

DISABILITY INCOME INSURANCE

CONTINUUM INCOME SOLUTIONS® II

# Non-Cancellable Specimen Policy



Ohio National  
Financial Services®



## ContinuON Income Solutions® II

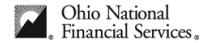
Thank you for considering a disability income insurance policy from Ohio National. Ohio National has covered the protection needs of individuals for more than 50 years. Our ContinuON Income Solutions® II offer comprehensive coverage to fit your needs and budget.

Ohio National is pleased to provide you with this specimen policy. It provides an example of the terms of the disability income insurance policy you are considering. The specimen policy includes annotations that highlight some of the key definitions of Ohio National's policy. Please note: This specimen policy is for informational purposes only. The policy you purchase may vary because all types of coverage described may not be available in your state. If you have questions, your Ohio National financial professional can provide additional information.

Your income is the foundation of your financial security and by far your greatest asset. Protect it with disability income insurance from an industry leader. Your Ohio National financial professional is ready to work with you to develop a sensible, affordable protection plan. In the end, it's all how you answer this question: **"Can I afford not to insure my income?"**


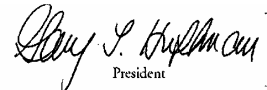
# Cover page

## Ohio National Life Assurance Corporation



We will pay benefits according to the terms of this policy. We issued this policy based on payment of the initial premium and the answers you gave us on the attached application. If your answers are not true and complete, this policy may be affected. Coverage starts at 12:01 a.m. on the Policy Date. Coverage stops at 11:59 p.m. on the day it ends.

Our Home Office is at One Financial Way, Cincinnati, Ohio 45242.

[  Secretary       President ]

This policy cannot be cancelled, and the policy terms and rates cannot be changed prior to the expiration date, as long as the premiums are paid on time.

Policy is renewable every year until the expiration date.

You can have Disability Income protection for as long as you continue working.

**20 Day Right to Examine the Policy.** You have a right to cancel this policy within 20 days after you receive it. You may return it to us or to our Agent for any reason within those 20 days. The policy will then be treated as though it were never issued. We will then refund the premiums that were paid to us.

**Noncancellable and Guaranteed Renewable to the Expiration Date.** You can renew this policy each Policy Year until the Expiration Date. During this time, we cannot cancel or change the terms of this policy or change the premiums shown in the Policy Specifications, as long as you continue to pay premiums on time.

**Conditions for Renewal after the Expiration Date.** Each Policy Year after the Expiration Date, you may renew this policy with the attached endorsements, but with only those attached riders that are expressly renewable, so long as: (a) the policy was In Force for the prior Policy Year; (b) you are not receiving benefits or are not eligible to receive benefits for a claim under this policy; (c) you continue to be regularly employed at least 30 hours a week for which you are receiving wages, compensation or profit; (d) your completed application for renewal has been approved by us; and (e) you pay the premiums being charged for your Age and sex at the time of such renewal.

### Disability Income Insurance Policy

*Nonparticipating*

*Noncancellable and Guaranteed Renewable To the Expiration Date*

*Premiums Waived for Total Disability*

*Benefit and Premium Amounts: Page 3*

**Insured** John Doe  
**Issue Age** 35  
**Policy Date** Oct 18 2016

**Policy Number** H6000000  
**Issue Date** Oct 18 2016

FORM 16DI-1

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# Policy specifications

Ohio National offers a range of benefit options.  
Flexibility in choosing benefit and elimination periods.

Strong competitive features and optional riders offer additional safeguards of income protection.

H6000000					
Benefit Specifications		Policy Specifications		Premium Specifications	
Benefit Amounts Per Mo.	Description of Benefits	Annual Premium	Years Payable	Form Number	
\$ 2,000	Base Monthly Benefit Elimination Period - 90 Days Maximum Benefit Period - To Age 65	\$ 476.60	30	16DI-1	
PLUS					
\$ 1,000	Additional Benefit Amount Elimination Period - 90 Days Maximum Benefit Period - To Age 65  Waiver of Premium After 90 Days of Disability--See Benefit Description	\$ 133.90	1	16DRT-1	
Renewal Premiums on Page 4					
<b>Additional Benefit Agreements</b>					
\$ 2,000	Social Insurance Supplement Rider Elimination Period - 90 Days Maximum Benefit Period - To Age 65	\$ 227.40	30	16DSI-1	
	Own Occupation Rider	\$ 50.00	30	16DPO-1	
	Removal of Mental Disorder/Substance Abuse Limitation Rider	\$ 81.29	1	16DML-1	
<b>Policy Number</b> H6000000		<b>Policy Date</b> OCT 18 2016		<b>Issue Date</b> OCT 18 2016	
<b>Insured</b> John Doe		<b>Expiration Date</b> OCT 18 2046			
<b>Owner</b> The Insured		<b>Issue Age &amp; Sex</b> 35 Male			
<b>Total Premium</b>		<b>Annual</b>		<b>Semiannual</b>	
\$ 969.19		496.71		Quarterly 254.41	

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Ohio National Life Assurance Corporation

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# Policy premiums

H6000000

## Schedule of Renewal Premiums

Premiums are for Benefit Amounts Specified on Page 3

Issue Age: 35

Policy Plan: Noncancellable Disability Income With  
Annual Renewable Disability Income Rider

Age	Level Premium Coverage	Increasing Premium Coverage	Total Annual Premium
36	754.00	221.46	975.46
37	754.00	231.91	985.91
38	754.00	245.55	999.55
39	754.00	261.28	1015.28
40	754.00	278.99	1032.99
41	754.00	297.25	1051.25
42	754.00	314.96	1068.96
43	754.00	331.24	1085.24
44	754.00	344.77	1098.77
45	754.00	353.90	1107.90
46	754.00	364.57	1118.57
47	754.00	381.95	1135.95
48	754.00	404.28	1158.28
49	754.00	431.01	1185.01
50	754.00	460.27	1214.27
51	754.00	489.86	1243.86
52	754.00	518.90	1272.90
53	754.00	545.19	1299.19
54	754.00	566.09	1320.09
55	754.00	580.39	1334.39
56	754.00	580.39	1334.39
57	754.00	580.39	1334.39
58	754.00	580.39	1334.39
59	754.00	580.39	1334.39
60	754.00	580.39	1334.39

Annual Renewable Disability Income Rider premiums are initially low, but increase each year the policy is in force.

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# Definitions

Flexibility in choosing the monthly benefit that meets your specific needs.

Benefits are payable after you satisfy the elimination period. If your disability stops and recurs again within 365 days, all the days you were disabled will count toward satisfying your elimination period.

## Definitions

### Age

The age of the Insured on his or her nearest birthday on the first day of each Policy Year.

### Base Monthly Benefit

The monthly benefit amount to be paid under the terms of this policy for each month you are Totally Disabled after the Elimination Period. The Base Monthly Benefit is shown in the Policy Specifications. Unless otherwise expressly provided in a rider attached to this policy, the Base Monthly Benefit does not include and is not increased by any additional benefits paid under such riders.

### Elimination Period

The period of time you must be Totally Disabled before Base Monthly Benefits begin. The Elimination Period is shown in the Policy Specifications. But, for a Total Disability that results from normal pregnancy or childbirth, the Elimination Period is the longer of:

- (1) the number of days shown in the Policy Specifications; or
- (2) 90 days.

If a period of Total Disability caused by the same or a related Injury or Sickness is broken by 365 days or less, all the days of Total Disability count toward the Elimination Period.

### Expiration Date

The date shown in the Policy Specifications. This date is an anniversary of the Policy Date, after which the policy is no longer In Force, except in circumstances of a renewal after the Expiration Date under the **Conditions for Renewal After the Expiration Date** provision. If the Insured dies before the Expiration Date, the date of the Insured's death is the Expiration Date.

### In Force

Premiums have been paid when due and you are insured under the terms of this policy.

### Injury

An accidental bodily injury caused by a singular and distinct event sustained while this policy is In Force.

### Loss

An Injury or Sickness that occurs while this policy is In Force upon which a claim for benefits is based.

### Material and Substantial Duties

The duties that:

- (1) you are normally required to perform in Your Regular Occupation; and
- (2) cannot be reasonably omitted or changed.

### Maximum Benefit Period

The longest period of time that Base Monthly Benefits or rider benefits will be paid for one Total Disability caused by the same or related Injury or Sickness. The Maximum Benefit Period is shown in the Policy Specifications.

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## Notice

Any Notice required from you in this policy must be in a written form acceptable to us and received at our Home Office. Unless otherwise stated herein, the Notice becomes effective as of the date that all requirements are received and we act upon it, subject to any payment made or action taken by us prior to the acceptance of the Notice, and provided that the action requested or taken in the Notice is permitted under the terms or provisions of this policy.

## Physician

A person (other than you, any member of your household, any person related to you by blood or marriage, a business or professional partner, an employer or employee, or any person with whom you share a financial affiliation or business interest) who:

- (1) is medically qualified and licensed to practice medicine as a Doctor of Medicine or Osteopathy in the jurisdiction in which medical services are rendered to you; and
- (2) in treating the Injury or Sickness that caused your Total Disability, acts within the scope of his or her medical education, qualification, training, experience and professional license; and
- (3) treats patients on a regular basis for the Injury or Sickness that caused your Total Disability.

If your Total Disability is due to a Mental Disorder, the Physician must be a licensed psychiatrist or licensed doctoral-level psychologist.

## Policy Date and Policy Years

The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise, and is shown in the Policy Specifications. Policy Years are measured from the Policy Date. The first day of the Policy Year is the Policy Date and its anniversaries.

## Premium Due Date

The date your premium is due each annual anniversary of the Policy Date or, if you have elected to pay premiums other than annually, the date that a semi-annual, quarterly, monthly or similarly scheduled periodic premium payment is due. The Premium Due Date is not the last day of the Grace Period.

## Pronouns

"Our," "us" or "we" means Ohio National Life Assurance Corporation. "You," "your" or "yours" means the Insured. If the Insured is not the Owner, "you," "your" or "yours" means the Owner when referring to policy rights, payments and notices. The Insured and the Owner on the Policy Date are named in the Policy Specifications.

## Sickness

An illness or disease first manifested while this policy is In Force including complications due to pregnancy or childbirth.

## Total Disability or Totally Disabled

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, (1) you are not able to perform the Material and Substantial Duties of Your Regular Occupation; and (2) you are not working in any other occupation for wages, compensation or profit; and (3) you satisfy the **Regular Care of a Physician** provision.

