



AGENT GUIDE

Disability Income Insurance

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This agent guide is a summary of the Disability Income (DI) protection plans offered by Ameritas Life Insurance Corp. in approved states and Ameritas Life Insurance Corp. of New York. For a complete description of the policy and benefits, you must review the actual policy.

Foreword

You're committed to providing your clients with competitive and flexible financial protection plans. As we work together, continuously enhancing and building our product portfolio, we are ensuring that our customers are getting the value they expect and deserve.

With DInamic Foundation, we continue to deliver value. DInamic Foundation offers a selection of different definitions of total disability, benefit and elimination periods. This product provides the ability to design a policy to fit the individual needs of our customers.

And for your business clients, Guaranteed Standard Issue (GSI) Disability Income (DI) Insurance Plans give you the ability to deliver even more value. This program allows you to offer individual DI insurance plans to small- and medium-sized businesses for the benefit of key employees. By marketing DI insurance on an employer-sponsored multi-life basis, you may be able to offer underwriting concessions, greatly simplifying the issue process. Throughout this guide, you will find references to Guaranteed Standard Issue DI Plans. Please take the time to educate yourself about this exciting opportunity. Contact your Ameritas Sales Development Team for more information.

We are committed to providing our producers and our customers with a diverse and competitive product portfolio. This dedication remains evident in our ongoing support of the DI product line. DInamic Foundation provides enhanced DI protection for our customers.

This Agent Guide was designed with input and direction from some of our top selling DI producers. Whether this is your initial introduction to our DI product or DI sales in general, we know you'll find this guide to be a valuable reference tool. Its purpose is to provide you with a useful product summary of DInamic Foundation. It is not intended for customers. As always, we encourage and welcome your suggestions for improving the value of the Agent Guide.

Products And Features

NONCANCELABLE POLICY SERIES — Form 4501NC in approved states; Form 5501-NC in New York

GUARANTEED RENEWABLE POLICY SERIES — Form 4502GR in approved states; Form 5502-GR in New York

The Noncancelable and Guaranteed Renewable (NC) policy is an individual DI insurance policy that pays a monthly benefit for a covered total disability that results from an injury or sickness. The premium paying and coverage periods run through the policy anniversary following the insured's 65th birthday.

Premiums are guaranteed to age 65. Benefits payable are for total disability, as defined in the policy.

The Guaranteed Renewable (GR) policy is an individual DI insurance policy that pays a monthly benefit for a covered total disability that results from an injury or sickness. The premium paying and coverage periods run through the policy anniversary following insured's 65th birthday. **Premiums are subject to change on a class basis with state approval.** Benefits payable are for either periods of total or partial disability, as defined in the policy.

Beyond the coverage period, the NC and GR policies are conditionally renewable for life, if at the time of renewal:

- the insured is not receiving benefits under this policy or any attached rider;
- the policy was in force the prior year with no premium in default;
- the insured is actively at work at least 30 hours each week at his/her usual place of employment;
- Proof of current income is furnished; and
- The insured pays the premium in effect for his/her age at the time of renewal.

Premium rates beyond the coverage period will be based on our rates then in effect for such ages. Any riders attached to this policy will not be renewed beyond the coverage period. The maximum benefit period on renewed policies is 24 months.

Key Policy Features

NONCANCELABLE — Form 4501NC in approved states; Form 5501-NC in New York

GUARANTEED RENEWABLE — Form 4502GR in approved states; Form 5502-GR in New York

These are standard policy provisions. For state specific features, refer to the State Variations section of this guide.

Occupational Classes

Noncancelable and Guaranteed Renewable (NC)

6A, 5A, 4A, 3A and 2A – non-medical occupational classes

6M, 5M, 4M, 3M and 2M – medical occupational classes

Guaranteed Renewable (GR)

6A, 5A, 4A, 3A, 2A, A and B – non-medical occupational classes

6M, 5M, 4M, 3M, 2M and M – medical occupational classes

Issue Ages

Disability Income insurance is underwritten based on the insured’s actual age as of the date on the application. Backdating is not permitted.

Noncancelable and Guaranteed Renewable issue ages are 18-64.

Guaranteed Renewable issue ages are 18-64. For GR policies with occupational classes A, B or M, issue ages are 18-60.

Minimum Issue

The minimum amount of monthly benefit for any individual DI insurance policy is \$500, in combination of base and the Social Insurance Substitute (SIS) Rider. A minimum of \$100 base benefit is required.

The minimum premium is \$10.00 for all premium modes except for payroll deduction.

Step Rate Premiums

Step rate premiums, in lieu of level premiums, are available as outlined below. The initial premium is payable to age 30 or for five years if greater; the ultimate premium is payable thereafter to the end of the coverage period.

- Available for NC policies only
- Available for issue ages 18-45
- Apply only on base policy (not available on Future Increase Option (FIO) increases)
- Only available with To Age 70/67/65 benefit periods
- Available in all states for Individual DI (except California)

Modal Factors

Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.086

Policy Fees

Annual	\$40
Semi-Annual	\$23
Quarterly	\$13
Monthly	\$ 4

Benefit and Elimination Periods

The applicant has a choice of seven benefit and six elimination periods available as follows:

NC & GR Policies	
Benefit Period	Elimination Period
To Age 70/67/65	90, 180, 365, 730 days
Ten Year	90, 180, 365, 730 days
Five year	30, 60, 90, 180, 365 days
Two year	30, 60, 90, 180 days
One year	30, 60, 90 days

Maximum Benefit Period Variations

This chart shows the variations in maximum benefit periods for both the base and Catastrophic Disability (CAT) benefits.

Benefit Period	Maximum Benefit Period
To Age 70	
For total disability starting:	
Before Age 65	To Age 70
At or after Age 65*	2 Years
To Age 67	
For total disability starting:	
Before age 65	To Age 67
At or after Age 65*	2 Years
To Age 65	
For total disability starting:	
Before Age 63	To Age 65
At or after Age 63*	2 Years
10-Year	
For total disability starting:	
Before Age 55	10 years
At or after Age 55 but before Age 63	To Age 65
At or after Age 63*	2 Years
5-Year	
For total disability starting:	
Before Age 60	5 Years
At or after Age 60 but before Age 63	To Age 65
At or after Age 63*	2 Years
2-Year	
Maximum Benefit Period	2 Years
1-Year (not available for CAT)	
Maximum Benefit Period	1 Year

* Beyond Age 65, policy must be conditionally renewed annually in order to be eligible for benefits.

Definitions of Total Disability*

The applicant has a choice from up to three different definitions of total disability.

OO = Own Occupation for the length of the benefit period

NW = Own Occupation and Not Working for the length of the benefit period

500/NW = Five-Year Own Occupation and then Not Working for the remainder of the benefit period (Only available to 3A and 3M occupational classes)

*Specialty Own Occupation language is included for physicians and dentists.

Physician Requirement

In order to be considered totally disabled, the insured must be under the regular care and treatment of a physician appropriate for the condition causing the disability. If, in the opinion of that physician, continued medical treatment will not improve the condition, we will waive this requirement.

The chart below shows the availability of definitions of total disability according to occupational class, issue age, maximum benefit period and policy form.

Fully Underwritten IDI – NC and GR Policies				
Occ Class	Issue Age	Definition of Disability	Benefit Periods	Policy Form
6A, 6M	18-55	OO, NW	70, 10y	NC & GR
	18-60		67, 65, 5y, 2y	
	61-64		2y, 1y	
5A, 5M	18-55	OO, NW	70, 10y	NC & GR
	18-60		67, 65, 5y, 2y	
	61-64		2y, 1y	
4A, 4M	18-55	OO, NW	70, 10y	NC & GR
	18-60		67, 65, 5y, 2y	
	61-64		2y, 1y	
3A, 3M	18-55	500/NW, NW	70, 10y	NC & GR
	18-60	OO, NW	67, 65	
	18-60		5y, 2y	
	61-64		2y, 1y	
2A, 2M	18-55	NW	70, 10y	NC & GR
	18-60		67, 65, 5y, 2y	
	61-64		2y, 1y	
A, M	18-60	NW	5y, 2y	GR
B	18-60	NW	2y	GR

Elimination Period

Prior to the date we start paying benefits; the insured must be disabled for a specified period of time. The elimination period for each policy is found on the schedule page. Days of both total and residual, only if residual benefits are on the policy, will be combined toward satisfaction of the elimination period.

This elimination period does not need to consist of consecutive days.

An applicant may not apply for multiple policies with different benefit and elimination periods in an effort to obtain total DI benefits where the elimination period is less than the minimum allowed for a specified benefit period. For example, we will not allow an applicant to apply for one policy with a 30-day elimination period and two-year benefit period and a second policy with a 730-day elimination period and a To Age 65 benefit period in an effort to get maximum DI benefits with the shortest possible elimination period and longest possible benefit period. Not only is this not permitted, it creates the opportunity for over insurance.

*Partial Disability Benefit
(built into GR policy only)*

Partial disability benefits are included in the Guaranteed Renewable base policy. Partial disability benefits will be payable when, within 180 days of a period of total disability for which the insured received a base monthly benefit under this policy, due to the same sickness or injury, the insured:

- is able to do one or more but not all of the main duties of his/her occupation; or
- Can perform all of the main duties of his/her occupation for only 50% or less of the time normally required.

	<p>The monthly benefit payable for a period of partial disability is one-half the base monthly benefit and is payable for a maximum of 12 months.</p>
<i>Waiver of Premium</i>	<p>If insured is totally disabled for at least 90 days, upon approval of the insured's claim, we will waive payment of premiums that come due while totally disabled. Any premiums due and paid on or after the date the insured became totally disabled will be refunded. Premiums will continue to be waived as long as the insured is totally disabled, even beyond the benefit period.</p> <p>No agent compensation will be paid on a policy if premiums are being waived due to a disability.</p>
<i>Presumptive Total Disability</i>	<p>Total disability is presumed if an insured sustains a total loss of sight in both eyes, the hearing in both ears, speech, the use of both hands, the use of both feet, or the use of one hand and one foot, even if able to work. The elimination period will be waived. The loss is not required to be permanent or irrecoverable.</p>
<i>Surgical Transplant</i>	<p>An insured will be considered totally disabled due to sickness if total disability is the result of having been a surgical transplant donor, provided the transplant occurs more than six months after the issue date. The elimination period will be waived.</p>
<i>Cosmetic Surgery</i>	<p>An insured will be considered totally disabled due to sickness if total disability is the result of having cosmetic surgery to correct a disfigurement or to improve appearance, provided the cosmetic surgery occurs more than six months after the issue date.</p>
<i>Successive Periods of Disability</i>	<p>For the NC policy, if total disability and/or residual disability (if applicable) stops and then starts again within 365 days from the same or a related cause, the two periods of disability will count as one. It will not be necessary to satisfy the elimination period again and the benefit period will not restart.</p> <p>For the GR policy, if total disability and/or residual disability (if applicable) stops and then starts again within 180 days from the same or a related cause, the two periods of disability will count as one. It will not be necessary to satisfy the elimination period again and the benefit period will not restart.</p>
<i>Concurrent Disabilities</i>	<p>If an insured suffers a disability from more than one cause at the same time, they will be treated as a single disability.</p>
<i>Rehabilitation</i>	<p>We may help pay for a rehabilitation program if we are paying benefits under the policy and if we approve the program in advance. The terms of a rehabilitation program and related expenses will be subject to mutual written agreement.</p>
<i>Treatment of Nondisabling Injuries</i>	<p>If an insured suffers an injury while the policy is in force that requires medical treatment prescribed by a physician or the repair to natural teeth prescribed by a dentist, we will pay the expense of such treatment up to the lesser of one-half the monthly benefit or \$3,000 and it will be paid as follows:</p> <ul style="list-style-type: none"> • benefits will be paid only for expenses incurred while this policy is in force and within 90 days from the injury date; • a claim must be submitted within one year from the injury date; • benefits will be paid only if no other benefits are payable under this policy or any of its riders;

<i>Good Health Benefit</i>	<ul style="list-style-type: none"> • if an insured has one or more of our DI policies providing this benefit, no more than 100% of the expenses incurred will be paid under all policies; and • Should a nondisabling injury develop into a disability for which monthly benefits are paid, any benefits which have been paid under this provision will be offset against the monthly benefits. <p>For every policy year an insured completes without receiving any monthly disability benefits under the policy, we will reduce the elimination period shown on the schedule page by two days. In no case will the elimination period be reduced to less than 30 days. Good Health benefit is not affected by any Nondisabling Injury benefits received.</p>
<i>Survivor Benefit</i>	<p>Should an insured die after satisfying the elimination period and while benefits are being paid under the policy, we will pay an additional three months of benefits. The benefit is payable to the designated beneficiary, if any, otherwise, to the insured's estate.</p>
<i>COBRA Premium Benefit</i>	<p>If an insured is receiving monthly disability benefits under this policy, becomes unemployed due to a disability and as a result, is paying premiums (either individual or family) to continue medical coverage under the employer's health or medical plan as provided for under COBRA, we will reimburse the premium paid for medical coverage under COBRA. Benefits will begin with the first premium due after the insured satisfies the elimination period of the policy and will not exceed \$1,000 per month. The maximum benefit period is 18 months. Reimbursement is also available if an insured continues the employer group medical plan under the provisions of a state continuation plan. We will not pay more than 100% of the COBRA premium expense incurred monthly, under all policies.</p>
<i>Exceptions/Limitations</i>	<p>No benefit will be paid if total disability is due to:</p> <ul style="list-style-type: none"> • War, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months; • Intentional self-inflicted injury; • Incarceration; • Insured's prevention from working, except as a direct result of sickness or injury, in his/her occupation as a result of suspension, revocation, or surrender of his/her professional or occupational license or certification; or • Normal pregnancy or childbirth until after 90 days. <p>Benefits will be paid for no more than 12 months during the lifetime of this policy for an insured residing outside of the United States.</p>
<i>Pre-Existing Conditions</i>	<p>During the first 24 months after policy issue, we will pay benefits for disabilities caused by or contributed to by a pre-existing condition only if that condition is fully disclosed and not misrepresented on the application and is not specifically excluded by name or specific description.</p> <p>A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the issue date of the policy or rider;</p> <ul style="list-style-type: none"> • An insured has sought medical advice or treatment, undergone diagnostic procedures, or has been prescribed drugs or medication; or • A reasonably prudent person would have sought medical advice, care or treatment.

