

SECTION 6 - LOSS OF TIME BENEFIT

The Loss of Time Benefit will be paid upon receipt of due proof, that a Person, while insured under this benefit, becomes Totally and Continuously Disabled as a result of:

1. an accidental Injury; or
2. an Illness.

The Company will pay the Weekly Amount, subject to the: (a) Waiting Period; and (b) Maximum Benefit Period, as shown in the **Schedule of Benefits** Section. For any Period of Disability that is less than 1 week in duration, the benefits will be paid at one-seventh of the Weekly Amount multiplied by the number of days.

Definitions

Occupational Disease

A disease for which the Person is provided benefits under the applicable Workers' Compensation, Occupational Disease Law or similar law.

Period of Disability

The entire period of time a Person is Totally and Continuously Disabled and for which benefits are payable.

Totally and Continuously Disabled

The Person, as a result of a covered Injury or Illness, is prevented from performing any and every duty of his or her employment. The Person must be under the regular care of a Doctor acting within the scope of his or her license.

Proof of Disability

The Person must provide the Company with due proof of disability. The treating Doctor must, within the scope of his or her license, certify the: (a) Person's disability; (b) probable duration of the disability; and (c) medical facts within his or her knowledge.

Successive Period(s) of Disability

Successive Period(s) of Disability are considered one Period of Disability unless:

1. the Person has returned to continuous active full-time employment for 2 consecutive weeks; and
2. the disability is due to causes entirely unrelated to and different from those that caused the previous disability, and such Person has returned to work for at least 1 full day.

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Exclusions

No benefits are payable for any Period of Disability:

1. during which the Person is not under the direct care of a Doctor. It is understood that no disability will be considered as having begun more than 3 days prior to the first visit made to or by a Doctor for the condition which caused the disability;
2. due to intentional self-inflicted injury;
3. participation in a felony, or a riot;
4. war or act of war, declared or undeclared; or any act related to war, or insurrection;
5. service in the Armed Forces or units auxiliary to the Armed Forces; or
6. which did not start while the Person was covered under this Benefit.