## Your Regular Occupation

The occupation(s) in which you are regularly engaged on the date of Total Disability. If you are unemployed, retired or otherwise not working on the date of Total Disability, Your Regular Occupation means any occupation you are able to perform based on your education, training and experience.

Total disability is defined as your inability to perform the material and substantial duties of your occupation and you are not working in any other occupation.

We consider your regular occupation to be the one in which you are working on the date of disability.

# Benefits

Regular care of a physician may be waived if it's determined that medical treatment will not improve your condition.

We will waive the premiums that come due after you have been totally disabled for at least 90 days or the elimination period. We will refund any premiums due and paid during the elimination period. Premiums will be waived until the total disability ends. After total disability ends, your policy will stay in force until the next premium due date, when you must resume premium payments.

When you are totally disabled and receiving physician-ordered hospice care, we will waive the unexpired portion of your elimination period and pay benefits from the date the hospice care plan is initiated, up to the maximum benefit period.

If you die while receiving total disability benefits, we will pay a pro-rated benefit for the month during which you die and an additional two months of benefits.

## Benefits

### Total Disability

While this policy is In Force, we will pay you Base Monthly Benefits while you are Totally Disabled:

- (1) after the Elimination Period; but
- (2) not for more than the Maximum Benefit Period.

In no event will Base Monthly Benefits be paid past the Expiration Date for a Total Disability that starts more than two years prior to the Expiration Date. Nor will Base Monthly Benefits be paid for more than two years for a Total Disability that starts within two years of the Expiration Date. If the policy is renewed after the Expiration Date, the Base Monthly Benefit amount will be paid for no more than two years, nor for more than one year for a Total Disability that starts on or after Age 75.

### Regular Care of a Physician

In order to be eligible for Base Monthly Benefits or any rider benefits, or for us to waive premiums under this policy, you must be under the regular and appropriate care and treatment of a Physician. Appropriate care includes a plan between you and your Physician that addresses your goals for treatment and recovery, coordinates care among all Physicians involved in the treatment of the Injury or Sickness causing your Total Disability, and addresses your functional status. You have the responsibility to obtain, and reasonably participate in, your appropriate medical plan of care. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician regular care requirement does not change or affect our rights under the **Proof of Loss and Authorizations, Examinations and Interviews** provisions in this policy.

### Waiver of Premium

Subject to the Limitation for **Residing Outside the United States or Canada**, if you are Totally Disabled for at least 90 days or the Elimination Period shown in the Policy Specifications, whichever is less, we will waive payment of premiums that come due while you are Totally Disabled. Any premiums due and paid during this period will be refunded. Premiums are then waived until your Total Disability ends. Premiums due before a claim for Total Disability is approved must be paid within the Grace Period.

After your Total Disability ends, this policy stays In Force until the next Premium Due Date. Then you must pay premiums by each Premium Due Date. If you do not, the policy ends, and the **Reinstatement** provision will apply.

### Hospice Care Benefit

You are Totally Disabled if, due to an Injury or Sickness, you are: (1) under a Physician-ordered plan of care for hospice services; and (2) receiving hospice services through a member of the National Hospice and Palliative Care Organization or similarly-accredited organization. We will waive the unexpired portion of the Elimination Period and benefits will be paid from the date a Physician-ordered plan of care is initiated for hospice services. The Base Monthly Benefit will be paid for as long as your Total Disability continues, but not longer than the Maximum Benefit Period.

### Survivor Benefit

If the Insured dies after satisfying the Elimination Period, and was receiving Base Monthly Benefits at the time of death, we will pay the remainder of the Base Monthly Benefit for the month during which the Insured's death occurs, plus two additional Base Monthly Benefits; provided, however, that no additional Base Monthly Benefits will be paid under this provision after the expiration of the Maximum Benefit Period.

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## Presumed Total Disability

Total Disability is presumed if, while this policy is In Force, an Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes, or the hearing in both ears, or speech. You must satisfy the **Regular Care of a Physician** requirement stated in this policy. When Total Disability is presumed: (1) the Elimination Period will be waived; (2) Base Monthly Benefits will be paid even if you still work; and (3) Base Monthly Benefits will not be paid for more than the Maximum Benefit Period.

## Cosmetic or Transplant Surgery

We will pay Base Monthly Benefits while this policy is In Force, if you are Totally Disabled due to Cosmetic or Transplant Surgery. Cosmetic Surgery means surgery performed to restore your appearance: (a) due to an Injury; or (b) due to, or as part of, other surgery that results from an infection, disease or malfunction of a part of the body.

Transplant Surgery means the removal of an organ from your body to be implanted in someone else's body. The transplant must occur more than six months after the Policy Date, and if so, the Elimination Period will be waived.

## Rehabilitation

We may consider paying for an occupational rehabilitation program if you are receiving Base Monthly Benefits under this policy, if it is intended to facilitate your return to full-time work in Your Regular Occupation, and if the program is approved by us. We will not consider you recovered from a Total Disability just because you are participating in a program of occupational rehabilitation.

## Voluntary Suspension During Military Duty

By Notice to us, you may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we accept your Notice to suspend the policy. While suspended, the policy is not In Force, no premiums are due, and you have no coverage.

When your active duty ends, you may reactivate the policy by giving us Notice and paying premiums as shown in the Policy Specifications. A pro-rata premium is due from the date your active duty ends up to the next Premium Due Date. You must pay this premium within three months after the date your active duty ends. If you do not, the policy ends, and the **Reinstatement** provision will apply. This policy will not cover any Loss due to an Injury that occurs or a Sickness that first manifests itself while this policy is suspended and not In Force.

## Voluntary Suspension During Unemployment

By Notice to us, you may suspend this policy if you become unemployed and are receiving state or federal unemployment benefits. We will refund premiums paid for coverage beyond the date we accept your Notice to suspend the policy. While the policy is suspended, the policy is not In Force, no premiums are due, and you have no coverage.

The suspension Notice will be accepted when we receive all of the following:

- (1) a Notice to suspend coverage due to your current unemployment; and
- (2) a determination letter from the appropriate state or federal agency responsible for administering unemployment benefits indicating that you have qualified for unemployment benefits; and
- (3) proof that you have been receiving unemployment benefits for at least 60 consecutive days and are still unemployed on the date we receive your Notice.

We will presume you to be totally disabled due to these specific losses. Losses are not required to be permanent or irrecoverable. The elimination period is waived and benefits are payable even if you are still working.

Benefits may be payable for total disabilities resulting from you being a transplant donor, provided the transplant occurs more than six months after the policy date. The elimination period will be waived.

You may also receive total disability benefits if you become disabled from cosmetic surgery.

We may pay for an occupational rehabilitation program if it is intended to facilitate a return to work in your occupation. We will not consider you recovered just because you participate in the program.

You have the option to suspend your policy during a period of active duty in the armed forces. During this time, no premiums are due, the policy is not in force and you have no coverage.

If you become unemployed and are receiving unemployment benefits, you may suspend this policy. During this time, no premiums are due, the policy is not in force and you have no coverage.

# Exclusions

If your total disability, resulting from the same or related cause, stops and then starts again within 365 days, the two periods of total disability will count as one. You will not need to satisfy a new elimination period and your maximum benefit period will continue to apply.

Benefits are not payable in these instances.

The suspension will end the earlier of:

- (1) one year after the date the suspension began; or
- (2) the date we receive your Notice to end the suspension.

When the suspension ends, you may reactivate the policy by again paying premiums as shown in the Policy Specifications. A pro-rata premium is due from the date your suspension ends up to the next Premium Due Date. You must pay this premium within three months after the date your suspension ends. If you do not, the policy ends, and the **Reinstatement** provision will apply. This policy will not cover any Loss due to an Injury that occurs or a Sickness that first manifests itself while this policy is suspended and not In Force.

You cannot suspend coverage for a subsequent period of unemployment until two years have elapsed from the end of the previous suspension.

### **Recurrent Disabilities**

If Total Disability stops and then starts again within 365 days due to the same or a related Injury or Sickness that caused your Total Disability, the two periods of Total Disability will count as one. In such case, you do not need to satisfy a new Elimination Period, if already met, and the same Maximum Benefit Period will continue to apply to your Total Disability.

A recurrence of Total Disability caused by the same or related Injury or Sickness after 365 days counts as a new Total Disability. So does a Total Disability that occurs within 365 days from some other Injury or Sickness. A new Elimination Period and a new Maximum Benefit Period will apply when you have a new Total Disability. The **Waiver of Premium** provision will also apply anew.

### **Concurrent Disabilities**

We will pay for only one Total Disability at a time. The amount of Base Monthly Benefit or any rider benefits and the length of time they may be paid do not increase if Total Disability is due to more than one Injury or Sickness.

## **Exclusions**

We will not pay Base Monthly Benefits, or pay any rider benefits, or waive premiums under the **Waiver of Premium** provision for any Total Disability caused by, contributed to, related to, or that results from:

- (1) war, an act of war, or an act incident of war, whether civil or among nations, declared or undeclared, while you are serving in the active or reserve military service, a military auxiliary unit, or in any civilian, governmental or non-combatant unit working for or serving with military forces; or
- (2) active military service when scheduled active duty is more than 30 consecutive days; or
- (3) an Injury or Sickness we have excluded by name or specific description in a Special Exceptions Endorsement attached to this policy; or
- (4) you committing, or attempting to commit, a felony; or
- (5) you being engaged in an illegal occupation; or
- (6) an intentionally self-inflicted Injury or Sickness, while sane or insane.

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We will not pay Base Monthly Benefits, or pay any rider benefits, or waive premiums under the **Waiver of Premium** provision:

- (1) during any period while you are incarcerated or under court-ordered detention; or
- (2) if your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period that your license has been surrendered, suspended or revoked, due to actual or alleged misconduct or malpractice.

## Limitations

### Pre-existing Conditions

We will not pay a Base Monthly Benefit or rider benefits, or waive premiums under the **Waiver of Premium** provision for a Total Disability that is caused by, results from or relates to: (1) any illness, condition or disorder expressly excluded by a Special Exceptions Endorsement attached to this policy; or (2) a Pre-existing Condition that starts within two years following the Policy Date and that was misrepresented or not disclosed on the application. Pre-existing Condition means a bodily injury, illness, disease or other physical, emotional or mental condition, including a Mental Disorder or Substance Abuse, for which not more than five years prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a licensed medical practitioner.

### Mental Disorder/Substance Abuse

If any Mental Disorder or Substance Abuse or both shall be the primary cause of your Total Disability, we will pay Base Monthly Benefits and rider benefits for not more than a cumulative total of two years during the lifetime of this policy. However, if you are continuously confined in a Hospital where you are receiving care or treatment on a regular basis from a Physician, we will pay Base Monthly Benefits and rider benefits up to the applicable Maximum Benefit Period.

