

Disability Income Insurance

ContinuON Income Solutions®

Non-Cancellable

Specimen Policy

Because **life**
doesn't stop
at disability®

ContinuON Income Solutions®

Thank you for considering a disability income insurance policy from Ohio National. Ohio National has covered the protection needs of individuals for more than 100 years. Our ContinuON Income Solutions® 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 guaranteed 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?"



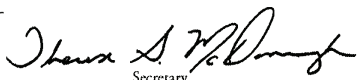
Because life
doesn't stop
at disability®

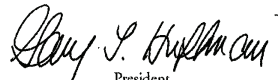
Ohio National
Life Assurance Corporation



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.

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


Secretary


President

The policy cannot be cancelled, and the policy terms and rates cannot be changed as long as the premiums are paid on time.

Policy is renewable every year until the expiration date.

As long as you continue working, you have Disability Income protection for life.

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 on Policy Specifications Page 3, as long as you continue to pay premiums on time.

Conditionally Renewable for Life, Subject to Premium Changes: After the Expiration Date you may renew this policy without the Residual Disability benefit, the Transitional Return to Work Benefit and any of the attached riders, each Policy Year, 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; (d) your completed application for renewal has been approved by us; and (e) you pay the premiums being charged at that time.

Renewal of this policy under this provision only applies to the Total Disability benefit.

Disability Income Insurance Policy
Nonparticipating
Noncancellable and Guaranteed Renewable To the Expiration Date
Premiums Waived for Disability
Benefit and Premium Amounts: Page 3

Insured John Doe
Issue Age 35
Policy Date Oct 18 2011

Policy Number H6000000
Issue Date Oct 18 2011

SPECIMEN

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Policy Specifications

Ohio National offers a range of benefit options.
Flexible options in benefits and elimination periods.

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

Included as part of the base contract for 5M, 4M occupational classes.

Step rate premium option available for young professionals.

H6000000

Policy Specifications					
Benefit Specifications			Premium Specifications		
Benefit Amounts Per Mo.	Description Of Benefits		Premium	Payable	Number
\$4,000	[	Base Monthly Benefit Elimination Period - 90 Days Maximum Benefit Period – To Age 65	\$877.40	30	11DI-2
		Waiver of Premium After Disability--See Benefit Description 90 Days of			
		Additional Benefit Agreements			
\$1,000	[	Social Insurance Supplement Rider Elimination Period - 90 Days Maximum Benefit Period – To Age 65	\$158.70	30	11DSI-1
		Guarantee of Physical Insurability Rider Maximum Increase Amount \$8000	\$131.20	25	11DGP-1
		Cost of Living Rider	\$282.10	30	11DCL-1
	[	Residual Disability Rider	\$242.00	30	11DRI-1
		Catastrophic Disability Benefit Rider Elimination Period - 90 Days Maximum Benefit Period-To Age 65	\$247.20	30	11DCT-1
\$8,000					
Policy Number H6000000			Policy Date Oct 18 2011	Issue Date Oct 18 2011	Expiration Date Oct 18 2041
Insured John Doe			Issue Age & Sex 35 Male		
Owner The Insured					
	[	Total Premium			
		Annual \$1938.60	Semiannual \$993.53	Quarterly \$508.88	

FORM 11DI-2

Ohio National Life Assurance Corporation

PAGE 3

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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 on Policy Specifications Page 3.

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 which is similar in purpose to the CPI-U.

Current Monthly Earnings

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

Disability or Disabled

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

Elimination Period

The period of time you must be Disabled before Monthly Benefits begin. The Elimination Period is shown on Policy Specifications Page 3. But, for a Disability which results from normal pregnancy or childbirth, the Elimination Period is the longer of:

- (1) the number of days shown on Policy Specifications Page 3; or
- (2) 90 days.

If a period of Disability from the same or a related cause is broken by 365 days or less, all the days of Disability count toward the Elimination Period.

Expiration Date

The date shown on Policy Specifications Page 3. This date is an anniversary of the Policy Date, after which the policy is no longer In Force, except in circumstances of Conditional Renewal.

Extraordinary Income

Special income, such as incentive stock options, non-qualified stock options, non-qualified deferred compensation and golden parachute payments.