*Mental/Nervous Disorders and Substance Abuse Limitations**

Benefits will not be paid for more than the cumulative total of months shown on the schedule page, unless an insured is hospital confined, during the life of the policy if disability is due to any mental/nervous disorder or substance abuse.

*State variations apply.

Mental/Nervous Disorders and Substance Abuse Limitations													
Fully Underwritten IDI	Non-Medical Occs							Medical Occs					
Base Policy	6A	5A	4A	3A	2A	A	B	6M	5M	4M	3M	2M	M
NC	5yr	5yr	5yr	2yr	2yr	**	**	2yr	2yr	2yr	2yr	2yr	**
GR	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr	2yr

**The NC policy is not available to occupational classes A, B and M.

Additional Benefit Riders – NC and GR policies

- Enhanced Residual Disability Rider
- Basic Residual Disability Rider
- Cost of Living Adjustment Rider – 6% Compound
- Cost of Living Adjustment Rider – 3% Simple
- Social Insurance Substitute Rider
- Catastrophic Disability Rider
- Future Increase Option Rider
- Automatic Increase Rider

The DI riders summarized in this section may not be available in all states. To confirm the availability of a rider, you may need to call your Ameritas Sales Development Team. For a complete description of riders, refer to applicable Specimen Policies.

NC* and GR	Non-Medical Occupations							Medical Occupations					
	6A	5A	4A	3A	2A	A	B	6M	5M	4M	3M	2M	M
Enhanced Residual	✓	✓	✓	✓	No	No	No	✓✓	✓✓	✓✓	✓✓	No	No
Basic Residual	✓	✓	✓	✓	✓	No	No	No	No	No	✓	✓✓	No
COLA – 6% compound	✓	✓	✓	✓	✓	No	No	✓	✓	✓	✓	✓	No
COLA – 3% Simple	✓	✓	✓	✓	✓	No	No	✓	✓	✓	✓	✓	No
SIS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAT	✓	✓	✓	✓	✓	No	No	✓	✓	✓	✓	✓	No
FIO	✓	✓	✓	✓	✓	No	No	✓	✓	✓	✓	✓	No
AIR	✓	✓	✓	✓	✓	No	No	✓	✓	✓	✓	✓	No

*The NC policy is not available to occupational classes A, B and M.

✓✓ Either Enhanced or Basic Residual Disability Rider is required for these occupational classes. Basic Residual is required for 2M.

Enhanced Residual Disability Rider –
(Form AERES, approved states;
Form FERES in New York)

✓✓ - Either Enhanced or Basic Residual is required for medical occupational classes 6M-3M.

Issues ages are 18-64

The Enhanced Residual Disability Rider is designed to supplement income when an insured is residually disabled as defined in the policy. The residual disability benefit amount is the monthly benefit amount for total disability multiplied by the ratio of the insured's loss of earnings during disability to the monthly earnings before disability. If such a ratio is more than 75%, then the residual disability benefit amount will be the same as the total disability benefit amount.

For the first six months that residual disability benefits are paid, the amount will be at least 50% of the total base monthly benefit

Benefits under this rider will not be paid:

- Until the elimination period has been satisfied, and
- For more than the maximum benefit period as stated in the policy.

For a residual disability that begins at or after Age 63, the maximum benefit period is 24 months, less any period for which total disability benefits are paid.

Residual Disability

We consider an insured to be residually disabled if:

- There is at least a 15% loss of monthly earnings after disability begins, and
- The loss of monthly earnings is the result, directly and apart from any other cause, of an injury or sickness as defined in the policy, and
- He/she is able to perform one or more, but not all, of the material and substantial duties of the occupation, or
- He/she is unable to work in the occupation for 80% or more of the time as was usual prior to the start of the disability.

Recovery Benefit

This benefit is included in the Enhanced Residual Disability Rider only. In the month immediately following a period for which monthly disability benefits have been paid under the policy, if an insured has returned to work in his/her occupation and is performing the material and substantial duties of that occupation 80% or more of the time as was usual prior to the start of the disability, a residual monthly benefit will be paid provided:

- The loss of monthly earnings is at least 15%; and
- A demonstrable relationship exists between the loss of monthly earnings and the previous disability. This relationship will be reevaluated periodically.

The recovery benefit will terminate upon the earlier of:

- The date a demonstrable relationship no longer exists; or
- Two consecutive months where the loss of monthly earnings is less than 15%; or
- Three non-consecutive months where the loss of monthly earnings is less than 15%; or
- The date the residual maximum benefit period ends.

Basic Residual Rider –
(Form ABRES in approved states;
Form FBRES in New York)

✓✓ - Required for medical occupational class 2M. Required for 3M if Enhanced Residual is not elected.

Issues ages are 18-64

The Basic Residual Disability Rider is designed to supplement income when an insured is residually disabled as defined in the policy. The residual monthly benefit will be the lesser of:

- 50% of the base monthly benefit; or
- The base monthly benefit for total disability multiplied by the ratio of the insured's loss of earnings during disability to the monthly earnings before disability.

Benefits under this rider will not be paid:

- Until the elimination period has been satisfied, and
- For more than the maximum benefit period as state in the policy.

For a residual disability that begins at or after Age 63, the maximum benefit period is 24 months, less any period for which total disability benefits are paid.

Residual Disability

We consider an insured to be residually disabled if:

- There is at least a 15% loss of monthly earnings after disability begins, and
- The loss of monthly earnings is the result, directly and apart from any other cause, of an injury or sickness as defined in the policy, and
- He/she is able to perform one or more, but not all, of the material and substantial duties of the occupation, or
- He/she is unable to work in their occupation for 80% or more of the time as was usual prior to the start of the disability.

Cost of Living Adjustment Rider –
6% Compound – (Form ACOLA6C
in approved states; Form FCOLA6C
in New York)

Issue ages are 18-60

This rider provides for an annual increase in the monthly benefit payable after the first 12 months of disability. The adjustment factor is based on the CPI-U with a maximum of 6% per year, compounded annually. This has the effect of creating a "catch-up" provision for years when the CPI-U index is less than 6%, and greater than 6% in other years.

If benefits are payable beyond age 65, the same adjustment factor used at age 65 will apply until the monthly benefit ceases. This COLA Rider includes a provision to purchase the increase in the monthly benefit upon recovery.

Cost of Living Adjustment Rider –
3% Simple – (Form ACOLA3S in
approved states; Form FCOLA3S
in New York)

Issue ages are 18-60

This rider provides for an annual 3% simple interest increase in the monthly benefit payable after the first 12 months of disability. If benefits are payable beyond age 65, the same benefit payable at age 65 will apply until the monthly benefit ceases.

Social Insurance Substitute Rider –
(Form ASIS in approved states;
Form FSIS in New York)

Not available for insureds who have Group LTD plans in place.
Issue ages are 18-60

The Social Insurance Substitute (SIS) Rider will pay an insured an additional benefit each month if:

- Totally disabled due to injury or sickness; and
- Receiving limited or no Social Insurance Benefits; and if
- The policy contains a residual or partial benefit; we will increase those benefits as described in the SIS Rider.

Social Insurance Benefits

Social Insurance Benefits mean payment of disability or retirement benefits provided by:

- The Federal Social Security Act under:
 - A Primary Insurance Amount (PIA); or
 - A PIA and a Family Benefit for dependents;
- Any Worker's Compensation, Occupational Disease, or Employer's Liability program;
- Government Retirement and Disability Fund Benefit including:
 - Disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which insureds may be eligible; or
 - Any payment that results from elective retirement;
- Any other similar federal, state or local governmental program.

Total Disability Benefit

If an insured is receiving base monthly benefits under this policy, we will pay SIS monthly benefits, reduced by any social insurance benefits being received, for each month he/she is totally disabled after the SIS elimination period.

The definition of total disability for this rider will be the same as the definition of total disability for the base monthly benefit.

Catastrophic Disability Rider –
(Form ACAT in approved states;
Form FCAT in New York)

Issue ages are 18-60

This rider will provide an additional monthly disability benefit if an insured is unable to perform two or more of the six Activities of Daily Living (ADL) without standby assistance or if severely cognitively impaired. Activities of Daily Living are: dressing, toileting, transferring, continence, eating and bathing.

Benefit and Elimination Periods

The CAT Rider is not required to have the same benefit or elimination periods as the base policy.

Maximum Benefit

A combination of base benefit, the SIS benefit, the CAT benefit and any other in force DI coverage cannot exceed 100% of an insured's gross monthly income net of business expenses. The CAT benefit cannot exceed three times the base benefit.

The addition of the CAT Rider is not affected by the Maximum Issue and Participation Limits.

Minimum benefit - \$200

Maximum benefit - \$10,000

Future Increase Option Rider –
(Form AFIO in approved states;
Form FFIO in New York)

Issue ages are 18-50

The Future Increase Option (FIO) Rider allows an insured to increase the base monthly benefit on a policy without providing evidence of physical insurability. The total maximum increase amount that may be purchased at policy issue is three times the base monthly benefit, not to exceed our Maximum Issue and Participation Limits.

Once an increase has been applied for, financial underwriting will be performed. An insured can apply for increased amounts on any or every policy anniversary up to and including age 55. Increases do not apply to the SIS and CAT riders.

The minimum increase at one time is \$300 per month. The maximum increase allowed on any given policy anniversary is one-half the base monthly benefit originally issued as shown on the policy schedule page. The total of all increased amounts may not exceed the total maximum increase as shown on the policy schedule page or our published Issue and Participation Limits at the time of the increase.

During the first three years after issue the entire benefit amount under this rider can be exercised subject to the following:

- Insured must have a demonstrable increase in income or have lost Group LTD benefits due to a job change; and
- Must not be receiving benefits under the policy.

Off-anniversary FIO increases will be permitted for existing policyholders provided they meet the following criteria:

- They are not currently disabled and/or receiving benefits under their original policy;
- They have experienced a significant event that results in a demonstrable increase in income (such as a resident entering practice) or have lost their Group LTD coverage due to a job change;
- Their policy does not include the AIR;
- The preferred billing mode is Electronic Funds Transfer (EFT) or monthly list bill;
- The approval will be subject to underwriting discretion;
- The application for increase and a tax return or equivalent financial documentation is required, unless the request is made within 90 days of the original issue date, at which time it will be considered a reissue, and
- Requests for off-anniversary FIO increases are limited to one per year.

Premium for Increases

The premium rate for any increase will:

- Be based on attained age as of the issue date of the increase; and
- Use the rate basis in effect on the issue date of the policy to which this rider is attached; and
- Be based on the occupational class of the original policy as of the issue date of the increase.

**Automatic Increase Rider –
(Form AAIR in approved states;
Form FAIR in New York)**

Benefits from an exercised option will not be paid during a disability that began prior to the effective date of the increase. If the insured is disabled when applying for an increase, earnings before the start of disability will be used for the basis of any increase. This rider will terminate and no further increase in benefits will be made at the earlier of:

- The policy anniversary after age 55; or
- When the total of all increases elected equals the total maximum increase amount shown on the policy schedule page; or
- When the policy terminates; or
- The date we receive an insured's written request to terminate this rider.

Not available if the Double Annual Discount is selected. Off-anniversary FIO Rider increases are not permitted if the AIR is part of the policy. Also not available after issue age 50 if a 10-year or To Age 70 benefit period is selected.

Issue ages are 18-55

The Automatic Increase Rider (AIR) will increase the monthly benefit by 4% (simple increase rounded up to the next \$10) without requiring medical or financial evidence of insurability. The automatic increase will take place on each policy anniversary for up to five years. The AIR, in combination with the base benefit, SIS and FIO Riders cannot exceed our Maximum Issue and Participation Limits. There is no charge for this rider until it is exercised. The additional premium for each benefit increase will be at attained age rates.

If an insured is under the age of 56 and the last automatic increase has occurred they may apply for additional automatic increases by providing financial evidence of insurability only. The first increase will take place on the next policy anniversary following approval. In no event will increases be made past age 60.

One refusal to increase the monthly benefit will forfeit the remaining options during any five-year period and will forfeit an insured's right to reapply for a new five-year option period.

Minimum base benefit must be \$1,000 to be eligible for the AIR.

Commission/Bonus Schedule*

Schedules below apply to fully underwritten DI – Noncancelable and Guaranteed Renewable policies.