Mental Disorder includes, but is not limited to mental, emotional or behavioral disorder, or a disorder related to Substance Abuse. In addition to the foregoing, Mental Disorder means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the date of Total Disability. If the DSM is discontinued or replaced, Mental Disorder will include those disorders classified in the diagnostic manual then in use by the American Psychiatric Association as of the date of Total Disability. Mental Disorder does not include dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's, Parkinson's, or Pick's Disease.

Substance Abuse includes alcohol, drug or chemical abuse or dependency.

Hospital means a legally operated facility that: (1) is identified as a Hospital; and (2) provides full-time medical care and treatment under the direction of a full-time staff of licensed Physicians. Hospital does not include convalescent homes, rest homes, nursing homes, homes for the aged, long-term care facilities, assisted living facilities, and other facilities primarily affording custodial, educational, or rehabilitative care.

### Residing Outside of the United States or Canada

We will stop paying Base Monthly Benefits or any rider benefits, and stop waiving premiums under the **Waiver of Premium** provision if you reside outside the United States or Canada for more than three consecutive months. United States refers to the 50 states that comprise the United States of America, its Territories (including Puerto Rico), and the District of Columbia.

We will pay benefits for a disability related to a pre-existing condition as long as it was disclosed on the application and is not expressly excluded.

We will pay benefits for up to two years during the life of the policy, unless you are hospital confined, for disabilities resulting from mental disorders and/or substance abuse.

We will stop paying benefits if you live outside the United States or Canada for more than three consecutive months.

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# Claims

If we have stopped paying benefits under this limitation and you return to the United States or Canada, we will begin paying your benefits once we receive proof that you are totally disabled.

If we stop paying Base Monthly Benefits and rider benefits or stop waiving premiums because of this limitation and you return to the United States or Canada, we will resume paying Base Monthly Benefits and any rider benefits, and resume waiving premiums when, and beginning as of the date, we receive satisfactory Proof of Loss that you are Totally Disabled.

If we stop waiving premiums and you continue to reside outside the United States or Canada, you must resume paying premiums within three months after the date we stopped paying benefits. You must pay a pro-rata premium from the date we stopped paying benefits to the next Premium Due Date, and all subsequent premiums. If you do not, the policy ends, and the **Reinstatement** provision will apply.

## Claims

### Notice of Claim

You must give us notification of a claim within 30 days after a Loss, or as soon as you reasonably can. Notification must be received at our Home Office.

### Claim Forms

Within 15 working days after we get your notification, we will send you claim forms to provide Proof of Loss. If you do not receive our claim forms within 15 days, you can send us your own written Proof of Loss. You must include the cause, nature and extent of your Injury or Sickness and the Total Disability that has occurred.

### Proof of Loss

Written Proof of Loss satisfactory to us must be received by us within 90 days after the date of Disability. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying Base Monthly Benefits for a period beginning 90 days before the date we receive Proof of Loss. Under no circumstances will we pay any Base Monthly Benefits for a period beginning more than one year before the date we receive Proof of Loss unless you were declared legally incapacitated by a court of law.

We will require satisfactory proof of your loss of earnings or continuing loss of earnings. Such proof can include but is not limited to copies of your filed state and federal income tax returns, your income statements, audit reports, payroll records, accountant's statements, medical records, employment records or reports regarding your Material and Substantial Duties, and any other records and statements that contain facts we need.

This requirement will also apply to the records of your business where you own any portion of a business.

### Authorizations, Examinations and Interviews

As part of furnishing Proof of Loss or continuing Loss for your claim for benefits, you must:

- (1) provide us with such written authorizations as we may reasonably require to obtain medical, employment, financial or other records related to your claim; and
- (2) at our request and at reasonable times and intervals, agree to cooperate in and undergo:
  - (a) one or more examinations by an independent medical, psychological, occupational or vocational specialist or other specialist of our choice; and
  - (b) medical, vocational or other relevant tests reasonably requested by us or by the medical or other specialist who examines you at our request; and
  - (c) one or more interviews with our authorized representative(s); and

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- (d) an audit of your financial records performed by independent auditors approved by us as often as reasonably required. This right to audit will also apply to the records of your business where you own any portion of a business in which you provide personal services.

We will pay for the cost of any such examination, test, interview, or audit. If you refuse to provide a required authorization or do not agree to cooperate in or undergo any such examination, test, interview, or audit, Base Monthly Benefits and rider benefits will not be paid or will cease to be paid.

## Payment of Claims

### Payee

Base Monthly Benefits and any rider benefits will be paid to the Owner. If the Owner dies, Base Monthly Benefits and any rider benefits will be paid to the Contingent Owner. If no Contingent Owner is named, subject to the **Facility of Payment** provision, Base Monthly Benefits and any rider benefits will be paid to the estate of the last surviving Owner.

### Time of Payment

Subject to Proof of Loss, Base Monthly Benefits and any rider benefits will be paid at the end of each month of Total Disability for which they are due. Any Base Monthly Benefit or rider benefit due but not yet paid when your Total Disability ends will be paid as soon as we receive Proof of Loss.

### Facility of Payment

To avoid undue expense or delay, we may pay Base Monthly Benefits and any rider benefits to your spouse or one of your relatives we think should fairly receive such payments. We will only do so if you are incapacitated or if such payments are owed to your estate, to a minor, or to one who cannot give a valid release. Our duty under this policy will be discharged to the extent of any such payment made in good faith. The amount we pay will not exceed the greater of: 1) \$1,000; 2) the benefit payable under the **Survivor Benefit** provision; or 3) the limit allowed by state law for payments of this kind.

### Legal Actions

You may not sue us on this policy: (a) before 60 days have passed after we get written Proof of Loss; or (b) more than three years after your claim for benefits under this policy is denied, or a determination by us that your benefits are no longer payable.

### Time Limit on Certain Defenses

After this policy has been In Force for two years (and for two years after reinstatement), excluding any period during which you are Totally Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Total Disability that starts after the end of those two years.

We cannot reduce or deny a claim for Total Disability that starts after two years from the Policy Date on the grounds that an Injury, Sickness or a physical or mental condition that was misrepresented or not disclosed on your application had existed before the Policy Date, unless:

- (1) we have excluded it by name or specific description before the date of Loss in a Special Exception Endorsement attached to this policy; or
- (2) there were fraudulent misstatements or non-disclosures on your application.

# Payment of claims/premiums

We offer flexible payment options.

Your policy remains in force during the grace period.

Any premium paid for coverage beyond the date of your death will be refunded.

If your policy lapses due to nonpayment of premium, you may apply to reinstate it within six months of the last premium due date. You must provide proof of insurability in doing so.

## Premiums

### Payment

Premiums are due at our Home Office on the Premium Due Date. Your first premium is due on the Policy Date. The amount and frequency of premium payments due until the Expiration Date are shown in the Policy Specifications.

### Grace Period

You have 31 days of grace after the Premium Due Date to pay each premium, except the first. This policy stays In Force during the Grace Period. If the premium is not paid by the end of the Grace Period, this policy ends as of the original Premium Due Date.

### Overpayment

If we accept a premium for a period after this policy or any of its riders should end, our only liability is to refund that premium. Exceptions are made in the **Misstatement of Age or Sex** provision.

### Insured's Death

If the Insured dies while this policy is In Force, we will refund that part of the premium paid for any time after the Insured's death. We must receive Notice of death within one year in order to qualify for any refund of premiums under this policy.

### Misstatement of Age or Sex

If your Age or sex is misstated, Base Monthly Benefits, rider benefits or premiums will be changed.

- (1) If you paid less premium than you should have, Base Monthly Benefits are reduced to the coverage your premiums would have paid for at the correct Age and sex.
- (2) If you paid more premium than you should have, we will refund the excess. From then on, premiums will be for the correct Age and sex.
- (3) If the policy would not have been placed In Force or if premiums are paid beyond the normal ending date, we will refund any premium for which coverage was not available at the correct Age and sex.

If your policy is issued on a unisex basis, any adjustment due to a misstatement will only be based on a misstatement of Age.

### Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back In Force. However, you must apply within six months of the last Premium Due Date. We will require proof satisfactory to us that you can be insured. Such proof must be acceptable and received at the Home Office within 45 days from the request. If this policy has ended because of failure to pay premium, no premium payment will be accepted until such time as the policy has been reinstated.

The policy will not again take effect until:

- (1) all past due premiums are paid; and
- (2) we approve the request or do not disapprove it in writing within 45 days after the date of the application for Reinstatement.

The policy will be reinstated upon the latest of these two conditions precedent being met. This is the Reinstatement Date.

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Base Monthly Benefits and rider benefits will not be paid for any Total Disability due to any:

- (1) Injury sustained before the Reinstatement Date; or
- (2) Sickness that manifests itself, or is diagnosed or treated before the Reinstatement Date;

unless such Injury or Sickness was disclosed on the application for Reinstatement that is made a part of the policy and such Injury or Sickness is not otherwise excluded by a Special Exceptions Endorsement.

We may add new terms to the policy when we reinstate it so long as an amendment, signed by you, is attached to the policy. Other rights under the policy will be the same as before.

## Ownership Rights

### Ownership

All policy rights belong to the Owner. The Owner may name a new Owner or Contingent Owner by Notice to us. A new Owner or Contingent Owner will take effect on the date the Notice is signed by you, subject to any payments made or action by us before we receive such Notice. A Contingent Owner becomes the new Owner upon the Owner's death. If no Contingent Owner has been named, the estate of the Owner becomes the new Owner upon the Owner's death.

### Cancellation by Owner

You may cancel this policy at any time by Notice to us, effective upon our receipt of such Notice or on such later date as may be specified in such Notice. In the event of your cancellation or death of the Insured, we will promptly refund the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### Assignment

You may assign your rights under this policy by providing Notice to us. We are not bound by an Assignment until we receive it. The Assignment will take effect on the date the Notice is signed by you, subject to any payments made or action by us before we receive Notice of such Assignment. We will not be responsible for the validity of any Assignment.

## General

### Entire Agreement

The Entire Agreement is this policy, any application, and any riders, amendments, and endorsements attached to this policy. The Entire Agreement is the legal agreement between you and us. The application and premium payments are your consideration for the Entire Agreement. Any changes or waiver in the terms or provisions of the Entire Agreement, as permitted by Governing Law, must be approved in writing signed by our President, Vice President, or Secretary. No Agent, representative, or other officer, employee or person has the authority to make changes to any terms or provisions of the Entire Agreement. We may change the Entire Agreement in order to maintain compliance with applicable state and federal law.