In Force

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

Injury

Any accidental bodily Injury caused by a singular and distinct event sustained while this policy is In Force and that is not contributed to in any manner by Sickness.

Loss

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

Many options in monthly benefits and elimination periods to meet your specific needs.

If your disability stops and recurs within 365 days, all the days you were disabled will count toward satisfying your elimination period.

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Comprehensive definition of earnings; more than salary.

Loss of Earnings

Monthly Earnings Before Disability minus Current Monthly Earnings.

Material and Substantial Duties

The duties which:

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

Maximum Benefit Period

The longest period of time that Monthly Benefits will be paid for one Disability from the same or related cause. The Maximum Benefit Period is shown on Policy Specifications Page 3.

Monthly Benefit

Base Monthly Benefit or Residual Monthly Benefit as defined in this policy.

Monthly Earnings

Monthly Earnings includes:

- (1) all wages, salary, bonuses, commissions and fees; and
- (2) any pension and profit sharing contributions and deferred compensation; and
- (3) other amounts earned by you for services performed by you that are reported as earned income for personal income tax purposes, excluding Extraordinary Income.

In addition, if you own any part of a business in which you provide personal services, Monthly Earnings will also include your share of profits produced by or from the business. In calculating such profits, you may only include Normal and Usual Business Expenses.

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 vocational activities; and
- (2) any income from annuities, sick pay, benefits received for disability under a formal wage or salary continuation plan.

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 the start of your Disability.

Monthly Earnings Before Disability

The greater of:

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

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

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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; and
- (3) must not be in excess of the expenses that were incurred before the start of the Elimination Period; and
- (4) do not include salaries, drawing accounts, profits, benefits 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 onset of a Disability.

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 or any person related to you by blood or marriage, a business or professional partner or any person with whom you share a financial or business interest) who:

- (1) is legally qualified to practice medicine in the jurisdiction in which medical services are rendered to you; and
- (2) acts within the scope of his or her professional license; and
- (3) treats patients on a regular basis.

Policy Years

Policy Years are measured from the Policy Date shown on Policy Specifications Page 3. The first day of the Policy Year is the Policy Date and its anniversaries. The Policy Date is the date coverage under this policy becomes effective unless expressly stated otherwise.

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 on Policy Specifications Page 3.

Residual Disability or Residually Disabled

Residual Disability or Residually Disabled means that due to Sickness or Injury:

- (1) you are not Totally Disabled; and
- (2) you are working in Your Regular Occupation; and
- (3) you have a loss of Monthly Earnings that is at least 20% of your Monthly Earnings Before Disability; and
- (4) your loss of Monthly Earnings is solely the result, directly and apart from any other cause, of an Injury or Sickness; and

Provides benefits to supplement income while recovering from a disability. Provides for a monthly benefit if you have returned to work in your regular occupation, and have a loss of income that is greater than 20 percent of your monthly earnings, and are unable to complete required work duties or are unable to return to work full time.

You will receive the Base Monthly Benefit if income loss is greater than 75 percent.

Included in the base policy contract for 5M, 4M occupational classes. Offered as a rider on 5A, 4A, 3M, 3A, 2A occupational classes.

See Residual Rider information on page 17.

SPECIMEN

For 5M, 4M occupational classes, total disability is defined as the inability to perform the duties required for your occupational specialty, even if you are gainfully employed in another occupation.

For 5A, 4A, 3M, 3A, 2A occupational classes, total disability is defined as the inability to perform the duties of your occupation and you are not working in any other occupation.

Occupational classification is based upon your profession at the time of disability.

- (5) 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 before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision.

Residual Monthly Benefit

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

Sickness

Any 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, you are not able to perform the Material and Substantial Duties of Your Regular Occupation.

You are not Totally Disabled if you can:

- (1) perform any of the Material and Substantial Duties in Your Regular Occupation; and
- (2) be employed in, or can engage in, Your Regular Occupation on a full-time or part-time basis.

Your Regular Occupation

The occupation (or occupations if more than one) in which you are regularly engaged at the time Disability began. If Your Regular Occupation at the time Disability began is limited to a Board Certified Specialty within the scope of your degree or license, we will deem that Specialty to be Your Regular Occupation. If you are not working at the time Disability began, Your Regular Occupation means any occupation you are able to do based on your education, training and experience.