Individual DI - Issue Ages 18-60 ⁽¹⁾		
Category	First Year	Renewal⁽²⁾
NC: 6A/M – 2A/M ⁽³⁾	50%	10%
GR: 6A/M – 3A/M	50%	10%
GR: 2A/M – B	40%	10%

⁽¹⁾ For policies issued over age 60, the first-year commissions payable will be reduced by 10%. Renewal commissions will remain as shown in the table above.

⁽²⁾ Service fees follow the renewal compensation structure.

⁽³⁾ Step rate plans: First-year commissions are payable on the base ultimate premium (excluding riders) when policy steps at age 30 or 5 years, whichever is greater.

* Commission reductions that are due to premium discounts are shown in the Discounts section.

Business Overhead Expense (BOE)

BUSINESS OVERHEAD EXPENSE POLICY SERIES – Form 4503BOE in approved states; Form 5503-BOE in New York

KEY POLICY FEATURES

Occupational Classes

Issue Ages

Benefit and Elimination Periods

*Definition of Total Disability**

THE POLICY

Summary

These are standard policy provisions. For state specific features, refer to the State Variations section of this guide.

This policy provides coverage designed to reimburse owners of small businesses (sole proprietors, partners, closely held corporations), operated from a location away from the home, for normal and customary expenses necessary to maintain the business while disabled.

6A, 5A, 4A and 3A - Non-medical
6M, 5M, 4M 3M and 2M - Medical

18-60

The applicant has a choice from three benefit and three elimination periods available as follows:

BOE	
Benefit Period	Elimination Period
24-months	30, 60, 90 days
18-months	30, 60, 90 days
12-months	30, 60, 90 days

We will consider an insured totally disabled if an injury or a sickness prevents him/her from performing the material and substantial duties of the occupation. This means the occupation or occupations at the time disability began. The insured must also be under the regular care and treatment of a physician appropriate for the condition causing disability, unless further recovery is not expected.

Specialty Own Occupation language is included for physicians and dentists.

This policy can not be canceled as long as premiums are paid. We guarantee the premiums as stated in the policy.

Beyond age 65, the policy is conditionally renewable for life if, at the time of renewal:

- the insured is not receiving benefits under this policy or any attached rider;
- The policy was in force the prior year with no premium in default;
- The insured is actively at work at least 30 hours each week at his/her usual place of employment;
- Proof of current income is furnished; and
- The insured pays the premium in effect for his/her age at the time of renewal.

Premium rates beyond the coverage period will be based on our rates then in effect for such ages. Any riders attached to this policy will not be renewed beyond the coverage period.

Covered Overhead Expenses

Covered overhead expenses under the policy are:

- Fixed expenses that are usual and customary in the operation of the business. Examples of some covered overhead items include: utilities; laundry and maintenance fees; employees' wages including payroll taxes and contributions for benefits; property and liability insurance; taxes on business premises owned and used by the insured in the operation of business; for space used in the operation of business, either; lease payments; or the greater of scheduled depreciation for tax purposes or scheduled payments; accounting, billing and collection service fees; interest payments on business debts; all other normal and customary fixed charges.
- The expenses for which the insured would be liable while conducting normal business.
- Expenses that the insured would normally pay from earnings that are a result of his/her individual efforts and presence at the business.
- An item of expense generally accepted as a tax-deductible business overhead expense by the United States Internal Revenue Service.

We will pay 100% of covered overhead expenses for which the insured is responsible, up to the maximum monthly benefit on the policy.

Ineligible Overhead Expenses

Covered overhead expenses do not include:

- Salaries, fees, drawing accounts, profit, or other remuneration for the insured, any person sharing business expenses, any member of the insured's profession or occupation, or any person employed to perform the duties of the insured; or
- Additions to inventory or the cost of goods or merchandise purchased for sale; or
- Any expense for which the insured was not liable in the normal course of business prior to a covered disability; or
- More than the insured's share of expenses when they are shared with one or more persons; or
- Purchase or new rental of furniture or equipment during disability; or
- Renovation of an office during disability; or
- Any expense covered under another BOE policy that was in effect prior to the issue date of this policy.

Partial Disability Benefit

We will consider an insured partially disabled if, solely due to injury or sickness, he/she is under the regular care and treatment of a physician and is either:

- Able to do one or more but not all of the main duties of the occupation; or
- Can only perform all of the main duties for 50% or less of the time normally required.

If the partial disability begins while the policy is in force, we will reimburse the insured for the amount of covered overhead expenses which he/she actually incurs for each month he/she is partially disabled after the elimination period. We will not pay more than the partial maximum monthly benefit in any one month.

Reimbursement will be made as long as the insured remains partially disabled not to exceed the lesser of:

- 12 months; or
- any unused portion of the maximum benefit period for total disability.

Recovery Benefit	<p>If a period of partial disability immediately follows a period of total disability for which monthly benefits are being paid, in the first month of partial disability, we will increase the amount payable to a maximum of 75% of the maximum monthly benefit, subject to the following:</p> <p>For the first two months of partial disability, the second condition in the partial disability benefit provision is changed to “you can perform all of your main duties for only 80% or less of the time normally required.”</p>
Elimination Period	<p>Prior to the date we start paying benefits; an insured must be disabled for a specified period of time. The elimination period for each policy is found on the schedule page. Days of both total and partial disability will be combined toward satisfaction of the elimination period. This elimination period does not need to consist of consecutive days.</p>
Waiver of Premium	<p>If an insured is totally disabled for at least 90 days, we will waive payment of premiums that come due while totally disabled. Any premiums due and paid on or after the date the insured became totally disabled will be refunded. Premiums will continue to be waived as long as the insured is totally disabled, even beyond the benefit period.</p> <p>No agent compensation will be paid on a policy if premiums are being waived due to disability.</p>
Presumptive Total Disability	<p>Total disability is presumed if an insured sustains a total loss of sight of both eyes, the hearing in both ears, speech, the use of both hands, the use of both feet, or the use of one hand and one foot, even if they are able to work. The elimination (waiting) period will be waived. The loss is not required to be permanent or irrecoverable.</p>
Surgical Transplant	<p>An insured will be considered totally disabled due to sickness if total disability is the result of having been a surgical transplant donor, provided the transplant occurs more than six months after the issue date. The elimination period will be waived.</p>
Successive Periods of Disability	<p>If total disability and/or partial disability stops and then starts again within 180 days from the same or a related cause, the two periods of disability will count as one. It will not be necessary to satisfy the elimination period again.</p>
Concurrent Disabilities	<p>If an insured suffers a disability from more than one cause at the same time, they will be treated as a single disability.</p>
Rehabilitation	<p>We may help pay for a rehabilitation program if we are paying benefits under the policy and if we approve the program in advance. The terms of a rehabilitation program, related expenses and total disability benefits during this program, will be subject to mutual written agreement.</p>
Accumulation Benefit	<p>For any month during total disability that covered overhead expenses are less than or more than the maximum monthly benefit, the difference may be carried forward to the coming month and then applied to actual covered overhead expenses for that month. At no time will the sum of all benefits paid for any period of total or partial disability combined exceed the maximum overhead expense benefit shown on the policy schedule page.</p>

<i>Extension of Benefits</i>	<p>We will continue to pay benefits to an insured beyond the maximum benefit period if:</p> <ul style="list-style-type: none"> • He/she continues to be totally disabled; and • The amount paid for this period of total disability was less than the maximum overhead expense benefit. <p>Payments will continue until the total amount of benefits paid for one period of disability equals the maximum overhead expense benefit. At no time will benefits be paid for more than 12 months beyond the maximum benefit period for total disability.</p>
<i>Conversion</i>	<p>The policy may be converted to an individual DI policy at any time before age 60. At the time the request for conversion is made, the BOE policy must be in force and the insured must not be disabled. The premium for the conversion policy will be based on the insured's age and occupation at the time of conversion and will have benefits equivalent to the original policy. The new policy will be subject to the Issue and Participation Limits at the time of the conversion.</p>
<i>Good Health Benefit</i>	<p>For every policy year an insured completes without receiving any monthly disability benefits under the policy, we will reduce the elimination period shown on the schedule page by two days. In no case will the elimination period be reduced to less than 30 days.</p>
<i>Benefit Continuation after Death</i>	<p>Should an insured die after satisfying the elimination period and while total disability benefits are being paid under the policy, we will continue to pay covered expenses for up to three months immediately following death. No benefit will be paid for expenses that accrue after the business is sold.</p>
<i>Exceptions/Limitations</i>	<p>No benefit will be paid if total disability is due to:</p> <ul style="list-style-type: none"> • War, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months; • Intentional self-inflicted injury; • Incarceration; • Insured's prevention from working, except as a direct result of sickness or injury, in his/her occupation as a result of suspension, revocation, or surrender of his/her professional or occupational license or certification; or • Normal pregnancy or childbirth until after 90 days. <p>Benefits will be paid for no more than 12 months during the lifetime of this policy for insureds residing outside of the United States.</p>
<i>Pre-Existing Conditions</i>	<p>During the first 24 months after policy issue, we will pay benefits for disabilities caused by or contributed to a pre-existing condition only if that condition is fully disclosed and not misrepresented on the application and is not specifically excluded by name or specific description.</p> <p>A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the issue date of the policy or rider;</p> <ul style="list-style-type: none"> • An insured has sought medical advice or treatment, undergone diagnostic procedures, or has been prescribed drugs or medication; or • A reasonably prudent person would have sought medical advice, care or treatment.

Business Overhead Expense Riders

Substitute Salary Expense Rider
(Form ASSE in approved states;
Form FSSE in New York)

Issue ages are 18-60

This rider is designed to help pay the expense incurred to employ another person to perform the duties the insured would otherwise perform had he/she not become disabled. These benefits are paid in addition to the maximum monthly benefit for total disability.

The maximum amount of benefit that can be purchased under this rider is the lesser of 50% of the maximum monthly benefit or 80% of the insured's monthly earned income at the time of issue. Benefits are payable up to six months.

The addition of the Substitute Salary Expense Rider is not affected by the Maximum Issue and Participation Limits.

This rider is not renewable after age 65.

Future Increase Option (FIO) Rider
(Form AFIO BOE in approved states;
Form FFIO in New York)

Issue ages are 18-50

The Future Increase Option Rider gives the insured the qualified right to increase the maximum monthly benefit on the policy, based on financial insurability only.

The total maximum increase amount that may be purchased at policy issue is two times the maximum monthly benefit, not to exceed our Maximum Issue and Participation Limits.

An insured can apply for increased amounts on any or every policy anniversary up to and including age 55. The minimum increase at one time is \$300 per month. The maximum increase elected at any time may not exceed one-half of the maximum monthly benefit of the original policy. The total of all increases cannot exceed the original issue amount of this rider.

Any time the maximum monthly benefit is increased, the monthly Substitute Salary Expense Rider benefit, if included on the policy, may also be increased. The increase will be the lesser of either 50% of the increase being made in the base monthly benefit or the maximum permitted by our financial underwriting guidelines then in effect.

Premium for Increases

The premium rate for any increase will:

- Be based on attained age as of the issue date of the increase; and
- Use the rate basis in effect on the issue date of the policy to which this rider is attached; and
- Be based on the occupational class of the original policy as of the issue date of the increase.

Commission/Bonus Schedule*

Benefits from an exercised option will not be paid during a disability that began prior to the effective date of the increase. If the insured is disabled when applying for an increase, earnings before the start of disability will be used for the basis of any increase. This rider will terminate and no further increase in benefits will be made at the earliest of:

- Insured's age 55; or
- When the total of all increases elected equals the total maximum increase amount shown on the policy schedule page; or
- The date the policy terminates; or
- The date we receive the owner's written request to terminate this rider.

Schedules below apply to fully underwritten BOE.

Individual DI - Issue Ages 18-60		
Category	First Year	Renewal
BOE	50%	10%

* Commission reductions that are due to premium discounts are shown in the Discounts section.

DISCOUNTS

• Fully Underwritten Multi-Life (UML)

A premium discount is available on fully underwritten policies issued as part of a qualified salary allotment or wage continuation program. The premiums for these policies may be contributory or noncontributory on the part of the insured. There is a requirement that an employer and employee relationship exist in order to qualify for the discount. This discount is available on all premium modes when a list bill is sent to the employer. It is also available for direct annual billing to the insured or if he/she pays via monthly Electronic Funds Transfer (EFT). In order to establish any new multi-life case, the Multi-Life Discount Form must be completed and submitted with each application. For premiums paid via monthly bank draft, the Electronic Funds Transfer form must be completed, signed and submitted along with a voided check.

The guidelines for DInamic Foundation multi-life business are shown below.

New fully-underwritten multi-life group

When the number of eligible employees (those who will be solicited) is:

1. Less than 10, you have a choice of discounts based on the following:
 - Sex-distinct rates with a 10% discount may be elected with a minimum of **two** approved lives (a 15% discount applies to all policies once there are **five** or more approved lives); or
 - Unisex rates with a 15% discount may be elected with a minimum of **five** approved lives.
2. 10 or more
 - Unisex rates with a 15% discount must be used and a minimum of **five** approved lives is required.

If a group starts as sex-distinct, all new additions will be issued on a sex-distinct basis, regardless of the size of the group. The same applies to groups initially issued on a unisex basis.

Existing (pre-DInamic Foundation) multi-life group with a discount

When adding a new life to an existing multi-life group that has a discount and unisex rates, the new policy will have unisex rates also, regardless of the number of lives. If the existing group has a discount and sex-distinct rates, the new policy will have sex-distinct rates also, regardless of the number of lives. New policies will receive a 15% discount, regardless of the discount on the existing policies (the 20% employer-paid discount has been discontinued for new issues).