### Governing Law

Unless otherwise stated herein, this policy, and its terms and provisions, are governed by the applicable laws and regulations of the state in which this policy is issued.

# Own Occupation rider

## Definitions

With this rider, total disability is defined as your inability to perform the material and substantial duties of your occupation, even if you are gainfully employed in another occupation.

Benefits are payable if you are residually disabled in your own occupation (and a Residual Disability Rider is part of the policy).

If your occupation is limited to a professionally-recognized medical, dental or law specialty, we will deem that specialty to be your regular occupation.

### Rider

#### Own Occupation Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

The effective date of this rider is the Policy Date, and the premium for this rider is shown in the Policy Specifications on Page 3 of the policy. This rider may be renewed with the policy after the Expiration Date.

#### Definitions

##### Total Disability or Totally Disabled

The definition of Total Disability or Totally Disabled in the **Definitions** section of the policy is deleted and replaced with the following:

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation, and you satisfy the **Regular Care of a Physician** provision in the policy.

##### Residual Disability or Residually Disabled

The definition of Residual Disability or Residually Disabled in the **Definitions** section of an Enhanced Residual Disability Rider that is a part of the policy is deleted and replaced with the following:

For the first six months of Disability, you have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in the policy; and
- (2) you are working in Your Regular Occupation; and
- (3) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formerly spent working before your current Disability started; and
- (4) you satisfy the **Regular Care of a Physician** provision in the policy.

After the first six months of Disability, you must also show that (1) you have a loss of Monthly Earnings that is at least 15% of your Monthly Earnings Before Disability to continue to qualify for a Residual Disability or be Residually Disabled, and (2) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the policy.

This replacement definition does not apply to a Basic Residual Disability Rider.

##### Your Regular Occupation

The definition of Your Regular Occupation in the **Definitions** section of the policy is deleted and replaced with the following:

The occupation(s) in which you are regularly engaged on the date of Disability. If Your Regular Occupation on the date of Disability is limited to a professionally-recognized specialty in medicine, dentistry or law within the scope of your degree or license, we will deem that specialty to be Your Regular Occupation. If you are unemployed, retired, or otherwise not working on the date of Disability, Your Regular Occupation means any occupation you are able to do based on your education, training and experience.

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**Other Provisions**


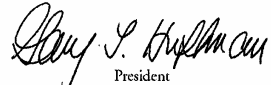
**Termination**

This rider ends on the first of:

- (1) the date the policy ends; or
- (2) your Notice to end this rider.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

**OHIO NATIONAL LIFE ASSURANCE CORPORATION**

[   ]  
Secretary President

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# Enhanced Residual Disability rider

## Definitions

During the first six months of disability, we will consider you residually disabled if you are working but suffering a loss of time or duties.

After the first six months, to continue to qualify for residual disability, you must also have at least a 15 percent loss of earnings that is due to the disability.

### Rider

#### Enhanced Residual Disability Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

If issued at the same time as the policy, the effective date of this rider is the Policy Date and the premium is shown in the Policy Specifications on Page 3 of the policy. If issued after the Policy Date, the effective date of this rider and the premium are shown in an endorsement that is added to the policy. This rider may not be renewed after the Expiration Date.

Nothing in this rider will increase your Base Monthly Benefit shown in the Policy Specifications.

#### Definitions

##### Residual Disability or Residually Disabled

For the first six months of Disability, you have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in the policy; and
- (2) you are working; and
- (3) you are able to perform one or more, but not all, of the Material and Substantial Duties of any occupation or you are able to work in any occupation no more than 80% of the time you formerly spent working before your current Disability started; and
- (4) you satisfy the **Regular Care of a Physician** provision in the policy.

After the first six months of Disability, to continue to qualify for a Residual Disability or be Residually Disabled, you must also show that:

- (1) you have a loss of Monthly Earnings that is at least 15% of your Monthly Earnings Before Disability; and
- (2) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the policy.

##### Residual Monthly Benefit

The monthly benefit amount to be paid under this rider for each month you are Residually Disabled after the Elimination Period.

##### Disability or Disabled

Total Disability or Totally Disabled as defined in the policy, or Residual Disability or Residually Disabled as defined in this rider.

##### Elimination Period

The definition of Elimination Period in the **Definitions** section of the policy is revised by addition of the following: Time periods referred to in this definition can be satisfied by either a Total Disability or a Residual Disability.

# Enhanced Residual Disability rider

## Earnings/expenses

### Monthly Earnings

Monthly Earnings includes:

- (1) all wages, salary, bonuses, commissions and fees; and
- (2) any employer contributions to your pension and profit sharing and deferred compensation plans; and
- (3) other payments for services that are reported on your personal income tax return; and
- (4) if you own any part of a business in which you provide personal services, your share of net profit or (loss) reported by the business. In calculating such net profit or (loss), you may only include Normal and Usual Business Expenses in such calculation.

The following amounts are not included in Monthly Earnings:

- (1) any unearned income, such as interest, dividends, rent, royalties, or investment income or other income not derived from Your Regular Occupation; and
- (2) any income from annuities, life insurance, endowments, sick pay, benefits received for disability under a formal wage or salary continuation plan; and
- (3) any special income, such as incentive stock options, non-qualified stock options, non-qualified deferred compensation and golden parachutes, unless such income is a customary form of compensation in Your Regular Occupation.

Monthly Earnings will be determined using either the cash or accrual accounting method, whichever you choose. But, during the period of Disability, the same method must be used to determine Monthly Earnings Before Disability and Current Monthly Earnings. If you choose the cash method, we will exclude any income received for services rendered prior to your date of Disability to determine Current Monthly Earnings.

### Normal and Usual Business Expenses

Normal and Usual Business Expenses are those expenses that:

- (1) can be deducted for federal income tax purposes; and
- (2) are incurred on a regular basis and are essential to the operation of the business. This does not include income taxes.

In determining Current Monthly Earnings, Normal and Usual Business Expenses must not be in excess of the expenses that were incurred before the date of Disability. For the purpose of determining if Normal and Usual Business Expenses are in excess of the expenses incurred before the date of Disability, we do not include salaries, drawing accounts, and other forms of compensation payable to you or to any member of your immediate family who was not a full-time paid employee of the business during the 180-day period immediately preceding the date of Disability. We will increase the prior Normal and Usual Business Expenses utilized to determine if there is an excess of expenses by a cost of living adjustment, which will be calculated in the same manner as the cost of living adjustment is determined for your Monthly Earnings Before Disability.

Comprehensive definition of earnings; much more than base monthly salary.

You can choose between cash or accrual accounting methods for the calculation of monthly earnings.

Under the cash method, we will exclude any income received for services rendered prior to your date of disability.

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# Enhanced Residual Disability rider

## Benefits

Your monthly earnings before disability are: your average earnings for the 12 months immediately before your disability; or your average earnings for the highest consecutive 24-month period during the 60 months immediately before your disability, whichever is greater.

Residual benefits are based upon your loss of earnings. For the first six months you are paid a residual benefit, the amount will be at least 50 percent of your base monthly benefit. If your loss of earnings is more than 75 percent, you will be paid the full base monthly benefit.

### Monthly Earnings Before Disability

The greater of:

- (1) your average Monthly Earnings for the 12 months immediately before your date of Disability; or
- (2) your average Monthly Earnings for the highest consecutive 24 month period during the 60 months immediately before your date of Disability.

If money was being paid into a pension or profit-sharing or deferred compensation plan for you, the money will be added to your Monthly Earnings Before Disability.

### Current Monthly Earnings

Your Monthly Earnings during each month of Residual Disability for which a claim for benefits is made under this rider.

### Loss of Earnings

Monthly Earnings Before Disability minus Current Monthly Earnings.

### CPI-U

CPI-U is the Consumer Price Index for all urban consumers. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, we may use another nationally published index. We will choose an index that is similar in purpose to the CPI-U.

## Benefits

### Recurrent Disabilities

The **Recurrent Disabilities** provision in the **Benefits** section of the policy is revised by addition of the following: Time periods referred to in this provision will apply to both a Total Disability and a Residual Disability.

### Residual Disability

We will pay you a Residual Monthly Benefit while you are Residually Disabled.

The Residual Monthly Benefit amount is the Base Monthly Benefit amount for Total Disability times the ratio of your Loss of Earnings during Disability to your Monthly Earnings Before Disability. If this ratio is more than 75%, then the Residual Monthly Benefit will be the same as the Base Monthly Benefit for Total Disability shown in the Policy Specifications. For the first six months that you are paid a benefit for a Residual Disability, the amount of such a benefit will not be less than 50% of the Base Monthly Benefit amount for Total Disability.

At the end of each year that you remain Disabled, a percentage increase will be made to the amount of your Monthly Earnings Before Disability. This increase will be equal to the increase in the CPI-U. This new Monthly Earnings Before Disability amount will then be used in computing your Residual Monthly Benefit. If the CPI-U does not increase, no adjustment will be made in your Monthly Earnings Before Disability for that year.

# Enhanced Residual Disability rider

## Transition benefit/claims

### Transitional Return to Work Benefit

After a period for which we have paid you a benefit for a Disability, we will continue to pay you a monthly transitional benefit if:

- (1) you are at work in any occupation full time; and
- (2) you are not entitled to a Base Monthly Benefit for Total Disability or a Residual Benefit Amount for Residual Disability; and
- (3) you can demonstrate a relationship exists between the Loss of Earnings and the previous Disability; and
- (4) your Loss of Earnings is at least 15%.

The monthly transitional benefit is determined using the same procedure that is used to determine the Residual Monthly Benefit.

A relationship is demonstrated to exist between the Loss of Earnings and the previous Disability if your Loss of Earnings is a direct and primary result of your Residual Disability. A relationship is not demonstrated to exist if your Loss of Earnings is primarily due to intervening causes that are not related to your Residual Disability. Whether a relationship is demonstrated to exist or not may be re-evaluated periodically during the transition period.

### Termination of the Transitional Return to Work Benefit

The Transitional Return to Work Benefit will terminate upon the earlier of:

- (1) the date a relationship between the Loss of Earnings and the previous Disability no longer exists; or
- (2) two consecutive months in which your Loss of Earnings is less than 15%; or
- (3) three nonconsecutive months in which your Loss of Earnings is less than 15%; or
- (4) when the Maximum Benefit Period for a Residual Disability ends.

### Waiver of Premium

The **Waiver of Premium** provision in the **Benefits** section of the policy is revised by the addition of the following: References to Total Disability will be construed to include periods of Residual Disability and periods during which Transitional Return to Work Benefits are being paid.

