaineering, sky diving, hang gliding or bungee jumping; or j. (except in OK) riding in or driving any motor-driven vehicle in (in GA, an organized race) a race, stunt show or speed test; or k. conditions specifically excluded by Amendment or Endorsement; or l. (except in IN) any Pre-Existing Conditions as defined in the Policy. The Policy (except in GA, including any Rider(s) attached) does not pay Benefits for: a. (except in GA) care that is primarily for: 1) rest; or 2) convalescence; or 3) rehabilitation; or b. (except in GA) treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or c. Total or Partial Disability while You are outside of the United States, its possessions, or Canada; or d. (except in GA) Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: 1) due to an Injury; or 2) to restore normal bodily functions; or e. Total or Presumptive Disability that begins while not Employed. We will not pay Benefits for any period the Insured is incarcerated in any type of penal institution (in TX, due to a felony conviction).

PRE-EXISTING CONDITIONS

The Policy does not cover Pre-Existing Conditions for any loss that occurs during the first 12 months beginning on the date that person becomes an Insured under the Policy (in TN, whether disclosed in the application or not does not apply). Any Disability resulting from a Pre-Existing Condition will not be covered if it begins during the first 12 months after the Policy Effective Date. Refer to When a Recurrent Disability Becomes a New Disability section for a Recurrent Disability from a Pre-Existing Condition. By Pre-Existing Conditions, We mean a condition for which a Physician prescribed, recommended or gave to the Insured during the 12 months before the Insured's Policy Effective Date: 1) treatment; or 2) medical advice; or 3) consultation; or 4) diagnosis or diagnostic tests; or 5) medication. For any person who was age 65 and over when they become an Insured under the Policy, Pre-Existing Conditions shall mean only those conditions specifically excluded in any part of the contract or attached endorsement. Conditions specifically named or described as excluded in any part of the Policy are never covered. In TX, with respect to coverage provided under any Riders attached to the Policy that provide coverage for Hospital, medical or surgical benefits, credit will be given for any portion of the Pre-existing Condition Limitation that was met under the previous plan to which the Policy is a successor.

TERMINATION

The Policy will end on the earliest of: a. the date You fail to pay Premiums within Your Grace Period; or b. the date You die; or c. the Policy Anniversary Date after You turn age 70; or d. the date You notify Us in writing to end the Policy. All coverage under the Policy and any attached Rider(s) will terminate when the Policy ceases to be in force. Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse. When an Insured Dependent's coverage ends, We will: a. refund any Premium accepted for the period the Insured is not eligible; and b. consider any claim that began before the insurance ended; and c. allow a conversion policy as set forth in the Conversion Privilege provision of the Policy.

30 DAY RIGHT TO EXAMINE POLICY

You have thirty (30) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded. In OK, is we do not return any premiums or moneys paid within 30 days from the date of cancellation We will pay interest on the proceeds.

Benefit exclusions and limitations apply to the policy.

For costs or complete details of coverage, contact your agent or the Company.

Licensed Agent: _____

Product underwritten by Central United Life Insurance Company, 10777 Northwest Freeway, Houston, Texas 77092.

This brochure is presented as a matter of general information and is not a contract of insurance. Benefits are only available after the Effective Date of the Policy. For specific details about Benefits, including Definitions, Limitations and Exclusions, refer to Policy Form CDI10 (or the state variation). Plans may vary by state and are not available in all states.

**CENTRAL UNITED LIFE INSURANCE COMPANY
10777 Northwest Freeway, Houston, Texas 77092**

**DISABILITY INCOME POLICY
POLICY FORM CDI10-GA**

REQUIRED OUTLINE OF COVERAGE

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

PARAGRAPH 1. Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2. Disability income coverage is designed to provide You with coverage for disabilities resulting from a covered Injury or a covered Sickness. Coverage is provided for the Benefits outlined in paragraph (3). The Benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3 BENEFITS

Injury Disability Benefit

We will pay the Monthly Benefit for Disability (subject to the Benefit Reduction section) due to an Injury if:

- a. Total Disability due to an Injury continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- b. the Injury: 1) occurred after the Policy Effective Date; and 2) occurred while the Policy was in force; and 3) was not subject to the Pre-Existing Conditions provision; and 4) has not been specifically excluded by name or description in the Policy; and
- c. You lose income due to such Total Disability.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while the Policy is in force.

Benefits will be payable until the earliest of the following:

- a. the date You cease to be Totally Disabled (does not apply to a Presumptive Disability); or
- b. the date You fail to provide satisfactory proof of continued Total Disability within 30 days of the date of request; or
- c. the date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability); or
- d. the date the Maximum Benefit Period ends; or
- e. the date You die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.

Sickness Disability Benefit

We will pay the Monthly Benefit for Disability (subject to the Benefit Reduction section) due to a Sickness if:

- a. Total Disability due to a Sickness continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- b. the Sickness: 1) begins after the Policy Effective Date; and 2) begins while the Policy is in force; and 3) was not subject to the Pre-Existing Conditions provision; and 4) has not been specifically excluded by name or description in the Policy; and
- c. You lose income due to such Total Disability.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while the Policy is in force.

