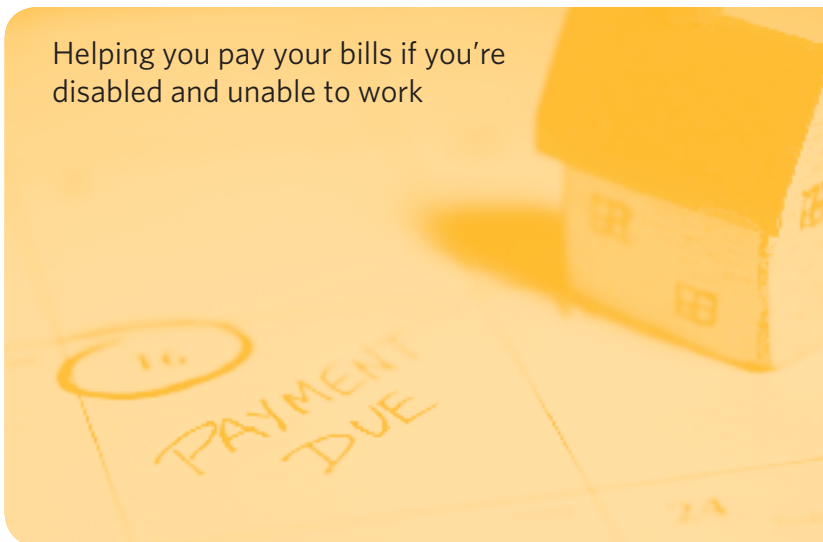




Wage GuardSM

SHORT-TERM DISABILITY INSURANCE

Helping you pay your bills if you're disabled and unable to work





How am I going to pay my bills?

That's one of the first questions people ask when they're unable to work because of an accident or injury.

If you were disabled, how would you answer this question? Would you and your family be able to cover ongoing bills and expenses even without your income?

What's your answer?

Short-term disability insurance is a simple solution, with benefits that are flexible, affordable and easy to use.

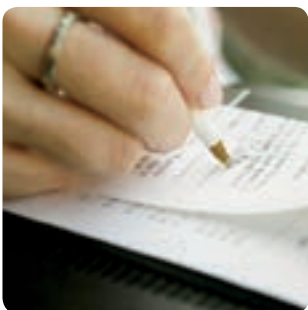
Wage Guard short-term disability insurance from Washington National provides:

- Weekly payments directly to you.
- Weekly benefit amounts of \$70 up to \$1,700.
- Waiver of premium during disability periods.
- Convenient payroll deduction.

How does Wage Guard work?

It's simple: Wage Guard pays weekly benefits to supplement your household income if you're disabled and can't work.

- Benefits are payable when you experience a covered sickness or injury.
- Payments begin the first day after your plan's elimination period and continue throughout the benefit period or until you're no longer disabled.
- Benefits are subject to the pre-existing condition limitations period defined by your plan.



WAGE GUARD DEFINITIONS

Benefit period: The maximum length of time you are eligible to receive payments under your Wage Guard coverage.

Disability: The inability to perform the material and substantial duties of your occupation due to a sickness or an injury.

Elimination period: The number of consecutive days at the beginning of each disability period during which no disability benefits are paid and you are continuously, totally disabled.

Waiver of premium: The period of time during which premium payments are not required because you are receiving disability benefits.

Don't get caught off guard by an accident or illness.

A disability could keep you from working, but it shouldn't impact your lifestyle. With flexible, affordable Wage Guard coverage, you can receive weekly benefit payments to supplement your household income—so you're not caught off guard by a disability.