## Claims

### Misstatement of Earnings

The following is added to the **Claims** section of the policy or any endorsement thereto:

If a claim for Residual Disability is based on an amount of earnings that is not correct as stated, the amount of the Residual Monthly Benefit will be adjusted to reflect the correct amount of earnings. We will increase or decrease any later payment or payments for the misstatement.

After a period of disability for which you have received benefits, we will continue to pay you a monthly transitional benefit if you are back to work full time, are not eligible for total or residual disability benefits, but you still maintain at least a 15 percent loss of earnings that is due to the previous disability.

The transitional return to work benefit may be payable up to the maximum benefit period.

Waiver of premium benefit applies to both total and residual disability.

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# Enhanced Residual Disability rider

## Other provisions

### Authorizations, Examinations and Interviews

The **Authorizations, Examinations and Interviews** provision found in the **Claims** section of the policy or any endorsement thereto will also apply to this rider.

### Proof of Loss

The **Proof of Loss** provision found in the **Claims** section of the policy or any endorsement thereto will also apply to this rider.

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider and to any claim for Residual Disability effective on the date this rider begins or is reinstated.


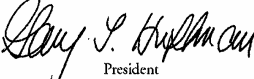
#### Termination

This rider ends on the first of:

- (1) the date the policy ends; or
- (2) your Notice to end this rider; or
- (3) the Expiration Date as defined in the policy.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

### OHIO NATIONAL LIFE ASSURANCE CORPORATION

[  Secretary       President ]

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**Rider**

**Basic Residual Disability Rider**

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

If issued at the same time as the policy, the effective date of this rider is the Policy Date and the premium is shown in the Policy Specifications on Page 3 of the policy. If issued after the Policy Date, the effective date of this rider and the premium are shown in an endorsement that is added to the policy. This rider may not be renewed after the Expiration Date.

Nothing in this rider will increase your Base Monthly Benefit shown in the Policy Specifications.

**Definitions**

**Residual Disability or Residually Disabled**

You have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in the policy; and
- (2) you are working; and
- (3) you are able to perform one or more, but not all, of the Material and Substantial Duties of any occupation or you are able to work in any occupation no more than 80% of the time you formerly spent working before your current Disability started; and
- (4) you satisfy the **Regular Care of a Physician** provision in the policy; and
- (5) you have a loss of Monthly Earnings that is at least 15% of your Monthly Earnings Before Disability; and
- (6) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the policy.

We we will consider you residually disabled if you are working but suffer a loss of time or duties in any occupation as well as at least a 15 percent loss of earnings that is due to the disability.

**Residual Monthly Benefit**

The monthly benefit amount to be paid under this rider for each month you are Residually Disabled after the Elimination Period.

**Disability or Disabled**

Total Disability or Totally Disabled as defined in the policy, or Residual Disability or Residually Disabled as defined in this rider.

**Elimination Period**

The definition of Elimination Period in the **Definitions** section of the policy is revised by addition of the following: Time periods referred to in this definition can be satisfied by either a Total Disability or a Residual Disability.

# Basic Residual Disability rider

## Earnings/expenses

Comprehensive definition of earnings; much more than base monthly salary.

You can choose between cash or accrual accounting methods for the calculation of monthly earnings.

Under the cash method, we will exclude any income received for services rendered prior to your date of disability.

### Monthly Earnings

Monthly Earnings includes:

- (1) all wages, salary, bonuses, commissions and fees; and
- (2) any employer contributions to your pension and profit sharing and deferred compensation plans; and
- (3) other payments for services that are reported on your personal income tax return; and
- (4) if you own any part of a business in which you provide personal services, your share of net profit or (loss) reported by the business. In calculating such net profit or (loss), you may only include Normal and Usual Business Expenses in such calculation.

The following amounts are not included in Monthly Earnings:

- (1) any unearned income, such as interest, dividends, rent, royalties, or investment income or other income not derived from Your Regular Occupation; and
- (2) any income from annuities, life insurance, endowments, sick pay, benefits received for disability under a formal wage or salary continuation plan; and
- (3) any special income, such as incentive stock options, non-qualified stock options, non-qualified deferred compensation and golden parachutes, unless such income is a customary form of compensation in Your Regular Occupation.

Monthly Earnings will be determined using either the cash or accrual accounting method, whichever you choose. But, during the period of Disability, the same method must be used to determine Monthly Earnings Before Disability and Current Monthly Earnings. If you choose the cash method, we will exclude any income received for services rendered prior to your date of Disability to determine Current Monthly Earnings.

### Normal and Usual Business Expenses

Normal and Usual Business Expenses are those expenses that:

- (1) can be deducted for federal income tax purposes; and
- (2) are incurred on a regular basis and are essential to the operation of the business. This does not include income taxes.

In determining Current Monthly Earnings, Normal and Usual Business Expenses must not be in excess of the expenses that were incurred before the date of Disability. For the purpose of determining if Normal and Usual Business Expenses are in excess of the expenses incurred before the date of Disability, we do not include salaries, drawing accounts, and other forms of compensation payable to you or to any member of your immediate family who was not a full-time paid employee of the business during the 180-day period immediately preceding the date of Disability. We will increase the prior Normal and Usual Business Expenses utilized to determine if there is an excess of expenses by a cost of living adjustment, which will be calculated in the same manner as the cost of living adjustment is determined for your Monthly Earnings Before Disability.

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# Basic Residual Disability rider

## Benefits

### Monthly Earnings Before Disability

The greater of:

- (1) your average Monthly Earnings for the 12 months immediately before your date of Disability;  
or
- (2) your average Monthly Earnings for the 24 months immediately before your date of Disability.

If money was being paid into a pension or profit-sharing or deferred compensation plan for you, the money will be added to your Monthly Earnings Before Disability.

### Current Monthly Earnings

Your Monthly Earnings during each month of Residual Disability for which a claim for benefits is made under this rider.

### Loss of Earnings

Monthly Earnings Before Disability minus Current Monthly Earnings.

### CPI-U

CPI-U is the Consumer Price Index for all urban consumers. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, we may use another nationally published index. We will choose an index that is similar in purpose to the CPI-U.

## Benefits

### Recurrent Disabilities

The **Recurrent Disabilities** provision in the **Benefits** section of the policy is revised by addition of the following: Time periods referred to in this provision will apply to both a Total Disability and a Residual Disability.

### Residual Disability

We will pay you a Residual Monthly Benefit while you are Residually Disabled.

The Residual Monthly Benefit amount is the Base Monthly Benefit amount for Total Disability times the ratio of your Loss of Earnings during Disability to your Monthly Earnings Before Disability. If this ratio is greater than or equal to 50%, then the Residual Monthly Benefit will be 50% of the Base Monthly Benefit for Total Disability shown in the Policy Specifications. For the first six months that you are paid a benefit for a Residual Disability, the amount of such a benefit will not be less than 50% of the Base Monthly Benefit amount for Total Disability.

At the end of each year that you remain Disabled, a percentage increase will be made to the amount of your Monthly Earnings Before Disability. This increase will be equal to the increase in the CPI-U. This new Monthly Earnings Before Disability amount will then be used in computing your Residual Monthly Benefit. If the CPI-U does not increase, no adjustment will be made in your Monthly Earnings Before Disability for that year.

Your monthly earnings before disability are: your average earnings for the 12 months immediately before your disability; or your average earnings for the 24 months immediately before your disability, whichever is greater.

Residual benefits are based upon your loss of earnings, up to a maximum of 50 percent of your base monthly benefit. For the first six months you are paid a residual benefit, the amount will be at least 50 percent of your base monthly benefit.

# Basic Residual Disability rider

## Claims/other provisions

Waiver of premium benefit applies to both total and residual disability.

### Waiver of Premium

The **Waiver of Premium** provision in the **Benefits** section of the policy is revised by the addition of the following: References to Total Disability will be construed to include periods of Residual Disability.

### Claims

#### Misstatement of Earnings

The following is added to the **Claims** section of the policy or any endorsement thereto:

If a claim for Residual Disability is based on an amount of earnings that is not correct as stated, the amount of the Residual Monthly Benefit will be adjusted to reflect the correct amount of earnings. We will increase or decrease any later payment or payments for the misstatement.

#### Authorizations, Examinations and Interviews

The **Authorizations, Examinations and Interviews** provision found in the **Claims** section of the policy or any endorsement thereto will also apply to this rider.

#### Proof of Loss

The **Proof of Loss** provision found in the **Claims** section of the policy or any endorsement thereto will also apply to this rider.

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider and to any claim for Residual Disability effective on the date this rider begins or is reinstated.


#### Termination

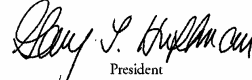
This rider ends on the first of:

- (1) the date the policy ends; or
- (2) your Notice to end this rider; or
- (3) the Expiration Date as defined in the policy.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

### OHIO NATIONAL LIFE ASSURANCE CORPORATION

  
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# Removal of Mental Disorder/Substance Abuse Limitation rider

## Limitations

### Rider

#### Removal of Mental Disorder/Substance Abuse Limitation


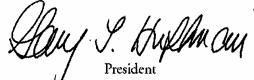
This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

The effective date of this rider is the Policy Date, and the premium for this rider is shown in the Policy Specifications on Page 3 of the policy. This rider may not be renewed after the Expiration Date of the policy.

#### Limitations

The **Mental Disorder/Substance Abuse** provision in the **Limitations** section of the policy and any references thereto are deleted in their entirety.

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Removes the two-year limitation on benefits for disabilities resulting from mental disorders and/or substance abuse. Benefits become payable up to the maximum benefit period.

# Annual Renewable Disability Income rider

## Definitions/benefits

The additional monthly benefit under this rider offers a low initial premium and annually increasing premiums to age 55. The premiums become level at age 55.

### Rider

#### Annual Renewable Disability Income Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

The effective date of this rider is the Policy Date, and the premium for this rider is shown in the Policy Specifications on Pages 3 and 4 of the policy. This rider may be renewed with the policy after the Expiration Date.

This rider provides an Additional Monthly Benefit, as defined below, if you are Totally Disabled or Residually Disabled if a Residual Disability Rider is part of the policy.

### Definitions

#### Additional Monthly Benefit

The monthly benefit amount to be paid under the terms of this rider for each month you are Disabled after the Elimination Period. The Additional Monthly Benefit is shown in the Policy Specifications.

#### Disability or Disabled

Total Disability or Totally Disabled as defined in the policy or Residual Disability or Residually Disabled as defined in any Residual Disability Rider that is part of the policy.

