POSTAL EMPLOYEES / GROUP DISABILITY INCOME

Income protection Room to recover

Guaranteed issue - No medical exam required. No benefits are paid for a disability starting within the first 12 months of coverage from a pre-existing condition, as defined in the policy.

For eligible applicants within the $6,000 monthly guaranteed-issue limit. Income limits, state availability and policy terms apply.

Georgia-form reference; availability varies by state and employer group. The selected disability offering includes on-the-job and off-the-job coverage in its quoted price.

Monthly cash benefits when a covered sickness or off-the-job injury keeps you from working.

Insurance company: **American Heritage Life Insurance Company**

Up to $6,000	14 / 14 days	12 months
Monthly benefit, subject to eligibility	Selected accident / sickness waits	Selected maximum benefit period

Keep everyday expenses in reach

If you get sick or have an accident, your monthly bills continue while you recover. Disability insurance can help replace lost income and protect your finances. Cash benefits can help with your mortgage or rent, utilities and other living expenses, travel for treatment, or protecting savings and retirement funds.

How it works

1. Post Office employees working 27 or more hours per week: for first-time enrollment, choose a listed monthly benefit up to 60% of your gross monthly income, within the $6,000 monthly guaranteed-issue limit and applicable eligibility requirements.
2. If you are totally disabled and cannot work, benefits begin after the elimination period.
3. Receive your monthly cash benefit by check or direct deposit and use it as you wish.

Coverage that supports you

- Coverage may continue when you leave your job or the employer cancels coverage, subject to portability provisions.
- Benefits, reductions, exclusions and eligibility are explained on the following pages.

What recovery could look like

Joan falls from a ladder while painting her house and is diagnosed with a torn disc. She files a disability claim before surgery, then has surgery and recovers at home with doctor follow-up over six weeks. Her monthly benefit helps with living expenses. This fictional illustration is not a promise of claim approval or a specific payment; individual experiences vary and policy terms apply.

When you need to make a claim

Premier Protection recommends Whitten & Associates' claims center: **(800) 662-5099** or **(256) 764-6972**. You may also contact the insurer directly. The MyBenefits portal provides for claim filing, claim history, benefit direct deposit and personal-information changes: standard.com/ahl/mybenefits.

The accompanying postal rate sheet prices the 14/14-day option. The policy also describes a 30/30-day option; ask for its pricing. The selected coverage includes on-the-job and off-the-job protection in its quoted premium; no separate on-the-job rider choice or additional premium applies. Read all four pages together.

POSTAL EMPLOYEES / GROUP DISABILITY INCOME

Understand your benefits

Understand the terms that determine when benefits are payable.

Coverage options

Option 1 Maximum Monthly Benefit - $6,000 Benefit Period - 12 Months Elimination Period for Accident - 14 Days Elimination Period for Sickness - 14 Days

Option 2 Maximum Monthly Benefit - $6,000 Benefit Period - 12 Months Elimination Period for Accident - 30 Days Elimination Period for Sickness - 30 Days

Base policy benefit conditions

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period

Partial Disability - 50% of the monthly benefit is paid after at least one month that the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - a benefit for pregnancy or childbirth is payable after the certificate has been in force for at least 9 months

Organ Donor - a benefit is paid when disabled from donating an organ

Waiver of Premium - premiums are waived after monthly disability benefits are paid for 30 days in a row, for as long as monthly benefits are paid

Concurrent and recurrent disability

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period

Included on-the-job accident disability coverage

On-the-Job Accident Disability Rider - pays for total disability from an on-the-job injury that begins while actively at work. The monthly benefit starts after the elimination period and continues while totally disabled up to the length of the benefit period. 50% of the monthly benefit is payable if receiving workers' compensation or other state disability benefit

Definitions

Total Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation; under the regular care of a doctor; and not working in any job for wage or profit.

Partial Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and under the regular care of a doctor.

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits.

Own Occupation - the occupation you are performing when a period of disability begins.

Benefits and other disability income

Monthly Benefit - Your monthly disability benefit may be reduced if you receive disability payments from other deductible sources of income which include individual disability income policies or other group insurance coverage. The calculation of your monthly benefit may also be affected if your state of residence mandates state disability insurance.

Benefit selection is subject to applicable income limits and eligibility. Read the exclusions and certificate provisions on pages 3 and 4.

POSTAL EMPLOYEES / GROUP DISABILITY INCOME

Read the coverage limits

Read the conditions that determine when benefits are payable.

Exclusions and limitations

Pre-Existing Condition Limitation - Benefits are not paid for a disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if the disability began during the 12 months after the effective date; and you received medical treatment, consultation, care or services, diagnostic measures, or took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective; or symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.

Exclusions - We do not pay benefits for disabilities resulting from: bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect); war or participation in a riot, insurrection or rebellion; illegal activities or participation in an illegal occupation; intentionally self-inflicted injury or action; substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntarily inhaling fumes or gases; cosmetic surgery (complications are covered); pre-existing conditions during the first 12 months of coverage; occupational sickness or injury, unless covered by an on-the-job disability rider. We do not pay for disability during incarceration.

Workers' Compensation or State Disability Insurance - The certificate does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

Source form and enrollment disclosures

This brochure is for use in enrollments sitused in GA. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

Rev. 1/26. This material is valid as long as information remains current, but in no event later than January 1, 2029.

Group Short Term Disability benefits are provided under policy form GVDIP, or state variations thereof. On-the-Job Accident Disability Rider benefits are provided under rider form OADR1, or state variations thereof.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

POSTAL EMPLOYEES / GROUP DISABILITY INCOME

Know the certificate terms

Eligibility, leave, termination, portability and the insuring company.

Certificate specifications

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence Provision - We will continue your coverage in accordance with your employer's human resource policy on temporary layoff or leave of absence if premium payments continue and your employer approved your leave in writing. If you are on temporary layoff or leave of absence, coverage will be continued for 3 months after you ceased active employment. If you are on Family and Medical Leave of Absence, coverage will continue as though you are in active employment.

If your employer's human resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment. We will not apply a new waiting period, apply a new pre-existing conditions exclusion, or require evidence of insurability.

When Coverage Ends - Coverage under the policy and rider ends on the earliest of: the date the group policy is canceled; the last day of the period for which premium payments were made; the last day you are in active employment, except as provided under the

Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date you or your class is no longer eligible; fraud or material misrepresentation is discovered; or the date you request to discontinue coverage in writing.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Insuring company

The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc. standard.com or standard.com/ ahl

Source product availability and attribution

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company. Underwritten by: American Heritage Life Insurance Company

This overview is not the insurance contract. The certificate and applicable group policy govern benefits.