Plan features	Benefit selections*
Coverage: The plan covers disabilities that occur while you are:	<input type="checkbox"/> Non-occupational (off-the-job) <input type="checkbox"/> 24-hour coverage (on/off-the-job)
Weekly benefits: Your plan provides weekly benefits for a total disability caused by a sickness or accident. You can choose a weekly benefit payment of \$70 to \$1,700 in \$10 increments. Benefits are available for recurring disabilities.	Total disability benefit: \$ _____ per week Not to exceed: <input type="checkbox"/> 60% (Plan 2 only) <input type="checkbox"/> 65% <input type="checkbox"/> 70% (Plan 1 only) of weekly earnings.
Elimination period: Before disability benefits begin, the elimination period must first be met. This period is a defined, consecutive number of days during which you are continuously and totally disabled.	<input type="checkbox"/> 0/7 <input type="checkbox"/> 7/7 <input type="checkbox"/> 0/14 <input type="checkbox"/> 14/14 <input type="checkbox"/> 30/30 <input type="checkbox"/> 90/90 <i>Note: The first number refers to a disability due to injury, and the second refers to a disability due to sickness. The 30/30 option is not available with the 13-week plan, and 90/90 is not available with the 13-, 26- and 52-week plans.</i>
Benefit period: This is the maximum period of time you will be paid for a disability.	<input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks <input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks
Coordination of benefits: Weekly benefits coordinate with other sources of disability income, such as disability insurance, workers' compensation and Social Security payments.	Within the first 12 months: 100% from all sources. Your weekly benefits are not reduced unless all coordinated benefits exceed your weekly earnings before the total disability occurred. (Note: For 24-hour coverage plans, benefits are directly reduced by workers' compensation payments.) After the first 12 months: Direct offset. Benefits are directly reduced by all deductible sources of income.
Pre-existing condition limitation: Your plan has a pre-existing condition limitation, which is described in the "limitations and exclusions" at the back of this brochure.	Total disability benefits are paid for pre-existing conditions after 12 months. When disability occurs due to a pre-existing condition, 25% of your selected weekly benefit amount will be paid for up to four weeks during the exclusion period.
Partial disability benefits: Your plan pays benefits if you are partially disabled and able to return to work.	50% of your weekly total disability benefit for up to 13 weeks
Maternity	Benefits for maternity are the same as an illness.
Mental illness, drug/alcohol abuse: These conditions are covered subject to your plan's limits.	Benefits are available for up to a lifetime maximum of 52 weeks. (Note: Benefit is only available with the 104-week benefit period.)
Survivor benefit: Your plan pays a benefit to an eligible survivor if you die while you are receiving disability benefits.	The maximum benefit equals up to 13 weeks of benefit payments. (Note: The survivor benefit is available only with the 52- or 104-week benefit period. For this amount to be paid, the certificateholder must have been disabled for at least 180 consecutive days and be eligible for policy benefits.)
Waiver of premium: Your premium payments are waived because you are receiving short-term disability benefits.	The waiver begins the first of the month after the elimination period.
TOTAL PREMIUM PER PAY PERIOD:	\$ _____

Limitations and exclusions

Wage Guard does not pay benefits for a disability caused by, contributed to by, or resulting from: loss of professional license, occupational license or certification; participation in a felony; intentionally self-inflicted injuries; attempted suicide, regardless of mental capacity; being legally intoxicated or being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor; participation in a war, declared or undeclared, or any act of war; active military duty; active participation in a riot; engaging in any illegal or fraudulent occupation, work or employment; commission of a crime for which you have been convicted; elective surgery except when required for the appropriate care as a result of your injury or sickness; traveling or flying on any aircraft operated by or under the authority of the military or on any aircraft being used for experimental purposes; or occupational sickness or injury.

The lifetime cumulative maximum period of payment for all disabilities due to mental illness, alcoholism, drug abuse or special conditions is 12 months. See your certificate of coverage for additional details.

“Pre-existing condition” means any condition for which you have done, or for which an ordinarily prudent person would ordinarily have done, in the 12 months prior to the effective dates of coverage, whether or not that condition is diagnosed at all for which you:

1. Received medical treatment or consultation;
2. Taken or were prescribed drugs or medicine; or
3. Received care or services, including diagnostic measures.

Pre-existing condition limitation: If your disability begins in the first 12 months following the effective date of your coverage and your disability is caused by, contributed to or the result of a condition, whether or not that condition is diagnosed at all, for which:

1. You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 12 months just prior to the effective date of coverage; or
2. You had symptoms for which an ordinarily prudent person would have consulted a doctor in the 12 months just prior to your effective date of coverage.

Other pre-existing condition limitations may apply. See your certificate for details.

Weekly benefits are reduced by the deductible sources of income listed in the certificate of coverage, including but not limited to: state compulsory benefit act or law; automobile liability insurance policy; military disability benefit plan; or other group insurance plan with the employer. See your certificate of coverage for a complete list of all deductible sources of income.

This brochure is intended to be a brief, general description of coverage. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the certificate with your agent.

Policy forms (may vary by state): CIC1024C-TN

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