### Benefits

#### Total Disability

While this rider is In Force, we will pay you an Additional Monthly Benefit while you are Totally Disabled:

- (1) after the Elimination Period; but
- (2) not for more than the Maximum Benefit Period.

In no event will Additional Monthly Benefits be paid past the Expiration Date for a Total Disability that starts more than two years prior to the Expiration Date. Nor will Additional Monthly Benefits be paid for more than two years for a Total Disability that starts within two years of the Expiration Date. If this rider is renewed with the policy after the Expiration Date, the Additional Monthly Benefit amount will be paid for no more than two years, nor for more than one year for a Total Disability that starts on or after Age 75.

#### Residual Disability

While this rider is In Force, we will pay you a residual Additional Monthly Benefit while you are Residually Disabled or you are receiving benefits under the **Transitional Return to Work Benefit** provision contained in the Residual Disability Rider. The Additional Monthly Benefit amount for a Residual Disability is determined by applying the same fraction to the Additional Monthly Benefit as is applied to the Base Monthly Benefit. For the first six months that you are paid a benefit for a Residual Disability, the amount of such a benefit will not be less than one half of the Additional Monthly Benefit amount for Total Disability.

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# Annual Renewable Disability Income rider

## Conversion/GPI rider

### Conversion Benefit

After this rider has been In Force for at least three years or your Age 28, whichever occurs later, you may convert the Additional Monthly Benefit amount to Base Monthly Benefit under the policy. You will not have to prove that you can be insured at that time.

You do not have to convert the entire Additional Monthly Benefit amount at one time but you must convert at least the greater of 25% of the original Additional Monthly Benefit amount or \$1,000. However, any remaining Additional Monthly Benefit amount must be at least \$1,000.

This rider must be In Force at the time you convert. Premiums must be paid up to the conversion date. You will be notified as to what the new premium will be after conversion. If not all the Additional Monthly Benefit amount has been converted, a new Page 4 of the policy will be provided upon request.

This rider will be cancelled if the entire Additional Monthly Benefit amount has been converted. You may not convert on or after your Age 50. You may not convert during a period in which the Insured is Disabled or during which the Insured has a pending claim for Disability benefits under the policy.

The amount of Base Monthly Benefit in the Policy Specifications will be increased by the Additional Monthly Benefit amount you choose to convert. The Conversion Benefit cannot cause the original amount of Base Monthly Benefit to be increased by more than the original Additional Monthly Benefit amount.

The premium rates for any new Base Monthly Benefit amount resulting from the conversion of Additional Monthly Benefit will be the same premium rates used for the policy and will be based upon: (1) your risk class for the policy; and (2) your Age and sex as of two years prior to the conversion date.

The premium for any extra benefit riders that are a part of the policy will also be included in the new premium after conversion.

You have the option to convert a portion or all of the benefit under this rider to base monthly benefit. You do not have to prove insurability at that time, and the premium will be based on your age as of two years prior to the conversion date.

### Guarantee of Physical Insurability

If the Guarantee of Physical Insurability Rider is a part of the policy then the following changes are made to that rider.

The definition of **Increase Amount** is deleted in its entirety and replaced by the following:

Additional disability income insurance bought by use of this rider. The Increase Amount shall increase:  
a) the Base Monthly Benefit amount of the policy; or b) the Base Monthly Benefit amount of the policy and the Additional Monthly Benefit amount of the Annual Renewable Disability Income Rider.

The first paragraph of the **Increase Amount** provision in the **Benefits** section is deleted in its entirety and replaced by the following:

You may buy an Increase Amount on the first day of any policy year if you are not Disabled. The Increase Amount is equal to the amount of Base Monthly Benefit and Additional Monthly Benefit for which you qualify based on our then current issue and participation limits with a \$100 per month minimum and a maximum equal to one half of the original Base Monthly Benefit and Additional Monthly Benefit as shown in the original Policy Specifications of the policy.

The third paragraph of the **Conditions** provision in the **Benefits** section is deleted in its entirety and replaced by the following:

Once in effect, the Increase Amount or Special Increase Amount is subject to all of the terms, conditions and provisions of the policy and the Annual Renewable Disability Income Rider as if the policy and the Annual Renewable Disability Income Rider were then amended as of the Increase Date to include the Increase Amount or Special Increase Amount.

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# Annual Renewable Disability Income rider

## Other provisions

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated.


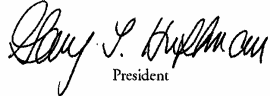
#### Termination

This rider ends on the first of:

- (1) the date the policy ends;
- (2) the date the entire Additional Monthly Benefit amount has been converted; or
- (3) your Notice to end this rider.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

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# Cost of Living Increase rider: 2% - 6% Compound Interest

## Definitions/benefits

### Rider

#### Cost of Living Increase Rider - 2% to 6% Compound Interest

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

If issued at the same time as the policy, the effective date of this rider is the Policy Date, and the premium is shown in the Policy Specifications on Page 3 of the Policy. If issued after the Policy Date, the effective date of this rider and the premium are shown in an endorsement added to the policy. This rider may not be renewed after the Expiration Date of the policy.

This rider provides for an annual increase in the Base Monthly Benefit and Additional Monthly Benefit, as defined below, during a period of Disability.

The benefit provided by this rider does not apply to a Residual Disability unless a Residual Disability Rider is a part of the policy.

The benefit provided by this rider does not apply to any Additional Monthly Benefit unless an Annual Renewable Disability Income Rider is a part of the policy.

### Definitions

#### Additional Monthly Benefit

For purposes of this rider, the Additional Monthly Benefit as defined in any Annual Renewable Disability Income Rider that is part of the policy including any increases in the Additional Monthly Benefit added by means of a rider that guarantees physical insurability.

#### Base Monthly Benefit

The Base Monthly Benefit as defined in the policy is hereby amended to include any increases in the Base Monthly Benefit added by means of a rider that guarantees physical insurability.

#### Disability or Disabled

Total Disability or Totally Disabled as defined in the policy or Residual Disability or Residually Disabled as defined in any Residual Disability Rider that is part of the policy.

### Benefits

#### Benefit

If you are Disabled for more than 12 months, we will increase the amount of the Base Monthly Benefit to be paid under the policy, the amount of Additional Monthly Benefit to be paid under any Annual Renewable Disability Income Rider, and the amount of the Extra Benefit paid under any Social Insurance Supplement Rider that is a part of the policy. The increase each year will be the increase in the CPI-U, with a maximum increase of 6% and a minimum increase of 2%. The increases will be applied on a compounded basis. We will make this adjustment on each anniversary of your date of Disability. The increases will continue to be made if you are receiving benefits under a **Transitional Return to Work Benefit** provision in a Residual Disability Rider attached to the policy.

This rider provides protection against inflation. It increases your base monthly benefit, Annual Renewable Disability Income and Social Insurance Supplement Rider benefits (if part of the policy) if your disability continues for more than one year.

The increase each year will be the increase in the CPI-U (defined on Page 20) with a maximum increase of 6 percent and a minimum increase of 2 percent, compounded.

# Cost of Living Increase rider: 2% - 6% Compound Interest

## Other provisions

After disability ends, subject to the criteria outlined here, increases to the base monthly benefit and Annual Renewable Disability Income rider benefit (if part of the policy), will remain on the policy for no additional premium for renewals prior to the expiration date. Any extra benefit from the Social Insurance Supplement Rider reverts back to the original amount at the time of disability.

### Benefit Increase Upon Recovery

After a Disability ends during which your Base Monthly Benefit was increased by means of this rider, the amount of the increase, rounded to the nearest \$100, will be added to and become a part of the Base Monthly Benefit on the policy, as long as:

- (1) the amount of the increase is at least \$200; and
- (2) the Disability ended prior to the Expiration Date of the policy.

There will be no additional premium required for the amount of the increase until the Expiration Date of the policy.

After a Disability ends during which your Additional Monthly Benefit was increased by means of this rider, the amount of the increase, rounded to the nearest \$100, will be added to and become a part of the Additional Monthly Benefit on the Annual Renewable Disability Income Rider as long as:

- (1) the amount of the increase is at least \$200; and
- (2) the Disability ended prior to the Expiration Date as defined in the policy.

There will be no additional premium required for the amount of the increase until the Expiration Date of the policy.

If you choose to renew the policy and the Annual Renewable Disability Income Rider after the Expiration Date of the policy, you may choose one of the following amounts of Base Monthly Benefit and Additional Monthly Benefit to be the monthly amount paid for any claim of Disability that begins after that date:

- (1) the Base Monthly Benefit and Additional Monthly Benefit amounts that exclude any increases added as a result of this rider; or
- (2) the Base Monthly Benefit and Additional Monthly Benefit amounts that include any increases added as a result of this rider.

The premium charged upon renewal of the policy and the Annual Renewable Disability Income Rider after the Expiration Date will be based on the benefit amounts chosen.

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated.


#### Termination

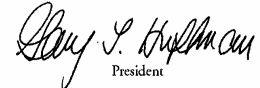
This rider ends on the first of:

- (1) the date the policy ends;
- (2) your Notice to end this rider; or
- (3) the Expiration Date as defined in the policy.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

#### OHIO NATIONAL LIFE ASSURANCE CORPORATION

  
Secretary

  
President

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# Cost of Living Increase rider: 3% Simple Interest

## Definitions/benefits

### Rider

#### Cost of Living Increase Rider - 3% Simple Interest

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

If issued at the same time as the policy, the effective date of this rider is the Policy Date, and the premium is shown in the Policy Specifications on Page 3 of the policy. If issued after the Policy Date, the effective date of this rider and the premium are shown in an endorsement added to the policy. This rider may not be renewed after the Expiration Date of the policy.

This rider provides for an annual increase in the Base Monthly Benefit and the Additional Monthly Benefit, as defined below, during a period of Disability.

The benefit provided by this rider does not apply to a Residual Disability unless a Residual Disability Rider is a part of the policy.

The benefit provided by this rider does not apply to any Additional Monthly Benefit unless an Annual Renewable Disability Income Rider is a part of the policy.

### Definitions

#### Additional Monthly Benefit

For purposes of this rider, the Additional Monthly Benefit as defined in any Annual Renewable Disability Income Rider that is part of the policy including any increases in the Additional Monthly Benefit added by means of a rider that guarantees physical insurability.

#### Base Monthly Benefit

The Base Monthly Benefit as defined in the policy is hereby amended to include any increases in the Base Monthly Benefit added by means of a rider that guarantees physical insurability.

#### Disability or Disabled

Total Disability or Totally Disabled as defined in the policy or Residual Disability or Residually Disabled as defined in any Residual Disability Rider that is part of the policy.