Benefits

Total Disability

While this policy is In Force, we will pay you Base Monthly Benefits shown on Policy Specifications Page 3 while you are Totally Disabled:

- (1) after the Elimination Period; but
- (2) not for more than the Maximum Benefit Period shown on Policy Specifications Page 3.

In no event will Base Monthly Benefits be paid past the Expiration Date for a Total Disability which 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 which 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 which starts on or after Age 75.

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 on Policy Specifications Page 3. 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 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.

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 Your Own 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 20%.

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 20%; or
- (3) three non-consecutive months in which your Loss of Earnings is less than 20%; or
- (4) when the Maximum Benefit Period for a Residual Disability ends.

Regular Care of a Physician

In order to be eligible for Monthly Benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a Physician which, under prevailing medical standards, is appropriate for the condition causing the Disability. The Physician must be qualified by training or experience to treat the condition causing Disability. 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 care requirement does not change or affect our rights under the **Proof of Loss and Authorizations, Examinations and Interviews** provisions found in this policy.

Waiver of Premium

If you are Disabled for at least 90 days or the Elimination Period shown on Policy Specifications Page 3, whichever is less, we will waive payment of premiums which come due while you are Disabled. Premiums due before a claim for waiver is approved must be paid within the Grace Period. When the claim for Disability is approved, we will refund any premiums due and paid during the Elimination Period. Premiums are then waived until your Disability ends.

Will pay a benefit upon return to work full time with a 20 percent or greater loss of earnings.

See Residual Rider information on page 20.

For 5M, 4M occupational classes, Transitional Return to Work Benefit is paid until the loss of earnings is less than 20 percent or until the expiration date, whichever is earliest.

Regular care of a physician may be waived if medical treatment will not improve your condition.

We will waive the premiums if you are disabled for 90 days or your elimination period if less. We will refund any premiums paid during the elimination period. Premiums will be waived until disability ends. At that time, the next premium will be due at the normal premium due date.

SPECIMEN

Benefits

Specific injuries or illnesses are deemed to be a total disability, and the loss need not be recoverable. The elimination period is waived and benefits will be paid even if you work.

Benefits will be paid for certain cosmetic surgery to restore your appearance or transplant surgery.

We may pay for a rehabilitation program to help you recover from a disability. Participation does not deem you as recovered.

We offer an option to suspend your policy while on active military duty. No premiums are due and no coverage will be in force during the suspension period.

You can elect to suspend your policy if you become unemployed. No premiums are due and no coverage will be in force during the suspension period.

After your Disability ends, this policy stays In Force until the next premium due date. Then you must pay premiums as they come due. If you do not, the policy ends. If you later wish to renew the policy, the **Reinstatement** provision will apply.

Presumed Total Disability

Total Disability is presumed if while this policy is In Force, 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. When Total Disability is presumed: (1) the Elimination Period will be waived; (2) Base Monthly Benefits will be paid even if you still work; (3) Base Monthly Benefits will not be made for more than the Maximum Benefit Period shown on Policy Specifications Page 3; and (4) you must meet the **Regular Care of a Physician** requirement stated in this policy.

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 which 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 Issue Date of this policy, and if so, the Elimination Period will be waived.

Rehabilitation

We may consider paying for a rehabilitation program if you are receiving Base Monthly Benefits under this policy 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.

Military Duty

By written request 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 get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

When your active duty ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your duty ends up to the next premium due date. You must pay this premium within three months after your duty ends. If you do not, the policy ends. If you later wish to renew the policy, 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.

Voluntary Suspension During Unemployment

By written request 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 get your request to suspend the policy. While the policy is suspended, no premiums are due, and you have no coverage.

The suspension will begin 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 written request.

SPECIMEN

The suspension will end the earlier of:

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

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

When the suspension ends, you may renew the policy by again paying premiums as shown on Policy Specifications Page 3. A pro-rata premium is due from the time your suspension ends up to the next premium due date. You must pay this premium within three months after your suspension ends. If you do not, the policy ends. If you later wish to renew the policy, 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.