Existing policies with no discount

If adding new insured lives to an existing, non-discounted life or lives to create a multi-life discount opportunity, the new policies will be issued with the multi-life discount for which they qualify, based on the above guidelines. Existing policies will receive the discount on a prospective basis, beginning with the next premium due date if no Automatic Increase Rider (AIR) is on those policies. If they do have AIR, the discount will be added at policy anniversary.

For existing, non-discounted policies where two insureds work for a common employer, no discount applies unless a new life is added or the policies are replaced with DInamic Foundation policies.

General Information

- We will not change the discount or remove the unisex rate basis if a group decreases in size.
- The fully underwritten multi-life discount cannot be used in conjunction with the association marketing discount.

• Association Marketing

- Select professional and trade associations may be eligible for a premium discount as follows:
 - 15% on all premium modes
 - Sex-distinct rate basis
- Consideration for an Association Discount will be given within the following requirements and process:
 - Occupational Classes 6A-2A and 6M-4M (excluding Dental specialties for individual DI insurance coverage)
 - Scope: State-wide or smaller
 - Membership: Minimum of 100, all in same occupation
 - Purpose: Established for purposes other than the purchase of insurance or other goods and services
 - 10% Commission reduction
- Documentation requirements:
 - Complete request for endorsed association approval
 - Complete a marketing plan, which includes:
 - First-year strategy for promoting the endorsement to members
 - How the association will support the marketing program
 - How new members will be informed
 - Projected results for first year (case and premium projections)
 - Sole-source endorsement (No other DI insurance carriers being used).
- Upon preliminary approval from the issuing company, the agent notifies the association of endorsement requirements and distribution methods, and submits a letter of endorsement from the executive director of the association.
- Once final approval has been obtained, the agent will be notified. The endorsed association will be reviewed annually to determine if the production and experience warrant continuation of the discounted endorsement.

- The association discount is only available at policy issue. We cannot add an association discount at any other time. In addition, if a policy is issued with an association discount, we will not change and/or add the underwritten multi-life discount. The association discount cannot be used in conjunction with the fully underwritten multi-life discount.
- **Double Annual Premium**
 - Not available in New York. Not available if the Automatic Increase Rider (AIR) is part of the policy.
 - The applicant may qualify for a one-time premium discount of 5% if two annual premiums are paid at the time the application is submitted.

The following chart shows the Commission Structures available for each of the above-mentioned discounts.

Individual DI Issue Ages 18-60 ⁽¹⁾	NC: All Occupational Classes, GR: 6A/M-3A/M		GR: 2A, 2M, A, M, B	
	First-Year Commission	Renewal Commission	First-Year Commission	Renewal Commission
UML - 10%, 15%	50%	10%	40%	10%
Association - 15%	40%	10%	30%	10%
Double annual - 5%	—	—	—	—

⁽¹⁾ For policies issued over age 60, the first year commission payable will be reduced by 10%. Renewal commissions will remain as they show in the table above.

Guaranteed Standard Issue Discounts

GUARANTEED STANDARD ISSUE DI PLANS

Refer to GSI section.

This program is designed to provide individual DI insurance to a group of individuals working in professional and executive occupations with the same employer. A major feature of this program is the availability of Guaranteed Standard Issue (GSI) underwriting for select groups. GSI underwriting means that everyone who meets the conditions for eligibility will be issued a policy at standard, discounted unisex rates. Conditions for eligibility include:

- Participants must be on the census submitted to underwriting,
- Participants must have been actively at work for the past 180 days,
- Participants must not have total DI coverage in force that exceeds the Issue and Participation Limits, and
- Participants must not currently qualify for a benefit under the Presumptive Total Disability provision of the policy. If the CAT Rider is part of the GSI offer, the participant must not be catastrophically disabled.

An offer of GSI underwriting must be approved by underwriting before it is presented to an employer. **This program is not available to medical or dental occupations with the exception of qualifying medical residency programs.** The following chart summarizes the differences between employer-paid and voluntary plans.

*Employer-Paid, Voluntary and Core/
Buy-Up Plan Specifications*

Cases may or may not qualify for a GSI offer. Availability of GSI is based on a number of factors, including demographics, number of eligible employees, industry, mix of occupations, other in force coverage, etc. The guidelines below may be adjusted for a particular employer based on the company's characteristics. In no case may coverage amounts exceed the published Issue and Participation Limits of the issuing company.

	Employer-Paid	Voluntary (employee- pay-all)	Core/Buy-Up (ER-pd base, EE-pd excess)
Minimum Participants	5 (100% participation)	Greater of 10 lives or 25% participation	10 lives on ER- paid core; Buy-up minimum varies
Billing	List bill	Choice of list bill or Electronic Funds Transfer (EFT available only with 100% employee pay)	List bill for ER-paid base Electronic Funds Transfer (EFT) available on EE-paid excess
Occupation Classes	6A-3A Medical occupations not eligible*	6A-3A Medical occupations not eligible	6A-3A Medical occupations not eligible
Maximum GSI Limits	5-9 Lives: Up to \$2,500 10+ Lives: To \$8,000, based on group size and demographics	Up to \$5,000, based on group size and demographics	Up to \$8,000, based on group size and demographics
Premium Discounts	5-9 lives: 15% 10-49 lives: 20% 50-99 lives: 25% 100+ lives: 30%	10-49 eligible: 15% 50-149 eligible: 20% 150-299 eligible: 25% 300+ eligible: 30%	10-49 lives: 20% 50-99 lives: 25% 100+ lives: 30% (discounts apply to core and buy-ups)
Available	<ul style="list-style-type: none"> Enhanced/Basic Residual Social Insurance Substitute COLA - 6% Compounded or 3% Simple Catastrophic Disability 	<ul style="list-style-type: none"> Enhanced/Basic Residual Social Insurance Substitute COLA - 6% Compounded or 3% Simple Catastrophic Disability 	<ul style="list-style-type: none"> Enhanced/Basic Residual Social Insurance Substitute COLA - 6% Compounded or 3% Simple Catastrophic Disability

* Except for approved residency programs.

*GSI Pre-Existing Condition
Limitation Guidelines*

Pre-existing condition limitations may apply based on the number of eligible employees and plan design. State variations apply.

Under 10 Life Cases

- 3/12 Pre - X included*

Employer-paid cases with 10+ lives

- No Pre - X included

Voluntary case with 10+ lives

- 12/12 Pre - X for under 50 lives*

- 3/12 Pre - X for 50+ lives*

Additional Pre - X options are also available in the event of a competitive situation.

* In states that have approved the Pre - X language.

Mental/Nervous Disorders and Substance Abuse Limitations

Benefits will not be paid for more than the cumulative total of months shown on the schedule page, unless an insured is hospital confined, during the life of the policy if disability is due to any mental/nervous disorder or substance abuse. State variations apply.

Mental/Nervous Disorders and Substance Abuse Limitations				
GSI	Occupation Classes			
Base Contract	6A	5A	4A	3A
NC	2yr/5yr/L	2yr/5yr/L	2yr/5yr/L	2yr/L
GR	2yr/L	2yr/L	2yr/L	2yr/L
2yr = 24-month, 5yr = 60-month, L = Length of the Benefit Period				

Notes on Core/Buy-Up Plans

- The employer purchases a small, base benefit on all eligible employees (often as low as \$500 monthly benefit). Employees then may purchase higher amounts.
- The GSI offer is established for the combined benefit. For example, if the GSI offer is \$3,000 per month, and the employer buys a \$500 benefit for all eligible employees, each employee may buy up the additional \$2,500 on a GSI basis, within the Issue and Participation Limits.
- Higher amounts above the GSI offer may be purchased with full underwriting.
- A separate policy will be issued for each segment of coverage: the employer-paid benefit, employee buy-ups to the GSI threshold and employee buy-ups above the GSI threshold.
- The participation requirement on employee buy-ups will vary based on case characteristics, but can not be less than the greater of 10 lives or 25% participation of all eligible employees.

Guaranteed Standard Issue DI Plans: Medical Underwriting

For a plan that has been approved for GSI underwriting by the multi-life underwriter, medical underwriting is not required unless the applicant is applying for DI coverage above the GSI amount. In that case, a new, fully underwritten application is required and the usual medical requirements are needed. These requirements are based on the additional amount, above the GSI amount only. Please see the Medical Underwriting Section of this guide for more details.

Guaranteed Standard Issue DI Plans: Financial Underwriting

A plan that has been approved for GSI underwriting by the multi-life underwriter requires a census that includes income for each eligible employee. The census must be signed by a qualified officer of the employer. Once the case has been accepted by the multi-life underwriter, census income information will be accepted as financial documentation and additional financial documentation will not be needed. This applies to amounts applied for up to the GSI amount. If the applicant applies for more than the GSI amount, normal underwriting procedures will apply. Please see the Financial Underwriting Section of this guide for more details.

*Guaranteed Standard Issue DI Plans:
GSI Discounts*

These discounts, taken from unisex rates, cannot be combined with any other discounts.

100% Employer-Pay Participation	Voluntary GSI Eligible Employees	Premium Discount
5-9	10 - 49	15%
10 - 49	50 - 149	20%
50 - 99	150 - 299	25%
100+	300+	30%

*Guaranteed Standard Issue DI Plans:
Commission and Bonus Schedules*

GSI NC & GR All Occ Classes	Issue Ages 18-60		Issue Ages 61+	
	First-Year Commission	Renewal Commission	First-Year Commission	Renewal Commission
15%	40%	10%	30%	10%
20%	40%	10%	30%	10%
25%	35%	10%	25%	10%
30%	30%	10%	20%	10%

GSI Bonus

The qualifying period for the GSI bonus is a calendar year. The payment period for this bonus will run from March of a given year through February of the following year. This bonus is separate from any bonus on individually underwritten business and premiums apply to only one bonus program. The GSI Bonus is paid as a percentage of renewal premiums paid during this payment period as shown below.

The GSI Bonus varies for each renewal year, depending upon GSI in force premium and persistency:

- In force premium of \$25,000-\$99,999 and persistency of at least 85% - 2% bonus, payable policy years 2-10.
- In force premium of \$100,000 or more and persistency of at least 85% - 5% bonus, payable policy years 2-10

State Variations

Alabama

- Good Health Benefit not available

Alaska

- Three-year Incontestability Period

Arizona

- No state variations

Arkansas

- Three-year Incontestability Period
- 730-day elimination period not available

California

- DInamic Foundation is not available in California

Colorado

- Nondisabling Injury Benefit not available

Connecticut – DInamic Foundation not approved on Ameritas paper

- Nondisabling Injury Benefit not available
- Good Health Benefit not available
- COBRA Premium Benefit not available
- No Fraud Provision
- Catastrophic Disability Rider not available
- 730-day elimination period not available
- Surgical Transplant Benefit not available
- Cosmetic Surgery Benefit not available
- Salary Substitute Expense (SSE) Rider not available for BOE policies

Delaware

- 730-day elimination period not available

District of Columbia

- Three-year Incontestability Period

Florida

- Own Occupation and Not Working for the length of the benefit period includes an initial 12-Month Own Occupation period
- Managerial Duties Endorsement (MDE) definition of total disability is “12-Month Managerial Own Occupation and then Managerial Own Occupation and Not Working thereafter”
- 15% Multi-Life Discount from unisex rates is available with a minimum of three approved lives at a common employer.
- 10% Multi-Life Discount from sex-distinct rates is not available.

Georgia

- Time Limit on Certain Defenses replaces Incontestability
- Good Health Benefit not available
- Reinstatement within 90 days of lapse date
- Severe Impairment Rider replaces Catastrophic Disability Rider

Hawaii

- Three-Year Incontestability Period
- Cash sickness state, 180-day minimum elimination period on Social Insurance Substitute Rider

Idaho

- No Loss or Suspension of License Exclusion
- 730-day elimination period not available
- 6/12 Pre-Existing Condition Limitation
- COBRA Premium Benefit not available
- Benefits are not payable for normal pregnancy or childbirth. Complications due to pregnancy or childbirth are covered the same as any other sickness.

Illinois

- 24/12 Pre-Existing Condition Limitation
- .90 State Factor for occupational classes 6M and 5M only

Indiana

- 12/24 Pre-Existing Condition Limitation
- .90 State Factor for occupational classes 6M and 5M only

Iowa

- 730-day elimination period not available
- .90 State Factor for occupational classes 6M and 5M only

Kansas

- Fully Underwritten Multi-Life discount available with a minimum of three approved lives.
- Cancellation Privilege added
- Surgical Transplant Benefit not available
- No Pregnancy Limitation
- Five-Year Limitation for Legal Actions
- 730-day elimination period not available
- Time Limit on Certain Defenses replaces Incontestability

Kentucky

- 60-day Notice of Claim
- Three-Year Incontestability Period

Louisiana

- Reclassification Provision added
- Three-Year Incontestability Period
- EZ App process uses application UN 2550 LA - the Life and DI Combo application. EZ App is only available for DI insurance policies.