### Benefits

#### Benefit

If you are Disabled for more than 12 months, we will increase the amount of the Base Monthly Benefit to be paid under the policy, the amount of Additional Monthly Benefit to be paid under any Annual Renewable Disability Income Rider, and the amount of the Extra Benefit paid under any Social Insurance Supplement Rider that is a part of the policy. The increase will be 3% per year on a simple interest basis. We will make this adjustment on each anniversary of your date of Disability. The increases will continue to be made if you are receiving benefits under a **Transitional Return to Work Benefit** provision in a Residual Disability Rider attached to the policy.

After a Disability ends, unless you exercise the **Option to Buy Benefit Increase**, the Base Monthly Benefit, the Additional Monthly Benefit, and the Extra Benefit revert to the amounts they were at your date of Disability.

This rider provides protection against inflation. It increases your base monthly benefit, Annual Renewable Disability Income and Social Insurance Supplement rider benefits (if part of the policy) if your disability continues for more than one year.

The increase will be 3 percent per year on a simple interest basis.

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# Cost of Living Increase rider: 3% Simple Interest

## Other provisions

After disability ends, you have the option, subject to the criteria outlined here, to buy the increases to the base monthly and Annual Renewable Disability Income rider benefits. Any extra benefit from the Social Insurance Supplement Rider reverts back to the original amount at the time of disability.

### Option to Buy Benefit Increase

After a Disability ends during which your Base Monthly Benefit was increased by means of this rider, you may increase the Base Monthly Benefit on the policy by an amount equal to such increase in benefits provided by this rider, rounded to the nearest \$100.

After a Disability ends during which your Additional Monthly Benefit was increased by means of this rider, you may increase the Additional Monthly Benefit on the Annual Renewable Disability Income Rider by an amount equal to such increase in benefits provided by this rider, rounded to the nearest \$100.

To elect this option you must:

- (1) be actively and gainfully employed on a full time basis; and
- (2) apply within 90 days after your Disability ends; and
- (3) not be receiving, and not be entitled to receive, benefits under the policy or any riders that are added to the policy; and
- (4) not be over Age 60.

Premiums for the increase in Base Monthly Benefit will be based on your Age and sex as of the date you elect to increase the Base Monthly Benefit.

Premiums for the increase in Additional Monthly Benefit will be based on your Age and sex as of the date you elect to increase the Additional Monthly Benefit.

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated.

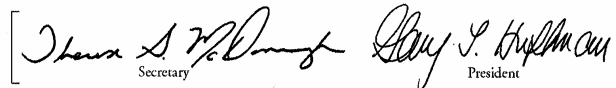
#### Termination

This rider ends on the first of:

- (1) the date the policy ends;
- (2) your Notice to end this rider; or
- (3) the Expiration Date as defined in the policy.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

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# Guarantee of Physical Insurability rider

## Definitions/benefits

### Rider

#### Guarantee of Physical Insurability Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

The effective date of this rider is the Policy Date, and the premium for this rider is shown in the Policy Specifications on Page 3 of the policy. This rider may not be renewed after the Expiration Date of the policy.

This rider provides options for you to purchase additional disability income insurance that will increase the Base Monthly Benefit of the policy during a period of Disability.

#### Definitions

##### Disability or Disabled

Total Disability or Totally Disabled as defined in the policy or in any Own Occupation Rider that is a part of the policy, or Residual Disability or Residually Disabled as defined in any Residual Disability Rider that is part of the policy.

##### Increase Amount

Additional Disability income insurance bought under this rider. When purchased, the Increase Amount shall increase the Base Monthly Benefit amount of the policy.

##### Increase Date

The date an Increase Amount or a Special Increase Amount takes effect. The Increase Date for an Increase Amount can be the first day of any Policy Year while this rider is In Force. The Increase Date for a Special Increase Amount is the date that we approve your request for a Special Increase Amount and you have paid the required premium.

##### Special Increase Amount

The Special Increase Amount is equal to the Maximum Increase Amount as shown in the Policy Specifications less any Increase Amounts or Special Increase Amounts already bought by use of this rider. When purchased, the Special Increase Amount shall increase the Base Monthly Benefit of the policy.

##### Maximum Increase Amount

The maximum sum of all Increase Amounts and Special Increase Amounts as shown in the Policy Specifications.

#### Benefits

##### Increase Amount

You may buy an Increase Amount on the first day of any Policy Year if you are not Disabled. The Increase Amount is equal to the amount of Base Monthly Benefit for which you qualify based on our then current issue and participation limits with a \$100 per month minimum and a maximum equal to one half of the original Base Monthly Benefit as shown in the original Policy Specifications.

This rider offers you the option to increase your monthly benefit on each policy anniversary up to and including age 60.

The minimum increase amount is \$100 per month and the maximum increase amount is one-half of the base monthly benefit of the original policy.

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# Guarantee of Physical Insurability rider

## Conditions

Provided you qualify financially, you can apply for a special increase amount if you are no longer receiving group LTD coverage through your employer or you have a 50 percent sustainable increase in monthly earnings.

You are not required to prove medical insurability, but you must qualify financially.

Premiums for the increase will be based upon the rates of the policy and your age and sex as of the increase date.

The provisions under the increase policy will be the same as your original policy.

However, on the first policy anniversary after your first date of Disability, you can buy one Increase Amount for the lesser of:

- (1) \$1,000; or
- (2) the amount you qualify for, if any, based on your average annual income for the 12 months immediately prior to the date of your Disability.

This Increase Amount will not be paid for a Disability or a Recurrent Disability with a date of Disability prior to its Increase Date. However, this Increase Amount will be paid for a Disability with a date of Disability after its Increase Date.

### Special Increase Amount

You may not have a Special Increase Amount that will give you more than our then current maximum issue and participation limits in effect as of the date you apply for the Special Increase Amount.

You may request a Special Increase Amount if either of the following applies:

- (1) You are no longer eligible to participate in your employer's group long term disability insurance plan because of a change in employment or your employer discontinues or reduces your group long term disability insurance, and you are working, and you are not eligible for group long term disability insurance in the next 24 months. You must apply for the Special Increase Amount within 90 days of losing your group long term disability insurance; or
- (2) You have at least a 50% increase in earnings since your last potential Increase Date. The increase in earnings must be permanent and sustainable. If the increase in earnings is the result of a one-time bonus, commission or extraordinary financial event, you will not qualify for a Special Increase Amount.

### Conditions

In order for you to buy an Increase Amount or a Special Increase Amount:

- (1) this rider must be In Force; and
- (2) premiums must be paid to the Increase Date.

You must send Notice to us for the Increase Amount or Special Increase Amount. To obtain a Special Increase Amount, your Notice must include evidence that you qualify for a Special Increase Amount. You will not have to prove that you can be medically insured. The premium for the Increase Amount or Special Increase Amount must be paid by the Increase Date. The premium will be based on your Age and sex and the rates in effect for the policy as of the Increase Date.

Once in effect, the Increase Amount or Special Increase Amount is subject to all of the terms, conditions and provisions of the policy as if the policy were then amended as of the Increase Date to include the Increase Amount or Special Increase Amount.

You may not have an Increase Amount or Special Increase Amount that will give you more than our then current maximum issue and participation limits in effect as of the Increase Date. We may ask for proof of your earnings for this purpose. Proof may include your filed federal and state tax returns and schedules, W-2 forms, your income statements, audit reports, payroll records, accountant's statements, employment records, and any other records and statements that contain facts we need.

# Guarantee of Physical Insurability rider

## Other provisions

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated; but with respect to each Increase Amount or Special Increase Amount, this provision will apply beginning with each respective Increase Date.


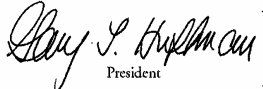
#### Termination

This rider ends on the first of:

- (1) the date the policy ends; or
- (2) the date the sum of all Increase Amounts and Special Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your Age 60; or
- (4) your Notice to end this rider.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

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# Catastrophic Disability Benefit rider

## Definitions

This rider pays benefits, in addition to the base monthly benefit, if you are catastrophically disabled.

You are catastrophically disabled if disability prevents you from performing two or more Activities of Daily Living or if you require substantial supervision due to cognitive impairment.

These are the six Activities of Daily Living.

### Rider

#### Catastrophic Disability Benefit Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

The effective date of this rider is the Policy Date, and the premium for this rider is shown in the Policy Specifications on Page 3 of the policy. This rider may not be renewed after the Expiration Date of the policy.

This rider will provide you with an additional monthly benefit while you are Catastrophically Disabled.

#### Definitions

##### Catastrophic Disability and Catastrophically Disabled

You have a Catastrophic Disability or are Catastrophically Disabled if due to an Injury or Sickness:

- (1) you are unable to perform two or more Activities of Daily Living without Stand-By Assistance due to loss of functional capacity; or
- (2) you require Substantial Supervision due to Severe Cognitive Impairment.

##### Activities of Daily Living

Activities of Daily Living are:

- (1) **Bathing:** the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.
- (2) **Continence:** the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.
- (3) **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
- (4) **Eating:** the ability to feed yourself by getting food into your body from a receptacle (such as a plate or cup) or by a feeding tube or intravenously.
- (5) **Toileting:** the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet, and to perform associated personal hygiene.
- (6) **Transferring:** the ability, to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.

##### Stand-By Assistance

You require the presence of another person within arm's reach of you to prevent, by physical intervention or verbal cueing, injury to you while you are performing the Activities of Daily Living.

##### Substantial Supervision

Continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect you from threats to your health or safety (such as may result from wandering).

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# Catastrophic Disability Benefit rider

## Benefits

### Severe Cognitive Impairment

You have suffered a loss or deterioration in intellectual capacity requiring Substantial Supervision that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places or time; and deductive or abstract reasoning.

### Catastrophic Disability Monthly Benefit

The monthly benefit amount provided by this rider and payable to you if you are Catastrophically Disabled. The Catastrophic Disability Monthly Benefit amount is shown in the Policy Specifications.

In order to be eligible for each Catastrophic Disability Monthly Benefit, you must satisfy the **Regular Care of a Physician** requirement as stated in the **Benefit** section of the policy.

### Catastrophic Disability Elimination Period

The period of time you must be Catastrophically Disabled before Catastrophic Disability Monthly Benefits begin. The Catastrophic Disability Elimination Period is shown in the Policy Specifications. If a period of Catastrophic Disability caused by the same or a related Injury or Sickness is broken by 365 days or less, all the days of Catastrophic Disability count toward the Catastrophic Disability Elimination Period.