Recurrent Disabilities

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

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

Concurrent Disabilities

We will pay for only one Disability at a time. The amount of Monthly Benefit and the length of time it may be paid do not increase if Disability is due to more than one cause.

Exclusions

No Monthly Benefits will be paid for a Disability:

- (1) due to war or an act of war, declared or undeclared, or is related to military service when scheduled active duty is more than 30 consecutive days; or
- (2) while you are legally incarcerated or detained; or
- (3) due to a loss we have excluded by name or specific description in an Exclusion Rider attached to this policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) in the event that your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been suspended or revoked, due to actual or alleged misconduct or malpractice; or
- (6) due to a loss caused by or contributed to, or which results from you being engaged in, an illegal occupation; or
- (7) caused by an intentionally self-inflicted Injury.

We will not pay Monthly Benefits for more than 12 months throughout the life of this policy for periods for which you are asserting a claim and residing outside of one of the 50 States, the District of Columbia, or Puerto Rico.

If your disability stops and recurs within 365 days, we will treat it as one disability and you will not be required to complete a new elimination period.

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Coverage for a pre-existing condition is not excluded provided that the condition was reported on the application and is not otherwise specifically excluded.

We will pay benefits for up to two years (for 5M, 4M, 3M occupational classes) and up to five years (for 5A, 4A, 3A, 2A occupational classes) during the policy lifetime for a disability resulting from a mental disorder and/or substance abuse.

If you are receiving treatment while confined to a hospital, we will pay monthly benefits up to your maximum benefit period.

Limitations

Pre-existing Conditions

Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay a Monthly Benefit for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition 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 Physician.

Mental Disorder/Substance Abuse

If any Mental Disorder or Substance Abuse or both shall be the primary cause of your Disability, we will pay Monthly 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 treatment on a regular basis from a Physician which is appropriate for the Sickness or Injury causing the Disability, we will pay Monthly Benefits up to the applicable Maximum Benefit Period shown on Policy Specifications Page 3.

Mental Disorder includes, but is not limited to mental, emotional or behavioral disorder, or a disorder related to stress or to Substance Abuse or dependency. 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 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 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 abuse, drug abuse, or chemical 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, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care.

Claims

Notice of Claim

You must give us notification of a claim within 30 days after an Injury or Sickness, 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. If we do not, you can send us your own written proof of Disability. You must show the kind and extent of your Injury or Sickness and the 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 your Disability began. Unless it was not possible to give us Proof of Loss during that time, we will only begin paying Monthly Benefits for a period beginning 90 days before the date we receive Proof of Loss. Under any circumstances, we will not pay any 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.

SPECIMEN

We will require proof of your loss of earnings or continuing loss of earnings. Such proof can include but is not limited to copies of your 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 which 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, 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 a 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 or representatives; and
 - (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, Monthly Benefits will not be paid or will cease to be paid.

Misstatement of Earnings

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.

Payment of Claims

Payee

Monthly Benefits will be paid to the Owner. If the Owner dies, Monthly Benefits will be paid to the contingent Owner. If no contingent Owner is named, Monthly Benefits will be paid to the estate of the Owner.

Time of Payment

Subject to Proof of Loss, Monthly Benefits will be paid at the end of each month of Disability for which they are due. Any Monthly Benefit due but not yet paid when your 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 one of your relatives a reasonable amount of Monthly Benefits owed to your estate or to a minor or to one who cannot give a valid release. The relative will be one we think should fairly receive the payment. 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 \$1,000 or, if greater, the limit allowed by state law for payments of this kind.

SPECIMEN

Payment of Claims/Premiums

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 six years after Proof of Loss is required but not given.

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 Disabled, we can use only fraudulent misstatements on your application (or your reinstatement application) to void this policy or to deny a claim for Disability that starts after the end of those two years.

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

- (1) we have excluded it by name or specific description before the date of Loss in an Exclusion Rider attached to this policy; or
- (2) there were fraudulent misstatements on your application.

Premiums

Payment

Premiums are due at our Home Office the first day of each Policy Year. The amount due until the Expiration Date is shown on Policy Specifications Page 3. If you wish to pay more often than once a year, you may do so at our published rates.

