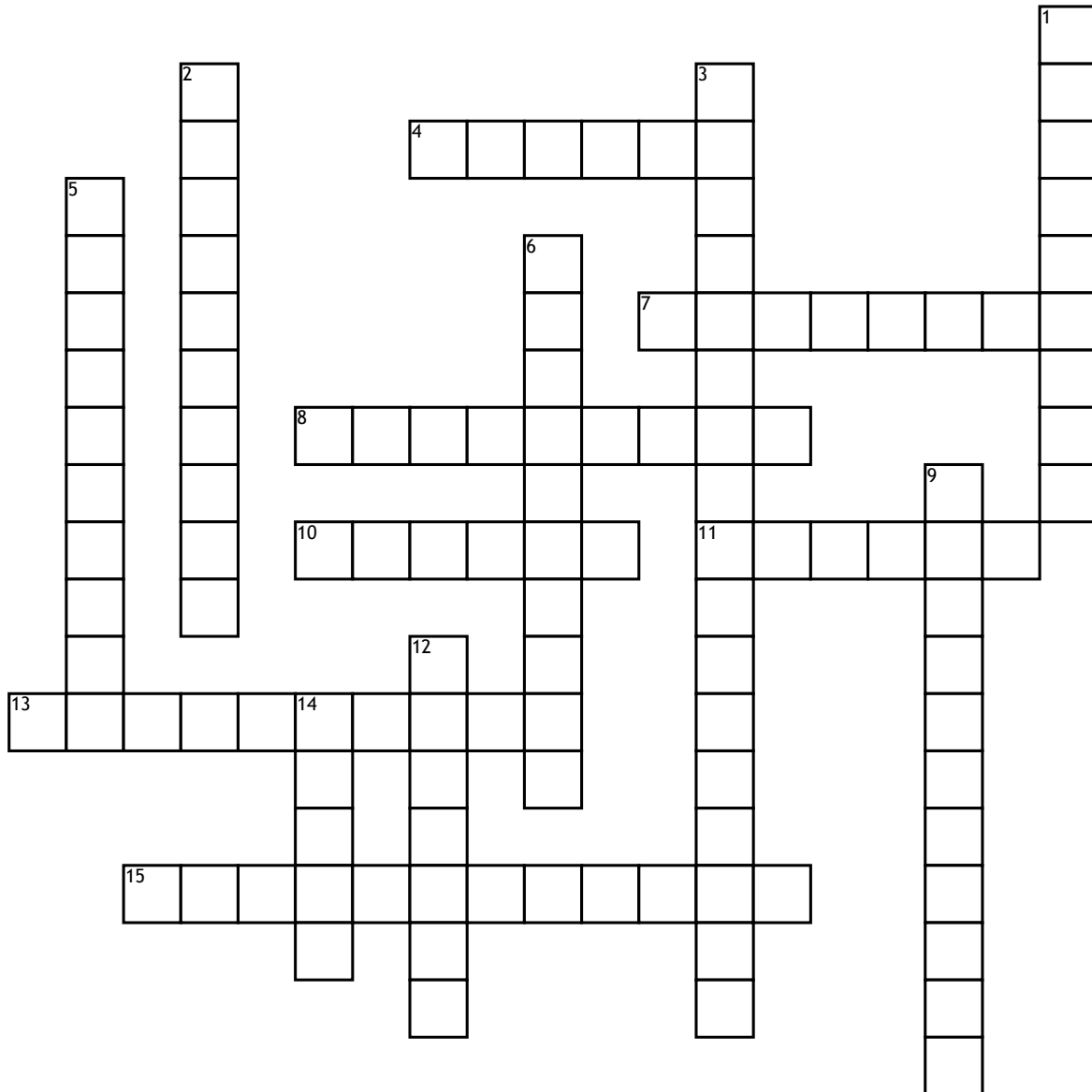


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Disability



## Across

4. written statement from insured disagreeing with claim denial

7. disease or illness (including pregnancy)

8. Medical practitioner of the healing arts which is recognized by applicable state law

10. insurance is continued without payment of premium while disabled

11. physical harm or damage to the body

13. considered as a mental illness

15. considered as a special condition

## Down

1. intentionally self inflicted injury, act of war, committing a felony, work related

2. Unable to perform the material and substantial duties of your regular occupation

3. period of time which starts after your effective date of coverage during which no benefits are payable

5. Disabilities which result from the same or related causes and considered one period of disability

6. considered as a deductible source of income

9. disease, injury, sickness for which you have experienced treatment, took medication, received a diagnosis 12 months prior to your effective date of coverage

12. Disability payment payable will be no less than this benefit  
14. maximum disability period