Maine

- Three-Year Incontestability Period

Maryland – DInamic Foundation not approved on Ameritas paper

- Nondisabling Injury Benefit not available
- Illegal Occupation replaces Incarceration
- Time Limit on Specified Defenses replaces Incontestability
- If not employed when disability begins, your occupation means “your last occupation or occupations prior to disability”

Massachusetts – DInamic Foundation not approved on Ameritas paper

- Time Limit on Certain Defenses replaces Incontestability
- Change of Beneficiary Provision added

Michigan

- Three-Year Incontestability Period

Minnesota

- Right to Cancel language added
- Right to Examine Provision removed
- Illegal Occupation Replaces Incarceration
- Time Limit on Certain Defenses replaces Incontestability
- Narcotics Provision added
- Managerial Duties Endorsement not available for individual DI or BOE
- .90 State Factor for occupational classes 6M and 5M only

Mississippi

- No state variations

Missouri

- Illegal Occupation replaces Incarceration
- .90 State Factor for occupational classes 6M and 5M only

Montana

- 180-day Notice of Claim
- 24/12 Pre-Existing Condition Limitation
- No Pregnancy Limitation
- Unisex rates for all insureds
- EZ App Process uses application UN 2550 MT - the Life and DI Combo application. EZ App is only available for DI policies.

Nebraska

- Illegal Occupation replaces Incarceration
- .90 State Factor for occupational classes 6M and 5M only

Nevada

- 6/36 Pre-Existing Condition Limitation
- Three-Year Incontestability Period

New Hampshire

- Cancellation Provision added
- 24/9 Pre-Existing Condition Limitation

New Jersey

- Cosmetic Surgery Benefit does not require the policy to be in force for six months
- Surgical Transplant Benefit does not waive the elimination period nor does it require the policy be in force for six months
- Time Limit on Certain Defenses replaces Incontestability
- Nondisabling Injury claim must be submitted within 90 days of the injury
- Illegal Occupation replaces Incarceration
- 730-day elimination period not available
- Social Insurance Substitute Rider*
- COBRA Premium Benefit proof of premiums paid must be submitted within 90 days from the date the expense was incurred
- Cash sickness state, 180-day minimum elimination period on Social Insurance Substitute Rider
- Catastrophic Disability (CAT) Rider benefit cannot exceed the base monthly benefit
- 180-day period for Successive Periods of Disability in Noncancelable policies with benefit periods that are less than To Age 65. For Noncancelable policies with benefit periods To Age 65 or longer this provision allows a 365-day period.
- Allows a 30-day Free Look in replacement situations
- If not employed when disability begins, your occupation means "your last occupation or occupations prior to disability"
- Conditionally Renewable policy only available for issue ages 61-64

New Mexico

- Reinstatement within 90 days of lapse date

New York

- Good Health Benefit not available
- Illegal Occupation replaces Incarceration
- No Loss or Suspension of License Exclusion
- No Fraud Provision
- Time Limit on Certain Defenses replaces Incontestability
- Change of Beneficiary Provision added
- Surgical Transplant Benefit does not waive the elimination period nor does it require the policy to be in force for six months
- Cash sickness state, 180-day elimination period on Social Insurance Substitute Rider
- Social Insurance Substitute Rider*
- Double Annual Premium Discount not available
- Insureds on active duty in Armed Forces or National Guard for no

more than five years have the option to suspend the policy. Contestability period will not be tolled.

- Allows for a 30-day Free Look in replacement situations
- 12-month limitation for benefits payable while insureds live outside of U.S., Canada or Mexico
- Proof of Loss must be submitted within 120 days after the date of loss
- Built-in Partial benefits for BOE policy are payable for up to 12 months

North Carolina

- Proof of Loss must be submitted within 180 days
- No Pregnancy Limitation
- Change of Beneficiary Provision added to NC and GR policies
- Time Limit on Certain Defenses replaces Incontestability
- .90 State Factor for occupational classes 6M and 5M only

North Dakota

- Illegal Occupation replaces Incarceration
- .90 State Factor for occupational classes 6M and 5M only

Ohio – DInamic Foundation not approved on Ameritas paper

- Cancellation language added to Payment of Premiums provision
- .90 State Factor for occupational classes 6M and 5M only

Oklahoma

- 730-day elimination period not available

Oregon

- Illegal Occupation replaces Incarceration

Pennsylvania

- Illegal Occupation replaces Incarceration
- 60/36 Pre-Existing Condition Limitation
- Three-Year Incontestability Period
- 730-day elimination period not available

Rhode Island

- Three-Year Incontestability Period
- Cash sickness state, 180-day elimination period on Social Insurance Substitute Rider

South Carolina

- Criminal Activity replaces Incarceration
- No Loss or Suspension of License Exclusion
- No Foreign Residence Limitation
- 24/12 Pre-Existing Condition Limitation
- Six-Year limitation for Legal Actions
- 730-day elimination period not available
- Time Limit on Certain Defenses replaces Incontestability

South Dakota

- 12/12 Pre-Existing Condition Limitation
- .90 State Factor for occupational classes 6M and 5M only

Tennessee

- No Fraud Provision
- Nondisabling Injury claim must be submitted within 90 days of injury

Texas

- Illegal Occupation replaces Incarceration
- Durg/Alcohol and Mental/Nervous disorders have a per occurrence limitation of 12 or 24 months depending on the occupational class
- 730-day elimination period not available
- Catastrophic Disability Rider not available

Utah – DInamic Foundation not approved on Ameritas paper

- Illegal Occupation replaces Incarceration
- 730-day elimination period not available

Vermont – DInamic Foundation not approved on Ameritas paper

- 180-day period for Successive Periods of Disability in both, Noncancelable (NC) and Guaranteed Renewable (GR) policies.
- Criminal Activity replaces Incarceration
- Three-year Incontestability Period
- 730-day elimination period not available
- Disabilities due to Mental, Nervous, Drug/Alcohol disorders are treated the same as a sickness.

Virginia – DInamic Foundation not approved on Ameritas paper

- Illegal Occupation replaces Incarceration
- 12/12 Pre-Existing Condition Limitation
- Cancellation Privilege added
- No Fraud Provision
- 730-day elimination period not available
- Change of Beneficiary Provision added
- Managerial Duties Endorsement not available for Individual DI or BOE
- .90 State Factor for occupational classes 6M and 5M only

Washington

- Nondisabling Injury Benefit covers expenses incurred within one year from the injury date
- 730-day elimination period not available

West Virginia

- 730-day elimination period not available

Wisconsin

- Reinstatement within 90 days of lapse date
- .90 State Factor for occupational classes 6M and 5M only

Wyoming

- Three-year Incontestability Period

* Social Insurance Substitute Rider (SISR) Total Disability Benefit: 100% of the SIS monthly benefit for total disability may be paid when benefits are not being received from any other social insurance program. If the Social Security Primary Insurance Amount is the only social insurance benefit received or if only one benefit is received from a source other than Social Security, one-third of the SIS monthly benefit is paid. If both, Social Security PIA and family benefits are received, or if social insurance benefits are received from more than one source, no benefits are paid by this rider. No benefits are paid unless the insured is receiving disability monthly benefits under the policy.

Underwriting

INTRODUCTION

This section is designed to help you in your role as a field underwriter. Included are financial and medical guidelines to which you can refer before and during your meetings with prospects and clients. This gives you the necessary information at hand so you can properly advise someone applying for DI insurance.

The risk selection process is a joint responsibility shared by the producer and the issuing company underwriter. While the underwriter will make the final decision about the nature of insurance coverage to be offered, and information used in making that decision may come from several sources, the decision is largely based on information obtained by the producer. Therefore, the collection of information obtained by the producer is critical in the underwriting process and makes this function one of the most important roles an insurance agent performs.

This guide focuses on careful completion of the application as well as obtaining all of the necessary financial documents. This not only assists the underwriter in the assessment of risk, but also helps in other critical areas. Careful attention to detail and submission of complete application packages significantly decreases the time it takes to complete the underwriting process and issue a policy. Also, the producer has a responsibility, both to the applicant and to the insurer, to fairly and completely disclose any known positive, or potentially adverse, medical or non-medical information that could affect an underwriting decision.

We value the partnership with our field associates. The long-term availability of a competitive product and the viability of a strong company are dependent upon this partnership and the shared responsibility of sound risk management and risk selection. This section is presented as a resource in the performance of those tasks. But remember, these are only guidelines.

Underwriting Philosophy

Our underwriting philosophy is to review, analyze and assess the risk of applicants for disability income insurance in accordance with appropriate guidelines and to place each applicant into a broad category appropriate with morbidity expectations. In order to properly assess risks, underwriting relies on strong field relationships to provide complete and accurate information on which to make an informed decision. Underwriting is performed in a manner consistent with prescribed medical and financial underwriting standards as outlined in our underwriting manuals. The manuals serve as guidelines and references for the underwriting process. In order to make the most favorable decision, from a risk standpoint, we use the best available data from the company's actual morbidity results and consult with our medical director and financial advisor. It is our intent to be competitive and to make offers that yield results consistent with our long-term morbidity expectations. We strive to maintain a reputation of stability in the Disability Income Insurance industry. We underwrite competitively with fairness and efficiency, and will offer the client the right of first refusal whenever possible.

Differences between Life and DI Underwriting

	<p>When applying for a combination of life and DI insurance or after having been underwritten for life insurance, it is important to understand the differences between the underwriting of life insurance and the underwriting of DI insurance. Understanding those differences can help to avoid potential frustration later. Disability insurance and life insurance are different products with a separate set of risks that are unique unto themselves. The following factors are of primary importance to disability insurance but may be of less concern to life insurance.</p>
Income	<p>DI insurance requires financial documentation for every application. Financial documentation may include tax returns, W-2s, business tax returns, Profit and Loss Statements, etc. For life insurance, income is a significant factor only for large amounts of insurance.</p>
Medical Impairments	<p>Do not assume that a client who has recently been approved for life insurance will automatically be a satisfactory risk for DI insurance. The client should never be advised that they are insurable for disability insurance based on life insurance underwriting approval. In these situations, request his/her risk analysis be performed by a DI underwriter. Back pain, psychological history, etc. need a complete evaluation by a DI Underwriter to determine if an applicant can be insured. These are in addition to impairments that also can be significant to the underwriting of life insurance (i.e. cancer, diabetes, coronary disease).</p>
Occupation	<p>Correct occupational classification for DI insurance is critical in determining the proper premium rate or even eligibility for insurance. Occupation, unless extremely hazardous, is rarely a concern for life insurance underwriting.</p>
Do's and Don'ts	<p>Do include on the application the definition of disability code for the plan selected by the insured. Listed below are the plan codes. You can find the code selected on the illustration.</p> <ul style="list-style-type: none">• OO – Own Occupation for the length of the benefit period• NW – Own Occupation and Not Working for the length of the benefit period• ON – Five-Year Own Occupation and then Not Working for the remainder of the benefit period
Exclusion Riders	<p>Do discuss with an applicant the potential for an exclusion rider when there is a significant medical impairment. For a listing of common impairments and potential actions, refer to the Medical Impairment section of this guide.</p>
Ratings Discussion	<p>Do discuss with an applicant the potential for an extra premium classification (rating) due to medical or non-medical factors. When appropriate, this rating is expressed as a percentage increase from the standard premium and can be illustrated using the LifeDesigns DI software.</p>
Notifications	<p>Do give the applicant the “Notice of Insurance Information Practices,” which explains the underwriting process.</p>

Occupational Classes	<p>Proper classification of the applicant is important. Do refer to the occ class guide in this guide. The complete occupational class guide is also included in the LifeDesigns DI software. Ask the applicant about specific duties and percentage of time spent on various duties, if there are several. Ask how long he/she has been in that occupation. Finally, if you have any questions about the occupational class, do call the Sales Support Team for assistance.</p>
Policy Dates	<p>In calculating the age of the applicant, we issue policies using last birthday rather than nearest birthday. Therefore, we do not allow backdating of the application to save insurance age. Don't backdate an application. You may date ahead up to 30 days from the date of the Part I of the application. However, explain to the applicant that coverage will not be effective until that date, at the earliest. Normally, the policy date will be 10 days after approval for cash on delivery (COD) applications. This allows the producer time to schedule policy delivery. When a Conditional Receipt has been given, the terms of the Conditional Receipt will be used to determine the policy date.</p>
Replacements	<p>A replacement happens when an existing policy is being replaced, in whole or in part, by a new policy. If the new coverage will replace existing coverage, do provide the date to which the in force coverage is paid. If the state of application requires it, do complete state replacement forms. Don't recommend that the applicant cancel any existing coverage until new coverage is approved and in force. Once the new coverage is in force, please follow up with the client to make sure that the previous coverage is canceled. We will contact the insuring company that issued the in force coverage to make certain any intended replacement coverage has been discontinued. In the event that previous coverage was noted on the application to be replaced and was not, the new coverage may be modified or rescinded.</p> <p>In order to comply with state requirements and to ensure value to policyholders, the following rules will apply to all replacement activity:</p> <ul style="list-style-type: none"> • All replacements will be reviewed for value added to the customer; • All underwriting requirements must be satisfied; • Either the Policyowner's Change and Service Request form or the replacement section of the application must be completed; and • Request must be submitted with the appropriate Replacement Form, (state specific), if required by state statute. <p>For internal replacements:</p> <ul style="list-style-type: none"> • In general, first-year commissions are paid on new money premium only, not on money that was fully compensated in the past; • Renewal commissions are paid on all continuing premium that was fully compensated on the original policy; and • If the original policy is more than ten years old, first-year commissions will be paid on the entire premium for the new policy.
Underwriting Decision	<p>Do inform the applicant that coverage should not be assumed to be in force until the underwriter has made a decision.</p>

The Disability Income Insurance Application*

Due to the increase of fraudulent claims in the industry, the following statement is incorporated into our application:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

*State variations apply.