Grace Period

You have 31 days of grace after the 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.

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 get 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 or premiums will be changed.

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

We offer flexible payment options.

Policy is in force during the grace period.

Any premium paid for coverage beyond the date of death is refunded.

SPECIMEN

Reinstatement

If the policy ends because of failure to pay a premium, you may later apply to have it put back In Force up to six months beyond the due date. We will require proof that you can be insured. Such proof must be received at the Home Office within 90 days from the request. 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.

Monthly Benefits will not be paid for any Disability due to:

- (1) injury sustained before the Reinstatement date; or
- (2) sickness diagnosed or treated before the Reinstatement date;
unless such injury or sickness was disclosed on an application for Reinstatement which is made a part of the policy.

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.

Reinstatement of coverage is available for up to six months with proof of insurability.

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 contingent Owner becomes the new Owner upon the Owner's death. If no contingent Owner is 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 delivered or mailed to us, effective upon 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 return 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

This policy may be assigned. We are not responsible for the validity or effect of an Assignment. We are not bound by an Assignment until we receive Notice of it.

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.

SPECIMEN

Ohio National
Life Assurance Corporation

Ohio National Financial Services

Disability Income Insurance Policy

Nonparticipating

Noncancellable and Guaranteed Renewable To the Expiration Date

Premiums Waived for Disability

Benefit and Premium Amounts: Page 3

FORM 11DI-1

PAGE 18

SPECIMEN

Rider

Residual Disability Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. Residual Monthly Benefit is defined below and is designed to supplement your income when you are Residually Disabled.

Included in the base policy contract for 5M, 4M occupational classes. Offered as a rider on 5A, 4A, 3M, 3A, 2A occupational classes.

Definitions

Basic Policy

This is the policy to which this rider is added.

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 Basic Policy; and
- (2) you are working; and
- (3) you have a loss of Monthly Earnings that is at least 20% of your Monthly Earnings Before Disability; and
- (4) 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 Basic Policy; and
- (5) 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 before your current Disability started; and
- (6) you meet the **Regular Care of a Physician** provision in the Basic Policy.

Residual Monthly Benefit

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

Disability or Disabled

Total Disability or Totally Disabled or Residual Disability or Residually Disabled as defined in the Basic Policy and this rider.

Elimination Period

The definition of **Elimination Period** in the **Definitions** section of the Basic Policy is revised as follows. Time periods referred to in this definition can be satisfied by either a Total Disability or a Residual Disability.

Payable until the expiration date.

SPECIMEN

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

Income protection for business owners.

Choice of two accounting methods for monthly earnings calculation.

Monthly Earnings

Monthly Earnings includes:

- (1) all wages, salary, bonuses, commissions and fees; and
- (2) any pension and profit sharing contributions and deferred compensation; and
- (3) other amounts earned by you for services performed by you that are reported as earned income for personal income tax purposes. This excludes Extraordinary Income.

In addition, if you own any part of a business in which you provide personal services, Monthly Earnings will also include your share of profits produced by or from the business. In calculating such profits, 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 vocational activities; and
- (2) any income from annuities, sick pay, benefits received for disability under a formal wage or salary continuation plan.

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 the start of your Disability.

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; and
- (3) must not be in excess of the expenses that were incurred before the start of the Elimination Period; and
- (4) do not include salaries, drawing accounts, profits, benefits 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 onset of a Disability.

Extraordinary Income

Special income, such as incentive stock options, non-qualified stock options, non-qualified deferred compensation and golden parachute payments.

Monthly Earnings Before Disability

The greater of:

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

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

SPECIMEN

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 which is similar in purpose to the CPI-U.

Benefits

Recurrent Disabilities

The **Recurrent Disabilities** provision in the **Benefits** section of the Basic Policy is revised as follows. 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 on the Policy Specifications Page 3 of the Basic Policy. 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 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.

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

Provides benefits to supplement income while recovering from a disability. Pays a monthly benefit if you have returned to work, and have a loss of income that is greater than 20 percent of your monthly earnings, and are unable to complete required work duties or are unable to return to work full time.

You will receive the Base Monthly Benefit if income loss is greater than 75 percent.

