

DINAMIC FOUNDATION

Disability Income Insurance Summary Illustration Noncancelable and Guaranteed Renewable

Designed for:

Rates: Male, Non Tobacco

Occupation Class: 4M

Issue Age: 31

Prepared on: 3-28-2011

Issue State: New Jersey

Premium: Level

Policy Information	Amount	Monthly Premium
Base Monthly Benefit	\$6,000	\$146.16
Elimination Period: 180 Days		
Maximum Benefit Period: To Age 67		
Total Monthly Benefit	\$6,000	\$146.16
Potential Annual Base Benefit (\$6,000.00 x 12 months) =	\$72,000	
*Potential Cumulative Base Benefit (\$6,000.00 x 12 months x 36 years) =	\$2,592,000	

Definition of Disability: Own Occupation

Base Policy Features

Nondisabling Injury Benefit	\$3,000	No Charge
COBRA Premium Benefit		No Charge
Survivor Benefit		No Charge
Good Health Benefit		No Charge
Presumptive Total Disability		No Charge
Surgical Transplant Benefit		No Charge
Cosmetic Surgery Benefit		No Charge
Rehabilitation		No Charge
Waiver of Premium		No Charge

Optional Riders Selected

Enhanced Residual Disability Rider (Required for Medical Occupations)		\$22.81
Cost of Living Adjustment Rider (COLA) 3% Simple		\$29.46
Future Increase Option Rider (FIO)	\$9,000	\$29.16

Discounts

Premium Before Discounts:	\$227.59
Association Discount 15%	-\$33.54

Total Monthly Premium

Annual	\$2,249.87
Semi-Annual	\$1,150.05
Quarterly	\$587.56

Definition of Disability: Own Occupation

	5 Yr Benefit	10 Yr Benefit	To Age 65	To Age 67	To Age 70
30 Days	\$217.83				
Base Policy	\$160.80	N/A	N/A	N/A	N/A
Enhanced Residual Disability	\$25.04	N/A	N/A	N/A	N/A
COLA 3%	\$4.10	N/A	N/A	N/A	N/A
Future Increase Option	\$27.89	N/A	N/A	N/A	N/A
60 Days	\$179.04				
Base Policy	\$131.72	N/A	N/A	N/A	N/A
Enhanced Residual Disability	\$20.39	N/A	N/A	N/A	N/A
COLA 3%	\$4.10	N/A	N/A	N/A	N/A
Future Increase Option	\$22.83	N/A	N/A	N/A	N/A
90 Days	\$126.24	\$179.32	\$216.52	\$227.08	\$241.47
Base Policy	\$92.11	\$118.43	\$142.73	\$149.61	\$159.05
Enhanced Residual Disability	\$14.08	\$18.38	\$22.24	\$23.33	\$24.87
COLA 3%	\$4.10	\$19.64	\$23.83	\$25.04	\$26.58
Future Increase Option	\$15.95	\$22.87	\$27.72	\$29.10	\$30.97

*This assumes certain factors

This is an illustration
Unio
A UNIFI Company

vary based on

Version: 2.90.241/NJ
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Policy Information

Thank you for considering The Union Central Life Insurance Company (Union Central) for your disability income insurance needs. We believe there is no better way to protect against the financial devastation a disability could cause you and your family. To help you better understand how your Union Central Disability Income Insurance policy can work for you, we have described below the key features and options of your policy. If you have questions about what these features mean to you, contact your agent or call our home office toll-free at 1-800-825-1551.

Noncancelable/Guaranteed Renewable to Age 65: Until you reach age 65, your policy cannot be canceled, premiums cannot be increased, and restrictions cannot be added, as long as you continue paying premiums as due.

Conditionally Renewable for Life: You may renew this policy on each policy anniversary after age 65 for life if you are actively working at least 30 hours each week, you are not receiving a benefit under this policy or any attached rider, and the policy is in force with no premiums in default. When renewing your policy, you will need to submit documentation of your current income and pay the premium due for your age at that time.

Base Monthly Benefit: We will pay the Base Monthly Benefit for each month you are totally disabled, under the terms of the policy, due to accident or sickness. Benefits begin after you satisfy the elimination period. Benefits continue as long as you remain totally disabled or to the end of the benefit period you select, if sooner.

Own Occupation: Total Disability or Totally Disabled means that due to a sickness or injury, in and of itself, you are not able to perform the material and substantial duties of your occupation. Your occupation means your occupation or occupations at the time disability began. If you are not employed at that time, your occupation means your last occupation or occupations prior to disability.

Waiving Physician's Care: While you are disabled, you must be under the regular care and treatment of a physician appropriate for the condition causing disability. We will waive this requirement, if, in the opinion of that physician, continued medical treatment will not improve your condition.

Successive Periods of Disability: Successive periods of disability will be considered, as one period if: (a) they are caused by the same or related conditions, (b) they are separated by less than 365 days, and (c) each begins while the policy is in force. The elimination period and benefit period will not restart.

Exceptions and Limitations: Benefits will not be paid: (a) for a disability caused or contributed by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months, (b) for a disability resulting from an intentionally self-inflicted injury, (c) during any period you are incarcerated, (d) except as direct result of sickness or injury, if you are prevented from engaging in your occupation as a result of suspension, revocation, or surrender of your professional license or certification, (e) for normal pregnancy or childbirth until you have been disabled for 90 days, (f) for more than 24 months during the lifetime of the policy for total disability caused by a mental/nervous disorder and/or drug or alcohol abuse, or (g) for more than 12 months during the lifetime of the policy, if you reside outside of the United States.

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Premium Alternatives

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COLA 3%	\$4.10	N/A	N/A	N/A	N/A
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60 Days	\$179.04				
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Enhanced Residual Disability	\$14.08	\$18.38	\$22.24	\$23.33	\$24.87
COLA 3%	\$4.10	\$19.64	\$23.83	\$25.04	\$26.58
Future Increase Option	\$15.95	\$22.87	\$27.72	\$29.10	\$30.97
180 Days	\$106.32	\$153.34	\$184.98	\$194.06	\$206.32
Base Policy	\$77.16	\$99.00	\$119.09	\$124.84	\$132.64
Enhanced Residual Disability	\$11.71	\$15.22	\$18.46	\$19.39	\$20.71
COLA 3%	\$4.10	\$19.64	\$23.83	\$25.04	\$26.58
Future Increase Option	\$13.35	\$19.48	\$23.60	\$24.79	\$26.39
365 Days	\$91.63	\$134.22	\$161.94	\$169.84	\$180.54
Base Policy	\$66.15	\$84.66	\$101.81	\$106.68	\$113.34
Enhanced Residual Disability	\$9.95	\$12.94	\$15.70	\$16.49	\$17.59
COLA 3%	\$4.10	\$19.64	\$23.83	\$25.04	\$26.58
Future Increase Option	\$11.43	\$16.98	\$20.60	\$21.63	\$23.03

The options shown above reflect changes in the base benefit and elimination period only. However, the SIS elimination period will never be less than the base elimination period.

This is an illustration and not a contract