The application is the legal basis of the contract and has been designed to elicit pertinent information needed to issue the policy. Each question on the application must be answered completely, with corrections initialed and dated by the proposed insured. The application must be completed electronically or in ink.

You should impress upon the applicant the obligation to answer the questions accurately and completely, and should make sure that all relevant information is included in the application. An admitted existing abnormality, sickness, or injury shown in the application, and not specifically excluded by the Company, will be covered from the date of issue of the policy. Failure to inform the Company of such pre-existing conditions could result in denial of a claim and/or rescission of the contract. If any prepayment is obtained with the application, complete the Conditional Receipt attached to the application and give it to the applicant. Acknowledgment and amount of payment received must be indicated on the application. Only checks are acceptable; no cash, credit cards or money orders will be accepted.

If no premium is paid at the time the application is taken, this information should be included on the application, and the Conditional Receipt is to remain attached to the application. No premium should be accepted between the time the application is taken and delivery of the policy. A policy issued without prior collection of the premium cannot be delivered unless the applicant has been in continuous good health since the application date.

Taking Applications

In the sale of a DI policy, you make two presentations:

- To your prospect/client, you present the need for income protection and your suggested solution for meeting that need.
- To the DI underwriter, you present the case for insuring this person.

Just as you carefully prepare your presentation to the prospect/client, making certain you have covered all important points, it is important to pay careful attention to your presentation to the DI underwriter, making certain it is prepared as a fair and thorough representation of the facts of the case.

Application Process

Here are important steps in completing the application:

- Use the correct application.

The application state* is determined by:

1. The state of full-time residence or
2. The state of full-time employment.

In California and Florida, the application state is determined solely on the state of full-time residence.

*The state version of the application must match the state of issue.

Check the version number in the lower left corner. (Fillable applications and forms are available on Producer Workbench.)

- Print the application on blank paper with no other identifying logo/trademarks from stationery left in the printer.
- Have the applicant answer all questions in Part I and Part II of the application. Obtaining the answers to unanswered questions once the application is received by us slows down the approval process and results in the need for an amendment to the contract.
- Complete the application by typing it or handwriting it legibly in black ink.
- The application should be completed in the presence of the applicant. This helps to enable you to evaluate the applicant as an acceptable risk.
- The applicant must initial corrections. White out is not acceptable.
- Collect proper signatures and dates wherever needed.
- Complete the medical questions, even if a paramed or medical exam is necessary. You, as a field underwriter, perform the first assessment of the applicant as a risk. Your knowledge of any health impairments is critical in this assessment.
- Give the applicant the authorization, privacy and Medical Information Bureau (MIB) forms.
- Inform the applicant that he/she may be contacted for a personal history interview (PHI). Prepare him/her for the questions that will be asked and advise what information he/she should have on hand.
- Advise an applicant who has an adverse medical history, that the policy may have a rating or exclusion, or may not be issued at all. The best time to discuss a possible substandard policy is at the time of application. An Informal Inquiry can give you an early indication of the underwriting appraisal prior to submission of the application. At policy delivery, it is better to deliver good news to a client who has been prepared for bad news than to deliver bad news to a client who has not been prepared for it. And remember, delivering a policy with a rating or a rider really isn't bad news at all. It is the accurate reflection of a risk, and the delivery of a policy that provides needed protection is good news!
- Agents are encouraged to obtain the full initial premium, if appropriate, at the time the application is written. Payment may be in the form of a business or personal check, but not cash. The check should be made payable to the issuing company. Detach the Conditional Receipt and leave it with the applicant. (Note: There are certain conditions under which an initial premium should not be collected. These conditions are listed on the Conditional Receipt. Also, review Conditional Receipt in this section.)

Agent's Statement

The agent's statement must be completed with each DI application. The statement is essential to the underwriting process as it provides valuable information about the applicant, allows the DI underwriter to accurately classify him/her as a risk and allows you to certify that you have disclosed

all relevant information. By completing this form accurately, you can often eliminate PHI or inspection report delays and help establish insurability. The information supplied will assist the underwriter in processing the application in a quick and efficient manner.

Application Forms

Use the appropriate application form* when the applicant qualifies for non-medical coverage. If the applicant does not qualify for non-medical coverage, arrange for a paramed facility to complete the paramedical exam.* For Guaranteed Standard Issue cases, use the appropriate application form.*

* State variations may apply.

Authorization*

When an applicant signs the "Authorization to Obtain Information" section of the application, he/she agrees to the following:

- Any medical professional or facility may share medical information with the issuing company
- The MIB or any other consumer reporting agency may share information with the issuing company regarding the applicant's medical or financial history, occupation, habits, reputation, activities or character
- That a consumer investigative report may be produced
- That, to facilitate the submission of such information, records or knowledge may be given to any agency employed by the issuing company to collect and transmit that information
- That he/she understands the information will be used by the issuing company to determine eligibility for insurance
- That he/she agrees the authorization is good for two and one-half years
- That he/she acknowledges he/she can receive a copy of the authorization
- That he/she acknowledges he/she can revoke or refuse this authorization at any time by giving a written request to the company. (This however, may impair our ability to process the application.)

In general, the authorization allows the issuing company, and any agency employed by the issuing company, to request and obtain information that may be used solely for the determination of eligibility for insurance. The issuing company may collect medical and non-medical information about the applicant, but we may only use that information to determine eligibility for insurance.

The issuing company may share information with the MIB or with an agency employed by the issuing company to make it easier to collect additional information. The issuing company will not share any information with another insurance company without specific authorization by the applicant to do so.

The issuing company obtains medical information only in connection with specific products or claims. We will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of the application policy, claim or account, or as otherwise disclosed when the information is collected.

* Please refer to the Authorization page of the DI Insurance application.

Conditional Receipt

The Conditional Receipt provides coverage only when the collected premium is at least the full modal premium. Partial payments are not acceptable.

The maximum coverage provided by our Conditional Receipt is \$8,000 per month. The limit applies to the total monthly combined benefits for disability income and/or business overhead expense insurance. If you are submitting an application for disability income or business overhead expense where total monthly combined benefits are in excess of \$8,000, do not submit premium with the application and do not give the applicant a Conditional Receipt. If the risk is impaired or if the proposed insured will not be an acceptable risk to the issuing company at standard premium rates for the benefit applied for without exclusion or restrictive endorsement, the premium should not be accepted with the application. If there is any question, the agent should use an Informal Inquiry Form for preliminary evaluation of insurability.

DI EZ APP TELEUNDERWRITING PROCESS

What are the Advantages of Using EZ App?

The EZ App teleunderwriting process is an alternative to the traditional DI insurance application process. Medical history and lifestyle questions are asked by a skilled, professional interviewer over the telephone; and all mini-examinations are scheduled at the end of the interview. This allows you more time to focus on building new relationships and writing new business.

- Reduces the time required to issue a new policy by improving the turnaround time on exams, minimizing the number of incomplete applications, and in some instances, eliminating the need for an Attending Physician Statement (APS);
- Enhances customer satisfaction with the application process by eliminating redundant medical and lifestyle questions and increasing the comfort level of your clients by allowing them to provide this information over the telephone to a professional, independent party;
- For amounts of \$5,000 or less, may reduce the medical and financial requirements needed to underwrite your clients; and
- Improves placement rate by reducing new business processing time and offering more appropriate underwriting decisions as a result of having more consistent and complete medical and personal information.

Who is Eligible to Use EZ App?

EZ App can be used by anyone applying for DI insurance. It is available for:

DInamic Foundation Policies Series

- Noncancelable and Guaranteed Renewable (Form 4501NC in approved states; Form 5501-NC in New York)
- Guaranteed Renewable (Form 4502GR in approved states; Form 5502-GR in New York)
- Business Overhead Expense (Form 4503BOE in approved states; Form 5503-BOE in New York)

Occupational Classes

- Nonmedical: 6A, 5A, 4A, 3A, 2A, A and B
- Medical: 6M, 5M, 4M, 3M, 2M and M

Issue Ages

- 18-64

What Requirements are needed
When Using EZ App?
Medical Requirements

The following chart shows the medical requirements for EZ App cases. These requirements are necessary when the DI insurance benefit amounts applied for and in force with us (including GSI amounts) are equal to or greater than the amounts shown below. The producer is responsible for calculating the benefit amount and reporting it to ExamOne, our vendor for EZ App.

The benefit amount equals the sum of the following: (a) base monthly benefit; (b) Social Insurance Substitute (SIS) Rider; and (c) one-half of the Future Increase Option (FIO) Rider. When DI and BOE coverage are applied for concurrently, the benefit amount is the sum of the above for both DI and BOE.

Medical Requirements		
Ages	Mini-Exam*	EKG
18-40	\$5,001	N/A
41-50	\$5,001	N/A
51+	\$5,001	\$10,001

* Mini-Exam includes blood, urine, height, weight, blood pressure and pulse readings. Medical questions are not included in the mini-exam since they are asked during the telephone interview.

Financial Requirements

The chart below shows the financial requirements for EZ App cases. These requirements are necessary when the DI insurance benefit amounts applied for and in force with all companies exceed the amounts shown below. The producer is responsible for obtaining the appropriate financial documentation.

Financial Documentation Summary - Individual DI					
		Ownership			
Amount*	Employee	Sole Proprietor	Partnership	S-Corp	C-Corp**
\$5,000 or less	N/A	Complete 1040 and Schedule C	W-2 and Schedule E or K-1	W-2 and Schedule E or K-1	W-2 and 1120
\$5,001 - \$7,500	Paystub or W-2	Complete 1040 and Schedule C	W-2 and Schedule E or K-1	W-2 and Schedule E or K-1	W-2 and 1120
\$7,501-14,999	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules) and 1120
\$15,000 and up	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. Personal returns and 1120

* Applied for and in force with all companies. All joint returns require a copy of W-2s from the applicant only.
 **Form 1120 is not required if applicant owns 20% or less of the C-Corp.

Financial Documentation Summary – Business Overhead Expense (BOE)	
Amount*	
\$5,000 or less	N/A
\$5,001 - \$14,999	Current Profit & Loss (P&L) Statement
\$15,000 – \$20,000	Current P&L Statement and last years Business tax return
>\$20,000	Last two years Business tax returns
* Applied for and in force with all companies.	

For Business Overhead Expense insurance:

- For nonprofessional business owners, we will need a listing of all employees, their salaries and duties whenever the amount applied for and in force is \$3,000 or more; and
- For professional business owners, we will need a listing of compensation of all employees in the same occupation as the owner.

For additional information on the EZ App Teleunderwriting Process, please refer to the EZ App Teleunderwriting Agent Guide for Life and DI insurance or contact your New Business Representative.

COVER LETTERS

A cover letter is your opportunity to disclose any additional information to the DI underwriter that you feel will be valuable in evaluating a risk. Use the cover letter to paint a complete picture of the applicant by providing additional details on his/her occupational duties, medical condition or financial situation. You also may ask for any special considerations you feel the applicant's situation may warrant.

In the cover letter:

- Refer to any pre-underwriting conversations you have had with the issuing company personnel. If you have had a conversation with an underwriter, address the cover letter to that underwriter
- Mention any considerations or exceptions already made.
- Explain why you are making any requests that you are requesting.
- Explain any medical history of the applicant.
- In the event of medical impairments, discuss if the applicant is willing to accept a rating, exclusion or modification of coverage.
- Describe any competitive offers from other companies.
- Describe any unusual increases/decreases in income, including bonuses or other incentive compensation.
- Discuss retirement contributions and any substantial unearned income or net worth.
- Describe any relevant details about the applicant beyond what can be included on the application - for example, occupational duties that are unusual in nature, education or future employment prospects and plans. Include percentage of time spent on specific duties.
- If the applicant is a business owner, describe the nature of the business and a history of earnings growth. Discuss any significant fluctuations in earnings and any plans for growth.
- If the client works from home clarify the percentage of time they leave the home, in connection with their duties. If they do not leave the home at all, so specify.

Sample Cover Letter

Dear Disability Underwriter:

Subject: John Adams – DOB: October 1, 1964

My client, Mr. Adams, is the applicant that I discussed with you on July 14, 2011 regarding his recent elevated cholesterol level. His cholesterol had been elevated up to 272, but his physician, Dr. Edward Johnson, started him on Lipitor and the subsequent test was 198.

As for his professional history, Mr. Adams began a new business last year after working for 10 years at XYZ Company. As a researcher with a PhD in computer science, his duties are 100% management and consultative. His business is thriving as it has grown from 10 to 17 employees over the past year and one-half.

I am enclosing the last two years' W-2s from XYZ Company as well as the complete personal tax forms from 2006 and 2007. Since he is a business owner, I am also enclosing complete business tax forms. Even though he has changed businesses in the last two years, I believe that the attached financial information will provide you with detailed information on the stability of income and growth of his business.

He currently has existing disability income insurance with ABC Company for \$3,000 per month issued on a standard non-tobacco basis in March 2005. He is not replacing this and there is no other individual or group disability applied for or in force.

I am submitting this application together with those of five of his employees and request that they all be part of a multi-life case and held on approval so that they can be issued with a common date. Please use the billing address of the office.

I have scheduled Mr. Adams for a paramedical exam on July 21, 2011, to include blood and urine testing. I have informed Mr. Adams of the Personal History Interview and he is available in his office from 8 a.m. to 5 p.m. EST every day.

I have tried to give you complete details in this cover letter, but please feel free to contact me at 513-123-1234 or e-mail me at agent@agency.com if you have any further questions.