Included in the base policy contract for 5M, 4M occupational classes. Offered as a rider on 5A, 4A, 3M, 3A, 2A occupational classes.

See definition of "Residual Disability" on page 7.

SPECIMEN

Residual Disability Rider
Claims

For 5A, 4A, 3M occupational classes, Transitional Return to Work Benefit is paid until the loss of earnings is less than 20 percent or the end of the expiration date, whichever is earliest.

For 3A, 2A occupational classes, Transitional Return to Work Benefit is paid until the loss of earnings is less than 20 percent, the end of the expiration date, or 24 months, whichever is earliest.

Waiver of premium applies to both total and residual disability.

- (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 20%.

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 20%; or
- (3) three non consecutive months in which your Loss of Earnings is less than 20%; 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 Basic Policy is revised as follows: references to Total Disability will be construed to include periods of Residual Disability and periods during which monthly transitional benefits are being paid.

Impact on Base Monthly Benefit

Nothing in this rider will increase your Base Monthly Benefit shown on the Policy Specifications Page 3 of the Basic Policy.

Exclusions

The exclusions listed in the **Exclusions** section of the Basic Policy also apply to this rider.

Claims

Misstatement of Earnings

The following is added to the **Claims** section of the Basic Policy.

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 Basic Policy will also apply to this rider.

SPECIMEN

Proof of Loss

The **Proof of Loss** provision found in the **Claims** section of the Basic Policy will also apply to this rider.

Other Provisions

Time Limit on Certain Defenses

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

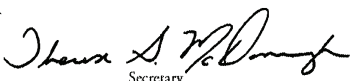
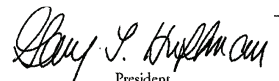
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) your written request to end this rider; or
- (3) the Expiration Date shown on Policy Specifications Page 3 of your Basic Policy.

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

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

SPECIMEN

Cost of Living Rider

Protection against inflation. Increases in monthly benefits if disability continues for more than one year.

The increase each year will be the increase in the CPI-U, with a maximum increase of 5 percent and a minimum increase of 2 percent, compounded.

Option to increase monthly benefits.

Rider

Cost of Living Increase Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It provides for an annual increase in the Base Monthly Benefit, as defined below, during a period of Total or Residual Disability.

Definitions

Basic Policy

This is the policy to which this rider is added.

Base Monthly Benefit

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

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 which is similar in purpose to the CPI-U.

Benefit

If you are Totally Disabled or Residually Disabled for more than 12 months, we will increase the amount of the Base Monthly Benefit to be paid under your Basic Policy and the amount of the Extra Benefit paid under any Social Insurance Supplement Rider that is a part of the Basic Policy. The increase each year will be the increase in the CPI-U, with a maximum increase of 5% and a minimum increase of 2%. The increases will be applied on a compounded basis. We will make this adjustment on each anniversary of the date your Total or Residual Disability began. The increases will be made if you are receiving benefits under the Transitional Return to Work Benefit provision.

After a Total or Residual Disability ends, unless you exercise the **Option to Buy Benefit Increase**, the Base Monthly Benefit reverts to the amount it was at the time your Total or Residual Disability began.

Option to Buy Benefit Increase

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

To use this option you must:

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

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

SPECIMEN

Time Limit on Certain Defenses

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

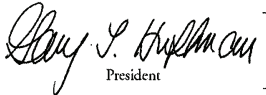
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends;
- (2) your written request to end this rider; or
- (3) the Expiration Date shown on Policy Specifications Page 3 of your Basic Policy.

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

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ Secretary  President]

SPECIMEN

Guarantee of Physical Insurability Rider

Ohio National offers you the option to increase your monthly benefits every policy anniversary.

Increase could be equal to one-half of base monthly benefit if you can financially qualify for it.

Rider

Guarantee of Physical Insurability Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy.

Definitions

Basic Policy

The policy to which this rider is added.

Disability or Disabled

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

Increase Amount

Disability income insurance bought by use of this rider. The Increase Amount shall increase the Base Monthly Benefit amount of the Basic Policy.

Increase Date

Increase Date means the date the Increase Amount takes effect. An Increase Date can be any policy anniversary while this rider is in effect.

