

NOTICE TO APPLICANT- PLEASE READ

Insurance regulations require that we provide you with this statement using the following wording:

"Information regarding your insurability will be treated as confidential. Monumental Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file."

"Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660."

"Monumental Life Insurance Company or its reinsurer(s) may also release Information in its file to any other life insurance company to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted."

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SUMMARY NOTICE OF INFORMATION PRACTICES

As part of the underwriting and processing of your application for insurance coverage, Monumental Life Insurance Company will rely heavily on information provided by you. Monumental Life Insurance Company also seeks information about you from others, such as physicians who have treated you or family members in some situations, and in compliance with applicable laws, we may disclose certain of the information collected to third parties without your specific authorization.

You have a right of access and correction with respect to all personal information collected about you which is contained in our files. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of Monumental Life Insurance Company's Information practices. If you would like to receive a more detailed explanation of those practices, please contact our Underwriting Department: Monumental Life Insurance Company, Administrative Office: 400 Galleria Parkway, SE; Suite 1000; Atlanta, GA 30339.

Here's how to apply:	How to submit your application:
<ul style="list-style-type: none"> ▪ Indicate the type of insurance you desire, the amount of coverage, and calculate your premium. ▪ For Disability Insurance either you or your co-mortgager may apply for 100% coverage. Or if you wish, you can apply for 50% coverage and your co-mortgagor can apply for 50% coverage (Total coverage <u>must</u> equal 100%) 	<ul style="list-style-type: none"> ▪ Attach a "void" check to the completed application. ▪ Mail the completed application to: Monumental Life Insurance 400 Galleria Parkway, SE Suite 1000 Atlanta, GA 30339. ▪ When your application is approved, your certificate of insurance will be issued and your premium will automatically be deducted from your checking or savings account.

Thirty – Day Right to Examine:

If you are not satisfied for any reason, you may return your Certificate within 30 days after receipt. Your premium will be refunded. When so returned, the Certificate will be void from the beginning. Return the Certificate to us at our Home Office or to our authorized agent.

Eligibility:

You must have a mortgage loan with the financial institution. Our company must approve you for coverage. For disability insurance you must also be employed full time and under age 60. For life insurance you must be:

- Under age 60 for amounts of \$10,000 to \$49,999.99.
- Under age 65 for amounts of \$50,000 to \$300,000.

Misstatement of Age:

If your age (or your co-mortgagor's age) is misstated on this application, our payment of benefits will be limited to those that the premium paid would have purchased based on your correct age. If your correct age would not meet the eligibility requirements, our liability will be limited to the premiums you have paid.

Benefits - Life:

In the event of your death this life insurance coverage will provide a benefit that can help pay your insured loan balance, up to a maximum of \$300,000. Should the financial institution listed on the front of the application not be the creditor on the date of loss, the benefit will follow the amortization schedule included in your certificate of insurance, and all benefits will be paid the beneficiary you name.

Benefits - Disability:

Should you choose the 30 day elimination period for disability coverage, and are totally disabled while insured for more than 30 days, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$1250, beginning with the 31st day of total disability.

Should you choose the 90 day elimination period for disability coverage, and are totally disabled while insured for more than 90 days, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$2000, beginning with the 91st day of total disability.

Disability Benefit Schedule

Age at the time of disability:	Payments will be made up to:
Under age 50	24 months during the continued total disability
50-64	12 months during the continued total disability.
<ul style="list-style-type: none"> ▪ Total disability is defined for the first 12 months as being totally disabled from your own occupation, and after that, from working at any occupation up to the maximum benefit period. During the disability period, you must be under the regular care of a physician. ▪ You may be eligible for a new period of benefits if your new disability period begins more than six months after your first period ends, or if the new disability is from an unrelated cause. 	

Termination of Coverage:

Your insurance automatically ends on the first of the following dates:

- a. The date the Group Policy ends;
- b. The end of the period for which any required premium payment has not been made, subject to the Grace Period;
- c. The premium due date next following the date you reach the Termination Age:
 - 65 for disability insurance
 - for life insurance:
 - Age 70 for initial amounts of \$10,000 to \$49,999.99.
 - Age 75 for initial amounts of \$50,000 to \$300,000.
- d. The date we receive your written request to terminate insurance.
- e. Disability insurance will end the date you cease to be employed full-time, other than as a result of a covered disability.

*If you or your co-mortgagor's coverage ends because you reach the Termination Age above, the other insured person may continue their coverage. The life insurance premium rate will be reduced to two-thirds of the current joint premium, and the coverage will end according to the conditions listed above.

Conversion Provision for Life Insurance

Within 31 days of the cancellation or termination of your life insurance, you may have the right to convert your cancelled life insurance to one of the individual policies we offer at that time without Evidence of Insurability. Your certificate of insurance outlines the exact circumstances under which conversion is allowed.

Exclusions:**

Life: If you commit suicide within the first two years of insurance coverage, the benefit will be limited to the return of premiums paid.

Disability: Insurance does not cover disability caused by or resulting from:

- a. Suicide, attempted suicide or intentionally self-inflicted injury;
- b. Participating in a riot, assault, or felony;
- c. Alcohol intoxication, as defined in the state where the accident occurred;
- d. Taking of any drug or medication, except as prescribed by a Physician;
- e. Operating or riding in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial flight;
- f. Taking of alcohol in combination with any drug or medication;
- g. Gas inhalation or poison voluntarily taken or administered;
- h. Out patient mental and nervous disorders and pre-existing conditions*

*A pre-existing condition is defined as an injury or sickness for which you received treatment or advice during the 24-month period immediately prior to your Effective Date of Insurance. After you have been covered for 24 consecutive months, any Total Disability starting thereafter will be covered unless otherwise excluded.

****Policy Provisions including Exclusions differ from state to state. Your certificate will provide exact details of your coverage.**

Complete details of your coverage can be found in master policies ML1000GPM and MD 1000GPM