Sincerely,

George Producer

HIPAA Privacy Rule

The HIPAA Privacy Rule allows covered providers and health plans to disclose protected health information if the providers or plans obtain satisfactory assurances that the disclosed information will be used only for limited purposes and that the information will be protected from misuse.

As a result of these new regulations, providers and other health care entities will require that authorizations for release of protected health information meet certain standards and may not be combined with any other document to create a compound authorization. The HIPAA regulations also require that the individual be provided a copy of the signed authorization.

This revised Authorization must be completed IN ADDITION TO the authorization(s) already contained in applications you are utilizing. The new authorization will print automatically with all the applications on Producer Workbench. The revised authorization will be IN LIEU OF the authorization you are now utilizing at claim time. Failure to utilize this REVISED AUTHORIZATION may result in delays in our receipt of medical records.

Misrepresentation

Misrepresented or fraudulent applications will be rejected immediately.

The issuing company intends to protect itself and its policyholders from any fraudulent activity. Fraudulent applications jeopardize our ability to effectively maintain valuable DI coverage for customers at competitive prices. Any suspected fraudulent conduct, applications, or activities should be brought to the attention of the Special Investigative Unit for investigation or through our website, under "contact us." In many states, if fraud is even suspected, it must be brought to the attention of state insurance authorities.

Illustrations

To help facilitate the underwriting process, submit an illustration with each application. If they do not match, the information on the application dictates what will be underwritten. If information on the application is incorrect, an amendment to the policy will be required. The application becomes part of the legal contract. Illustrations for Guaranteed Standard Issue DI Plans will be done by us.

Impaired Risks

In any situation where there is doubt as to the insurability of a risk, a nonmedical application should be submitted for preliminary consideration. Under no circumstances should a premium be accepted. You may prepare an applicant for a possible premium increase or a restricted or modified issue, but do not promise an applicant the policy will be issued on this basis.

While most applicants qualify for standard disability income insurance, some applicants will not because of their medical history. In the majority of those cases not qualifying for standard insurance, we will consider issuing a modified policy providing coverage at a reasonable cost. A modified policy can mean a premium increase, an impairment waiver, an increase in the elimination period or a decrease in the benefit period. In some instances, a combination of two or more of these methods may be used. It is our practice to keep our policies as free of restrictions as possible. When a policy is issued with an exclusion rider, two copies of the exclusion rider must be signed by the insured. A copy is to remain attached to the policy and the signed original should be returned to the issuing company.

Informal Inquiry

There are many ways to seek an opinion on the insurability of a proposed insured: application, e-mail, phone call and Informal Inquiry. The application process is a formal request for coverage. E-mail and phone calls are unofficial requests for opinions on the insurability of a proposed insured.

The Informal Inquiry approach to a questionable risk saves time and avoids unnecessary expenses. It allows Underwriting the opportunity to review the medical or non-medical aspects of a case. It also provides the agent an opinion on the insurability of the proposed insured. The agent can then proceed accordingly.

An Informal Inquiry Form should be submitted when:

- A proposed insured has been declined, limited or rated for life or DI insurance in the past
- There is medical or non-medical history that creates doubt as to whether declination or rating might result
- Requesting a tentative offer
- A proposed insured is contemplating any medical or non-medical activity that might cause a formal application to be postponed, e.g., hospitalization or foreign travel

Additional Policies

Rarely is it essential to have an additional policy. If there is a need for an additional policy, contact the Underwriting Department for guidance prior to submitting the application.

Alternate Policies

We do not issue alternate policies. The illustration software should be used to run comparative illustrations.

Refunded Premiums

If money is collected on an application in excess of \$8,000 per month or if the risk is impaired, the issuing company will notify the agency/agent and refund that premium directly to the premium payor. An explanation of the reason for the refund will accompany the premium return. Circumstances in a given case, including the severity of the impairment and the state in which the application is written, will dictate precise handling.

Setting Expectations

It is important to prepare the applicant for the underwriting process. Properly setting expectations greatly increases the likelihood of placing a case that may take longer in underwriting or be issued on a basis other than applied for.

Here are some tips for setting expectations:

- DI insurance underwriting is often a longer process than life insurance underwriting. If both applications are written concurrently, it is possible that a decision may be made regarding life insurance before the decision regarding DI insurance is made.
- The amount of DI one may purchase is closely tied to income. Therefore, documentation of one's income is crucial and may require the applicant to furnish significant financial documentation.
- Many medical conditions, while not life-threatening, may be disabling. An example is a bad back. Therefore, medical underwriting for DI is very thorough. Careful evaluation of medical records is an integral part of the underwriting process. Based on the results of that review, DI insurance is often customized to

fit a particular applicant's situation. This may result in an approved policy that may be different from the design for which the applicant applied. It may include a rating for extra premium and/or an exclusion of pre-existing conditions.

- An applicant can help expedite the process by providing complete and accurate information on a timely basis. If it is necessary to submit blood and/or take a medical exam, have him/her do so as quickly as possible. Prepare him/her for requests for information such as medical conditions, names/addresses of medical providers, and any medications currently prescribed.

Submission of Complete Package

Prepare your presentation to the DI underwriter so as to yield the best results.

A complete application package should include:

- A complete Part I with all applicable questions answered and all proper signatures included
- A complete Part II with all questions answered and properly signed
- Any appropriate amendment forms, including:
 - Alcohol
 - Aviation Amendment
 - Avocation Amendment
 - Drug
 - Foreign Travel Amendment
- Copies of any pre-underwriting correspondence with the issuing company personnel.
- Cover letter (See Cover Letters section for tips)
- Lab ticket for blood/urine
- Income documentation as required for the amount of coverage (See Financial Underwriting section for requirements)
- Initial premium, if collected
- HIV consent form
- Electronic Funds Transfer form (if necessary)
- A copy of the DI illustration that matches the coverage for which the applicant is applying
- Completed replacement forms (if appropriate)

When Not to Submit an Application

As a field underwriter, you are the first person to evaluate the applicant as a risk. Occasionally, it is better not to take an application at all. Taking an application on an applicant who is certain to be declined will not only upset the applicant, but is also a misuse of your time and impedes the underwriter's ability to process other cases that ultimately will be approved. If there is a question about a particular medical impairment, see the Medical Underwriting Section of this guide. Do not submit an application for someone who is affected by a condition next to where you see "DECL" noted. If you still have a doubt, contact an underwriter with your question.

DELIVERING THE POLICY

Amendments

An application asks for the information needed to issue an insurance contract and is the basis upon which a policy is issued. Delays and possible restriction of commission can be avoided by paying attention to detail when completing the application. Amendments are required when the application has changed, there are unanswered questions on the application, or the application contains inaccuracies. Approximately 60 percent of amendments are due to:

- Unanswered questions
- Incomplete information about the plan
- Incomplete information about the amount of insurance
- Lack of detail regarding consultations with attending physicians

Risk and Nonrisk Amendments

Risk amendments are used when there is no liability to the Company until the amendment is signed. For example, risk amendments are needed for rated policies and benefit amounts different from those shown on the application. Commissions are restricted until the amendment is signed and received at the issuing company.

Nonrisk amendments are amendments involving such things as clarification of beneficiary or date of birth. Commissions will be paid on nonrisk amendments; however, it is important the agent have the amendment signed at the time of delivery and promptly returned to the issuing company.

Delivery of the Policy

After the agent receives the policy, delivery should take place as soon as possible. A policy delivery receipt is included with each policy that must be completed and returned to the issuing company in accordance with the instructions on the receipt.

It is important to deliver a policy as soon as possible because all policies contain a free-look provision, making the time of delivery key. The delivery receipt establishes the date on which the free-look period begins. A policy should **NOT BE** delivered if the proposed insured has a change in health status after the date of the application. Even if the premium has been collected and a Conditional Receipt given, the agent must hold the policy and immediately contact the underwriter for further instructions. Generally, the policy should be returned to the issuing company immediately. Underwriting will then determine if and when the policy can be delivered.

Good Health Statement

Medical information provided on the application Part II medical or paramedical is acceptable for underwriting purposes for 180 days from the date of completion with a currently dated non-medical Part II portion of the application completed.

Conditional Receipt policies issued as applied for must be delivered within 90 days of the date of the application or Part II medical/paramedical. Policies issued other than applied for or policies issued on a COD basis require completion of a Good Health Statement upon delivery if more than 60 days elapse from the date of the application or Part II.

Under no circumstances can any policy be delivered beyond 90 days from the date of the application or Part II without a Good Health Statement unless the underwriter has extended the delivery date.

Policies Issued as Applied For

Policies issued as applied for on a Conditional Receipt basis must be delivered within 90 days of the date on the Part II. If the policy is not delivered within 90 days of this date, contact the underwriter for instructions.

Policies Issued Other Than Applied

Policies issued other than applied for or on a COD basis must be delivered within 60 days of the date on Part II. Otherwise, a Good Health Statement must be signed at the time of delivery. If the policy is not delivered within 90 days of this date, contact the issuing company for instructions.

Reinstatement

To reinstate a policy, all past due premiums must be paid within 30 days of the premium due date.

If a policy has lapsed over 30 days, it is eligible for reinstatement consideration for up to one year after policy lapse. For reinstatement consideration, submit the Disability Income Reinstatement Application.* All past due premiums along with financial documentation are required for reinstatement to be considered.

*State variations apply.

Underwriting must:

- Review the reinstatement request to determine other requirements needed for reinstatement. Medical evidence may be needed when deemed necessary by underwriting
- Review the reinstatement request and make a determination in the best interests of the company
- Advise the producer of any adverse actions.

FINANCIAL UNDERWRITING

Financial underwriting is the evaluation of the financial aspects of the application. This is done to determine the correct amount of coverage for which an applicant qualifies and particularly, to avoid overinsurance. We are concerned about overinsurance because experience has shown that it leads to an increase in the number and length of claims. When applying financial underwriting standards, an underwriter will evaluate earned income, unearned income, net worth and bankruptcy history, if any. It is important to note that financial underwriting of DI applications differs from life insurance applications. With DI, published issue limits are established based on earned income.

DI underwriting requires financial documentation of income. A large net worth will generally justify larger amounts of life insurance, but may actually reduce the need for disability income insurance. Therefore, a solid understanding of insurable income is essential when writing a DI policy. Some proficiency in understanding tax returns together with knowledge of earned and unearned income is necessary.

The following pages outline our requirements for income documentation and tax form submission when applying for DI.

Individual DI Applications

The use of tax returns, IRS Form W-2 or other as documentation of income is required on all individually underwritten cases. Adequate financial underwriting is always essential, but can be especially critical when larger amounts are considered, where there is a substantial increase in the current income over

Employment Requirements

previous years' incomes or where there are discrepancies as to earned income. Inadequate financial documentation can result in underwriting delays and/or reduction of benefits. In situations where discrepancies exist, larger amounts are involved, or there is a substantial increase in the current year's earnings, verification of income figures may be required.

An applicant must be able to demonstrate stability of employment and income. Applications for people employed in their stated occupation for less than 12 months should be accompanied by an explanation with respect to present and future stability of employment and income. Generally, self-employed individuals are not eligible for coverage unless they are involved in their business for a minimum of one year prior to the date of the application. However, this requirement can be met by virtue of employment in a similar occupation for a minimum of two years prior to becoming self-employed. Applicants must have been employed in the applied for occupational classification for a minimum of 12 months.

Annual Earned Income

The Annual Earned Income section on every application must be completed, even if financial documentation is submitted.

- All applications must include documentation of income for the current year, and the prior two years.
- We require financial documentation with all disability income applications. Please refer to the Financial Documentation Summary for the types of financial documentation required.
- Whenever income has increased substantially in the past year (i.e., 20% or more), we will need a detailed explanation. Unusual fluctuations may require us to average previous years' income to determine an issue amount. Each application will receive individual consideration.

Bankruptcy

Individuals who have a history of bankruptcy present a concern for disability underwriting. Personal bankruptcy may be a means of escaping a bad financial situation, and repeated episodes may well indicate a fraudulent intent. Until all creditors' claims have been settled, regardless of circumstances, there is a risk the bankrupt individual may be tempted to use DI insurance proceeds to compensate for lost income or his/her inability to earn a satisfactory income. Favorable underwriting factors include a single bankruptcy, Chapter 11 or 13 bankruptcy, bankruptcy discharge and job and financial stability. Some unfavorable underwriting factors include multiple bankruptcies, Chapter 7 bankruptcy, recent or pending bankruptcy, debts still outstanding and history of fraud.

A bankruptcy must be fully discharged and generally all debts repaid or discharged for at least two years before we will consider disability income insurance. If there are multiple bankruptcies, most likely the individual will not be insurable. Any application for disability insurance with a bankruptcy history within the last 10 years will be considered on a case-by-case basis. Complete information should accompany the application including the type, chapter, circumstances of the bankruptcy and the discharge information. A current statement of net worth, including all liabilities not discharged by the bankruptcy and two years of federal income tax returns (including business tax returns), if applicable, should be submitted for consideration.

Change in Occupation or Employer

Generally, an applicant must have demonstrated earnings stability in his/her occupation for at least one year to be considered for coverage. An applicant who has recently changed occupations to one where he/she doesn't have prior experience will be given individual consideration. Individuals who recently changed employers but remain within the same occupation usually can be considered for coverage provided that adequate income documentation can be supplied regarding the new employment situation. For non-salaried employees, consideration will be given to prior earnings history, but projections of higher income will not be used to determine benefit amounts.