Special Increase Amount

The Special Increase Amount is equal to the Maximum Increase Amount as shown on Policy Specifications Page 3 of the Basic Policy less any Increase Amounts already bought by use of this Rider.

Maximum Increase Amount

The maximum sum of all Increase Amounts as shown on Policy Specifications Page 3 of the Basic Policy.

Benefits

Basic Policy

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 on the original Policy Specifications Page 3 of the Basic Policy. The sum of all such Increase Amounts may not be more than the Maximum Increase Amount.

However, on the next potential Increase Date after the first time you become Disabled, 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 time your Disability began.

An Increase Amount will not be paid for a Disability or a Recurrent Disability that starts before the Increase Date on which it takes effect.

SPECIMEN

Special Increase Amount

You may not have a Special Increase Amount that will give you more than our maximum disability income issue and participation limit 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.
- (2) You have at least a 50% increase in earnings since your last 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.

Option to increase benefits if you are no longer receiving group LTD through your employer or have a 50 percent increase in monthly earnings.

Conditions

In order for you to buy an Increase Amount:

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

The Insured must send Notice to us for the Increase Amount. You will not have to prove that you can be medically insured. The premium for the Increase Amount must be paid by the Increase Date. The premium will be based on your Age and the rates in effect for the Basic Policy as of the Increase Date.

Once in effect, the Increase Amount will be subject to all of the terms and provisions of the Basic Policy as if the Basic Policy were then reissued to include the Increase Amount.

You may not have an Increase Amount that will give you more than our maximum disability income issue and participation limit in effect as of the Increase Date. We may ask for proof of your earnings for this purpose. Proof may include your 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 which contain facts we need.

You do not need to prove medical insurability, only qualify financially.

Premiums will be based upon current rates and current age.

Your contract wording is guaranteed.

Time Limit on Certain Defenses

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

SPECIMEN

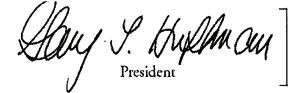
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the date the sum of all Increase Amounts purchased equals the Maximum Increase Amount; or
- (3) your Age 60; or
- (4) your written request to end this rider.

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

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

SPECIMEN

Social Insurance Supplement Rider

Rider

Social Insurance Supplement Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It provides you with an Extra Benefit as defined below while you are Disabled.

Total or residual benefits could be paid when you are not receiving any or all of your social income benefits.

Definitions

Basic Policy

This is the policy to which this rider is added.

Disabled

Totally Disabled as defined in the Basic Policy, or Residually Disabled as defined in either the Basic Policy or in any Residual Disability Rider that is part of the Basic Policy.

Social Income

Benefits paid for disability or retirement benefits 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 including:
 - (a) disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which you may be eligible; or
 - (b) any payment that results from elective retirement; or
- (4) the Railroad Retirement Act; or
- (5) a Civil Service Retirement 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 this rider's 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 on Policy Specifications Page 3 of the Basic Policy, less any Social Income you receive in that month.

SPECIMEN

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.

Exclusions

Extra Benefit will not be paid:

- (1) if Base Monthly Benefits are not being paid under the Basic Policy or under a Residual Disability Rider that is a part of the Basic Policy;
- (2) after the Expiration Date of the Basic 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 to which you may be entitled.

Claims Procedure

You must send us proof that you have:

- (1) been denied Social Income; 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.

Legal Fees

If you incur legal fees in the appeal of a denial of Social Income, we will pay you an amount up to one month's Extra Benefit to cover the costs 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 service rendered before:

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

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 Basic Policy.

SPECIMEN

Time Limit on Certain Defenses

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

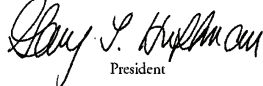
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the Expiration Date shown on Policy Specifications Page 3 of the Basic Policy; or
- (3) your written request to end this rider; or
- (4) when you first apply for and have been granted Social Income retirement benefits.

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

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ ]
Secretary President

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Catastrophic Disability Benefit Rider

Available to occupational classes 5M, 4M, 3M, 5A, 4A, 3A and 2A. Benefit is payable in addition to Base Monthly Benefits.

You need only be unable to perform two or more Activities of Daily Living or be severely cognitively impaired.