Benefits will be payable until the earliest of the following:

- a. the date You cease to be Totally Disabled (does not apply to a Presumptive Disability); or
- b. the date You fail to provide satisfactory proof of continued Total Disability within 30 days of the date of request; or
- c. the date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability); or
- d. the date the Maximum Benefit Period ends; or
- e. the date You die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.

Benefit Reduction

Your Benefit may differ if You receive or are eligible to receive Other Income as defined. Other Income must be for the same period You are entitled to a Monthly Benefit for Disability due to an Injury or Sickness. The percentage that the Monthly Benefit will reduce in such case is shown on the Policy Schedule.

We have the right to require reasonable proof of Other Income You receive or are eligible to receive during any month of Disability. We have the right to recover from You any amount of Benefits overpaid as a result of a retroactive award of Other Income Benefits.

Partial Disability Benefit

We will pay a Partial Disability Benefit if:

- a. You have received Total Disability Benefits under the Policy for at least 2 consecutive months; and
- b. You are Partially Disabled the day following the date Total Disability ended; and
- c. Partial Disability is the result of the same Injury or Sickness which caused the Total Disability; and
- d. Your earnings are not greater than 80% of Your Monthly Base Earnings.

The Partial Disability Benefit will be the lesser of: 1) 50% of the Monthly Benefit for Disability that You were eligible to receive during the prior month before Partial Disability began; or 2) the difference between Your current earnings and Your Monthly Base Earnings. The Partial Disability Benefit will be payable for a maximum period of 3 months. The combined period of time Benefits are payable for Total Disability and Partial Disability will not exceed the Maximum Benefit Period. The Maximum Benefit Period At Age 65 may differ.

The Partial Disability Benefit will be paid until the earliest of:

- a. the date You cease to be Partially Disabled; or
- b. the date You fail to provide satisfactory proof of continued Partial Disability within 30 days of the date of request; or
- c. the date You are outside of the United States, its possessions, or Canada (Limitations & Exclusions); or
- d. the date the Maximum Benefit Period ends; or
- e. 3 months; or
- f. the date Your earnings are greater than 80% of Your Monthly Base Earnings; or
- g. the date you die.

We can require that You send Us appropriate financial records to prove Your income during the time You are Partially Disabled.

Maximum Benefit Period At Age 65

The Maximum Benefit Period for any new Disability that begins after age 65 will be the lesser of Your current Maximum Benefit Period or 12 months.

Total, Presumptive or Partial Disability Benefit for Part of a Month

If a Benefit is payable for less than a full month, We will pay one-thirtieth of the applicable Benefit for each day of Total, Presumptive or Partial Disability.

When a Recurrent Disability Becomes a New Disability

A Recurrent Disability will be treated as the same Disability unless the requirements of the paragraph below are met. This means the Elimination Period and Maximum Benefit Period for Disability in the Policy will not start over. Any Recurrent Disability caused by a Pre-Existing Condition will be treated as the same Disability.

The only time a Recurrent Disability is treated as a new Total Disability is if You have returned to work for six months or more. During this time, You must have been working the lesser of: 1) the same number of hours You were working before the first Total Disability for the same or related condition; or 2) Full-Time. The Elimination Period and Maximum Benefit Period will start over for a new Total Disability.

A Recurrent Disability caused by a Presumptive Disability will never be classified as a new Disability. It will always be considered as the same Disability even if the requirements of the above paragraph are met.

Concurrent Disability

We will pay Benefits for only one Disability at a time even if it results from more than one cause. If Disability results from more than one cause, it will be considered the same Disability. You will be entitled to only one Benefit.

Survivor Benefit

If You die while receiving Disability Benefits for at least 3 consecutive months, We will pay a Survivor Benefit. The Survivor Benefit will be a lump sum of 3 times the Disability Benefit You are eligible for the calendar month before death. The Survivor Benefit will be paid to Your designated beneficiary or to Your estate if a beneficiary is not named.

Waiver of Premiums

After You have received Benefits for Total or Presumptive Disability for 90 consecutive days. Starting the 91st day or the next due date, We will waive future Premiums. We will waive the Premium as long as You are receiving Benefits for Total, Presumptive or Partial Disability. However, We will not waive Premiums beyond the Maximum Benefit Period.

PARAGRAPH 4

LIMITATIONS AND EXCLUSIONS

PART I

The Policy does not cover losses sustained while caused by, contributed to or resulting from:

- a. being legally intoxicated as defined by State law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician; or
- b. alcoholism or drug addiction or Sickness or Injury from the use of alcohol and/or the use of drugs not prescribed by a Physician; or
- c. attempted suicide while sane or insane or intentionally self-inflicted Injury; or
- d. **Mental or Nervous Disorders**; or
- e. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- f. engaging in an illegal occupation; or
- g. participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft; or
- h. voluntary inhalation of gas; or
- i. mountaineering, sky diving, hang gliding or bungee jumping; or
- j. riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test; or