### Catastrophic Disability Maximum Benefit Period

The longest period of time that Catastrophic Disability Monthly Benefits will be paid for one Catastrophic Disability caused by the same or a related Injury or Sickness. The Catastrophic Disability Maximum Benefit Period is shown in the Policy Specifications.

## Benefits

### Catastrophic Disability

While this rider is In Force, we will pay you Catastrophic Disability Monthly Benefits while you are Catastrophically Disabled:

- (1) after the Catastrophic Disability Elimination Period; but
- (2) not for more than the Catastrophic Disability Maximum Benefit Period.

In no event will Catastrophic Disability Monthly Benefits be paid past the Expiration Date.

### Recurrent Disabilities

If a Catastrophic Disability stops and then starts again within 365 days due to the same or a related Injury or Sickness, the two periods of Catastrophic Disability will count as one. In such case, you do not need to satisfy a new Catastrophic Disability Elimination Period if already met, and the same Catastrophic Disability Maximum Benefit Period will continue to apply to your Catastrophic Disability.

A recurrence of a Catastrophic Disability caused by the same or related Injury or Sickness after 365 days counts as a new Catastrophic Disability. So does a Catastrophic Disability that occurs within 365 days from some other Injury or Sickness. A new Catastrophic Disability Elimination Period and a new Catastrophic Disability Maximum Benefit Period will apply when you have a new Catastrophic Disability. The **Waiver of Premium** provision in the **Benefits** section of the policy will also apply anew.

### Concurrent Disabilities

We will pay for only one Catastrophic Disability at a time.

# Catastrophic Disability Benefit rider

## Other provisions

### Other Provisions

#### Time Limit on Certain Defenses

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated.


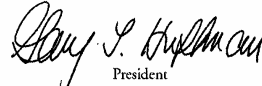
#### Termination

This rider ends on the first of:

- (1) the date the policy ends; or
- (2) the Expiration Date as defined in the policy; or
- (3) your Notice to end this rider.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

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### Rider

#### Social Insurance Supplement Rider

This rider is part of your policy, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this rider, words and phrases have the same meaning in this rider as the policy.

If issued at the same time as the policy, the effective date of this rider is the Policy Date, and the premium is shown in the Policy Specifications on Page 3 of the policy. If issued after the Policy Date, the effective date of this rider and the premium are shown in an endorsement added to the policy. This rider may not be renewed after the Expiration Date of the policy.

This rider provides you with an Extra Benefit as defined below while you are Disabled.

This rider provides an extra benefit during disability if you are receiving limited or no social income benefits.

#### Definitions

##### Disabled

Totally Disabled as defined in either the policy or any Own Occupation Rider that is a part of the policy, or Residually Disabled as defined in any Residual Disability Rider or any Own Occupation Rider that is part of the policy.

##### Social Income

Benefits paid for disability under:

- (1) the federal Social Security Act under:
  - (a) a Primary Insurance Amount (PIA); or
  - (b) a PIA and a Family Benefit for dependents; or
- (2) any Workers' Compensation, occupational disease, employer's liability, State Cash Sickness, or like law; or
- (3) government Retirement and Disability Fund benefits granting disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision disability fund for which you may be eligible; or
- (4) the Railroad Retirement Act; or
- (5) a Civil Service Retirement System program; or
- (6) any like program covering federal, state or local government employees.

#### Benefits

##### Extra Benefit

We will pay you an Extra Benefit while you are Disabled:

- (1) after the Elimination Period; but
- (2) not for more than the Maximum Benefit Period.

The amount of Extra Benefit for Total Disability will be the benefit amount shown for this rider in the Policy Specifications of the policy, less any Social Income you receive in that month.

The extra benefit will be offset by any social income benefits you receive each month.

# Social Insurance Supplement rider

## Exclusions/claims/premiums

The amount of Extra Benefit for Residual Disability will be the same fraction of the Base Monthly Benefit as is paid under the Residual Disability Rider, less any Social Income you receive in that month.

### Legal Fees

If you incur reasonable and necessary legal fees and expenses in the appeal of a denial of Social Income, we will pay you an amount up to one month's Extra Benefit to cover such legal fees and expenses you incur for one of the following:

- (1) a hearing before an Administrative Law Judge;
- (2) a review of such a hearing by the Appeals Council; or
- (3) a civil suit in the U.S. District Court.

We will not pay for legal fees and expenses rendered before:

- (1) Social Income is first denied; and
- (2) you seek and receive a reconsideration of that denial.

### Exclusions

Extra Benefit or Legal Fees under this rider will not be paid:

- (1) if Base Monthly Benefits are not being paid under the policy or under a Residual Disability Rider that is a part of the policy;
- (2) after the Expiration Date of the policy;
- (3) if you do not comply with the **Claims Procedure** for this rider;
- (4) beyond the Maximum Benefit Period; or
- (5) if you do not make proper and timely application for any Social Income for which you may be eligible.

### Claims

In addition to complying with and satisfying the provisions and procedures of the **Claims** section of the policy, you must also send us proof that you have:

- (1) been denied Social Income for which you may be eligible; and
- (2) appealed that denial.

You must give us written authority to obtain details of your claim for Social Income. If you are receiving Social Income or you are eligible to receive Social Income, you must provide us details concerning the amount of Social Income you are receiving or are eligible to receive.

### Premiums

We can raise the annual rider premium if:

- (1) you are no longer covered by a Social Income program; or
- (2) such program has been repealed or largely reduced by law.

The rider premium will never be more than the premium for the same amount of Base Monthly Benefit under the policy.

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**Other Provisions**

**Time Limit on Certain Defenses**

The **Time Limit on Certain Defenses** provision contained in the policy applies to this rider effective beginning on the date this rider begins or is reinstated.


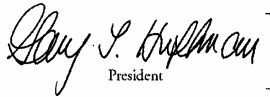
**Termination**

This rider ends on the first of:

- (1) the date the policy ends; or
- (2) the Expiration Date as defined in the policy; or
- (3) your Notice to end this rider.

If a rider premium is paid for a period after this rider ends, that premium will be refunded.

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# Managerial duties endorsement

## Definitions

When this endorsement is part of the policy, the determination for disability benefits is based on your ability to perform the managerial duties of your regular occupation.

### Endorsement

#### Managerial Duties

This endorsement is part of your policy, effective as of the Policy Date, and is subject to all the terms, conditions and provisions of the policy. Unless otherwise defined in this endorsement, words and phrases have the same meaning in this endorsement as the policy.

The following definitions are added to the **Definitions** section of the policy.

#### Managerial Duties

The material and substantial sedentary, administrative functions you are normally required to perform in Your Regular Occupation that cannot be reasonably omitted or changed. Managerial Duties does not mean Manual Duties.

#### Manual Duties

Duties that require physical activity. Physical activity includes, but is not limited to, operating machinery, driving a vehicle, climbing, bending, stooping, kneeling, lifting, crouching, crawling, pushing and pulling.

#### Total Disability or Totally Disabled

The definition of Total Disability or Totally Disabled in the **Definitions** section of the policy is deleted and replaced with the following:

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, (1) you are not able to perform the Managerial Duties of Your Regular Occupation; and (2) you are not working in any other occupation for wages, compensation or profit; and (3) you satisfy the **Regular Care of a Physician** provision.

If the Own Occupation Rider is part of the policy, the definition of Total Disability or Totally Disabled in the **Definitions** section of the policy and the definition of Total Disability or Totally Disabled in the Own Occupation Rider is deleted and replaced with the following:

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Managerial Duties of Your Regular Occupation and you satisfy the **Regular Care of a Physician** provision.

#### Residual Disability or Residually Disabled

If the Enhanced Residual Disability Rider is part of the policy, the definition of Residual Disability or Residually Disabled in the Definitions section of the rider is deleted and replaced with the following:

For the first six months of Disability, you have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in this endorsement; and
- (2) you are working; and
- (3) you are able to perform one or more, but not all, of the Material and Substantial Duties of any occupation or you are able to work in any occupation no more than 80% of the time you formerly spent working before your current Disability started; and
- (4) you satisfy the **Regular Care of a Physician** provision in the policy.

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# Managerial duties endorsement

## Exclusions

After six months of Disability, you must also show that (1) you have a loss of Monthly Earnings that is at least 15% of your Monthly Earnings Before Disability to continue to qualify for a Residual Disability or be Residually Disabled, and (2) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the policy.

This replacement definition does not apply to a Basic Residual Disability Rider.

If the Own Occupation Rider is part of the policy, the definition of Residual Disability or Residually Disabled in the **Definitions** section of the policy and the definition of Residual Disability or Residually Disabled in the Own Occupation Rider is deleted and replaced with the following:

For the first six months of Disability, you have a Residual Disability or you are Residually Disabled if due to Sickness or Injury:

- (1) you are not Totally Disabled as defined in this endorsement; and
- (2) you are working in Your Regular Occupation; and
- (3) you are able to perform one or more, but not all, of the Material and Substantial Duties of Your Regular Occupation or you are able to work in Your Regular Occupation no more than 80% of the time you formerly spent working before your current Disability started; and
- (4) you satisfy the **Regular Care of a Physician** provision in the policy.


After six months of Disability, you must also show that (1) you have a loss of Monthly Earnings that is at least 15% of your Monthly Earnings Before Disability to continue to qualify for a Residual Disability or be Residually Disabled, and (2) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness as defined in the policy.

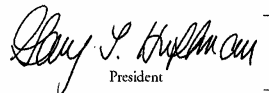
### Exclusions

The following exclusion is added to the **Exclusions** section in the policy.

No Base Monthly Benefits will be paid for a Total Disability as defined in this endorsement in which you can perform the Managerial Duties of Your Regular Occupation, but cannot perform the Manual Duties of Your Regular Occupation.

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The product descriptions contained herein are only a summary description. They are not an insurance policy. In the event of any conflict between the description of the policy provisions, and the policy provisions themselves, the terms of the policy will control.

Disability income insurance policies issued by Ohio National Life Assurance Corporation. Product, product features and rider availability vary by state. Disability income insurance is not available in CA. Issuer not licensed to conduct business in NY.

Disability income insurance policies contain exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For complete details of coverage, contact the home office for additional information.

Tracing its corporate origins to 1909, Ohio National markets a variety of insurance and financial products in 49 states (all except NY) and in the District of Columbia and Puerto Rico, with subsidiary operations in South America. We are committed to building long-term relationships with our customers and to providing them with solutions as their needs change over time. Ohio National has received high marks for financial strength and claims-paying ability from major rating agencies.

**The Ohio National Life Insurance Company | Ohio National Life Assurance Corporation**

One Financial Way | Cincinnati, Ohio 45242 | 513.794.6100 | ohionational.com  
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