Rider

Catastrophic Disability Benefit Rider

This rider is part of your policy. It is subject to the terms of the Basic Policy. It will provide you with an additional monthly benefit while you are Catastrophically Disabled. The effective date of this rider is shown on Policy Specifications Page 3 of the Basic Policy.

Definitions

Basic Policy

This is the policy to which this rider is added.

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 (ADL) 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 table) 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 human being 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.

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Substantial Supervision

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

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. This amount is shown on Policy Specifications Page 3 of the Basic Policy.

In order to be eligible for Catastrophic Disability Monthly Benefits, you must meet the **Regular Care of a Physician** requirement as stated in the **Benefit** section of the Basic Policy.

Catastrophic Disability Elimination Period

The period of time you must be Catastrophically Disabled before Catastrophic Disability Monthly Benefits begin. If a period of Catastrophic Disability from the same or a related cause is broken by 365 days or less, all the days of Catastrophic Disability count toward the Catastrophic Disability Elimination Period.

The Catastrophic Disability Elimination Period is shown on Policy Specifications Page 3 of the Basic Policy.

Catastrophic Disability Maximum Benefit Period

The longest period of time that Catastrophic Disability Monthly Benefits will be paid for one Catastrophic Disability from the same or a related cause. The Catastrophic Disability Maximum Benefit Period is shown on Policy Specifications Page 3 of the Basic Policy.

Recurrent Disabilities

If a Catastrophic Disability stops and then starts again within 365 days from the same or a related cause, the two periods of Catastrophic Disability will count as one. In such case, you do not need to meet 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 from the same or related cause after 365 days counts as a new Catastrophic Disability. So does a Catastrophic Disability which occurs within 365 days from some other cause. 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 Basic Policy will also apply anew.

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Catastrophic Disability Benefit Rider
Benefits

Concurrent Disabilities

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

Time Limit on Certain Defenses

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

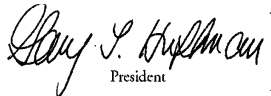
Termination

This rider ends on the first of:

- (1) the date the Basic Policy ends; or
- (2) the Expiration Date shown on Policy Specifications Page 3 of your Basic Policy; or
- (3) your written request to end this rider.

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

OHIO NATIONAL LIFE ASSURANCE CORPORATION

[ Secretary  President]

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Ohio National
Financial Services®

Life changes. We'll be there.®

The Ohio National Life Insurance Company
Ohio National Life Assurance Corporation
One Financial Way
Cincinnati, Ohio 45242
Post Office Box 237
Cincinnati, Ohio 45201-0237
Telephone: 513.794.6100
www.ohionational.com

Form 8750 Rev. 9-13

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Tracing its corporate origins to 1909, Ohio National today markets a variety of insurance and financial products in 47 states (all except Alaska, Hawaii and New York), the District of Columbia and Puerto Rico, with subsidiary operations in Santiago, Chile. We are committed to building long-term relationships with our customers and to providing them with solutions as their needs change over time.

This policy specimen highlights product features and available riders. Certain provisions may vary by state and/or occupational class. 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 issued by Ohio National Life Assurance Corporation. Product, product features and rider availability vary by state. Guarantees are based upon the claims-paying ability of the issuer. Disability income insurance is not available in CA. Issuer not licensed to conduct business and products not distributed in AK, HI or NY.

Non-Cancellable Policy Forms 11DI-1 and 11DI-2; Guaranteed Renewable Policy Form 93-DI-62; Business Buy-Sell Policy Form 13DB-1; Business Overhead Expense Policy Form 13DE-1; Residual Income Rider Forms 11DRI-1 and 11DRI-2; Cost of Living Rider Form 13DCL-1; Guarantee of Physical Insurability Rider Forms 11DGP-1, 13DGB-1, 13DGI-1; Waiver of Waiting Period While Hospital Confined Rider Form 93-DWW-1; Social Insurance Supplement Rider Forms 11DSI-1 and 93-DSI-2; Extended Benefit Rider Form 13DEB-1; Catastrophic Disability Benefit Rider Policy Form 11DCT-1; Additional Monthly Benefit Rider 13DSM-1; and any state variations.

APPROVED FOR CLIENT USE.