Earned Income

Earned income net of business expenses is the primary basis for determining the amount of coverage the issuing company is willing to consider for an applicant. For underwriting purposes, income is earned if it stops or would be significantly reduced because of a disability.

The underwriter examines all sources of income available to the insured and identifies the amount of earned income that can be supported by historical pattern and, at the same time, appears stable in the future. Those individuals who have significant fluctuations in income or do not have discernable income patterns will be underwritten very carefully and will need to provide additional information to support their expected future income. Earned income depends upon the insured's employment and business ownership status. The underwriter will rely exclusively on tax reportable information and the earned income assessment. Any income not reported to the Internal Revenue Service will not be considered for underwriting purposes. This is consistent regarding determination of earned income at the time of any claim. The Financial Documentation Summary chart is a guide to understanding employment status, ownership and income documentation requirements.

Income Averaging

Current income is normally used to determine the maximum monthly indemnity amount. However, when there has been fluctuation of income in the past three years, we will use a weighted average of those incomes to determine the maximum amount available.

Pension and Profit-Sharing Contribution Limits

In most cases, contributions to pension and profit-sharing plans can be included as earned income when determining the Maximum Issue and Participation Limit. Contributions of annual salary must be substantiated. This amount is added to the "gross income net of business expenses."

Wealth/Net Worth

As a person's net worth approaches \$4,000,000, there may be less need for long-term disability income coverage. When net worth exceeds \$4,000,000, sufficient financial information must be submitted so an accurate determination of the composition and liquidity of assets can be made. This analysis is then considered in relation to the applicant's age, health, life-style, work habits and record. This analysis does not apply to policies issued as part of a GSI Plan.

Unearned Income

Unearned income unaffected by a disability can act as a source of replacement income during a disability and must be taken into account when determining Maximum Issue and Participation Limits or overinsurance could result. These rules apply to both personal DI and BOE. If the net unearned income exceeds \$20,000 per year, the excess will be deducted at one-half its value from the issue limits indicated in the charts to allow for some uncertainty of receipt. Government, military or other pensions that are certain to be received will be deducted at full value.

For example, if unearned income is \$29,600 per year, \$400 must be subtracted from the Issue and Participation Limits (based on earned income);

$$\$29,600 - \$20,000 = \$9,600 \times 50\% = \$4,800 \div 12 \text{ (months)} = \$400.$$

This analysis does not apply to policies issued as part of a GSI Plan.

Multiple Occupations

If an individual has more than one occupation, he/she generally will be classified on the basis of the lowest-classed occupation. Individual consideration will be given on a case-by-case basis. Policy provisions and underwriting will be based on that occupation. Income from all of the occupations can be considered when determining benefit amounts provided that each of the occupations is insurable.

Self-Employed

Due to lack of income documentation and increased risk of business failure, individuals generally will not be considered for coverage until they have been self-employed for at least one year. Consideration will be given to an applicant who has been in a similar occupation for a minimum of two years prior to becoming self-employed. Other situations may be considered on a case-by-case basis if favorable factors exist such as those applicants with substantial experience in their field, with contracts guaranteeing income, in professional fields such as physicians or dentists with demonstrated earnings capacity.

Stability of Earnings

In most situations, one year of income will have to be established in the applicant's current occupation to be eligible for coverage. This rule does not apply to certain professionals in residence or entering practice. In those situations where the business is stable and there is an employee relationship, exceptions may be made to this rule.

Taxation

Federal tax law is complex. Because of the size and intricacies of the tax laws, we cannot discuss all of the laws and their exceptions in this guide. Areas concerning the taxation of disability income insurance are complicated and include guidelines covering types of businesses and salary continuation plans. For specific answers and advice, your client should consult with his/her own professional legal and/or tax advisors. However, as far as taxation is concerned, we can discuss what type of business is involved, whether the premiums are deductible and whether the benefits are taxable. The chart on the following page illustrates disability insurance and federal tax treatment.

Disability Insurance and Federal Income Taxes Chart

Disability Income and Federal Income Taxes ^{**}					
Organization Form	Coverage for	Premium Paid by	Owner/Beneficiary	Premium	Tax Treatment Benefits
Sole Proprietor	Sole Proprietor	Sole Proprietor	Sole Proprietor	Not a deductible business expense (IRC Sec. 213 and IRC Sec. 262)	Tax-free (IRC Sec. 104(a)(3))
	Employee	Sole Proprietor	Employee	Deductible business expense. Not taxable income to employee (IRC Sec. 162 and IRC Sec. 106)	Benefits reported as income (IRC Sec. 105)
	Employee	Sole Proprietor	Sole Proprietor	Not a deductible business expense (IRC Sec. 265)	Tax-free (IRC Sec. 104(a)(3))
	Employee	Employee funds received through bonus	Employee	Employee bonus is tax deductible to the business and is reported as income to employee (IRC Sec. 162 and IRC Sec. 61)	Tax-free (IRC Sec. 104(a)(3))
Partnership	Partner	Partnership	Partner	Not a deductible business expense (IRC Sec. 262 and IRC Sec. 162)	Tax-free (IRC Sec. 104(a)(3))
	Employee	Partnership	Employee	Deductible business expense. Not taxable income to employee (IRC Sec. 162 and IRC Sec. 106)	Benefits reported as income (IRC Sec. 105)
	Employee	Partnership	Partnership	Not a deductible business expense (IRC Sec. 265)	Tax-free (IRC Sec. 104(a)(3))
	Employee	Employee funds received through bonus	Employee	Employee bonus is tax deductible to the business and is reported as income to employee (IRC Sec. 162 and IRC Sec. 61)	Tax-free (IRC Sec. 104(a)(3))
"C" Corporation	Employee and Shareholder/Employee	Corporation	Employee and Shareholder/Employee	Deductible business expense. Not taxable income to employee (IRC Sec. 162 and IRC Sec. 106)	Benefits reported as income (IRC Sec. 105)
	Employee and Shareholder/Employee	Corporation	Corporation	Not deductible business expense (IRC Sec. 265) Not taxable income to employee. (IRC Sec. 106)	Tax-free (IRC Sec. 104(a)(3)) (Possible AMT tax IRC Sec. 55 and IRC Sec. 56)
	Employee and Shareholder/Employee	Employee funds received through bonus	Employee and Shareholder/Employee	Employee bonus is tax deductible to the business and is reported as income to employee (IRC Sec. 162 and IRC Sec. 61)	Tax-free (IRC Sec. 104(a)(3))
Limited Liability Company (LLC) - Since 1996, the owners of LLCs have been able to elect the taxation of their LLC by "checking" the box on IRS Form 8832. Although the majority of LLCs are taxed as partnerships, many are taxed as corporations or sole proprietorships. The income tax treatment of an LLC's Qualified Sick Pay Plan, therefore, will depend upon the owner's election.					
"S" Corporation	More than 2% Shareholder	Corporation	More than 2% Shareholder	Entity deductible expense. (IRC Sec. 162) Individual Income taxable (IRC Sec. 61)	Tax-free (IRC Sec. 104(a)(3))
	Employee	Corporation	Employee	Deductible business expense. Not taxable income to employee (IRC Sec. 162 and IRC Sec. 106)	Benefits reported as income (IRC Sec. 105)
	Employee or 2% or less Shareholder	Corporation	Corporation	Not a deductible business expense (IRC Sec. 265)	Tax-free (IRC Sec. 104(a)(3))
	Employee or 2% or less Shareholder	Employee funds received through bonus	Employee	Employee bonus is tax deductible to the business and is reported as income to employee (IRC Sec. 162 and IRC Sec. 61)	Tax-free (IRC Sec. 104(a)(3))
Disability Overhead Expense					
Organization Form	Premium Paid by	Owner/Beneficiary	Premium	Tax Treatment Benefits	
All forms of Eligible Business	Sole proprietor or business	Sole proprietor or business	Tax-deductible (Rev. Rul. 55-264, 1955-1 CB 11)	Reportable as income. However, overhead expenses which are deductible as ordinary business expenses will, to the extent deductible, offset the reportable benefits.	

* The information in this chart is provided as general helpful information; it is not intended as tax or other legal advice. Clients should consult with their professional tax advisor for specific advice.

Refer to the Qualified Sick Pay Plan Brochure for details.

Financial Documentation

All applications must include income documentation. The application should reflect current income and two previous years' income. For benefit amounts less than \$7,500/month, a federal tax return, W-2 or year-to-date pay stub is required. For benefit amounts of \$7,500 or more, a complete tax return including all supporting schedules is necessary. For amounts over \$15,000/month, two years of complete tax returns are necessary. All joint returns require a copy of the W-2 from the applicant only in order to determine how much income the applicant provides. If the applicant is a business owner, business tax returns are required in addition to personal W-2s or 1040 schedules. Refer to the Income Documentation Summary.

The use of tax returns, W-2s or other documentation of income is required on all individually underwritten cases. Adequate financial underwriting is always essential, but can be especially critical when larger amounts are considered, where there is a substantial increase in the current income over previous years' incomes, or where there are discrepancies as to earned income. Inadequate financial documentation can result in underwriting delays and/or reduction of benefits or even declination. In situations where discrepancies exist, larger amounts are involved or there is a substantial increase in the current year's earnings, verification of income figures may be required.

Financial Documentation Summary

The Financial Documentation Summary identifies the documents (federal income tax and employer-provided) that meet the definition of "financial documentation."

Financial Documentation Summary - Individual DI					
		Ownership			
Amount*	Employee	Sole Proprietor	Partnership	S-Corp	C-Corp**
Up to \$7,500	Paystub or W-2	Complete 1040 and Sched. C	W-2 and Sched. E or K-1	W-2 and Sched. E or K-1	W-2 and 1120
\$7,501-\$14,999	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules) and 1120
\$15,000 and up	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. 1040 (All Schedules)	2 yrs. personal returns and 1120
*Applied for and in force with all companies. **Form 1120 is not required if applicant owns 20% or less of the C-Corp.					

All joint returns require a copy of W-2s from the applicant only.

Issue & Participation Limits

Maximum Issue and Participation Limits

Occupational Class	Maximum Issue Limits*		Maximum Participation Limits	
	Individual Pay	Employer Pay	With Other Individual DI	With Group LTD
6A, 5A, 4A	\$15,000	\$16,000	\$25,000	\$30,000
6M, 5M, 4M	\$15,000	\$16,000	\$25,000	\$25,000
3M	\$10,000	\$10,000	\$15,000	\$20,000
3A	\$10,000	\$10,000	\$12,000	\$12,000
2A, 2M	\$8,000	\$8,000	\$8,000	\$8,000
A, B, M	\$6,000	\$6,000	\$6,000	\$6,000

* Ages 61+ – \$5,000 Maximum Issue Limit. Can be issued as all base, regardless of occupational class. Normal Maximum Participation Limits apply.

The addition of the Catastrophic Disability (CAT) Rider does not affect the Maximum Issue and Participation Limits.

*Guaranteed Standard Issue
Maximum Issue Limits*

Please refer to the Guaranteed Standard Issue Program Section.

Issue and Participation Limits Chart

The Issue and Participation Limits Charts on the following pages show what amounts an applicant is eligible for as determined by his/her income. **When using these limits, the amount of individual coverage from all companies can never exceed the Maximum Participation with other IDI limits in the Individual Pay or Employer-Pay IDI Charts.**

ISSUE AND PARTICIPATION LIMITS CHART

Individual Pay IDI Issue Limits (Tax-Free Benefit)

Income	EE Pay	+ SIR	= Total	Max with Other IDI	Max with Group LTD
18,000	550	550	1,100	1,100	1,100
22,000	650	650	1,300	1,300	1,300
24,000	700	700	1,400	1,400	1,400
27,000	800	800	1,600	1,600	1,600
30,000	850	850	1,700	1,700	1,700
33,000	950	950	1,900	1,900	1,900
36,000	1,000	1,000	2,000	2,000	2,100
39,000	1,100	1,100	2,200	2,200	2,200
40,000	1,100	1,100	2,200	2,200	2,300
42,000	1,150	1,150	2,300	2,300	2,400
45,000	1,250	1,250	2,500	2,500	2,600
48,000	1,300	1,300	2,600	2,600	2,700
51,000	1,350	1,350	2,700	2,700	3,000
54,000	1,450	1,450	2,900	2,900	3,200
57,000	1,500	1,500	3,000	3,000	3,300
60,000	1,600	1,600	3,200	3,200	3,500
63,000	1,650	1,650	3,300	3,300	3,600
65,000	1,700	1,700	3,400	3,400	3,700
70,000	1,800	1,800	3,600	3,600	4,000
75,000	1,950	1,950	3,900	3,900	4,200
80,000	2,100	2,000	4,100	4,100	4,400
85,000	2,300	2,000	4,300	4,300	4,700
90,000	2,600	2,000	4,600	4,600	4,900
95,000	2,800	2,000	4,800	4,800	5,200
100,000	3,000	2,000	5,000	5,000	5,400
105,000	3,200	2,000	5,200	5,200	5,700
110,000	3,500	2,000	5,500	5,500	5,900
115,000	3,700	2,000	5,700	5,700	6,200
120,000	3,900	2,000	5,900	5,900	6,400
130,000	4,300	2,000	6,300	6,300	6,900
140,000	4,700	2,000	6,700	6,700	7,400
150,000	5,200	2,000	7,200	7,200	7,900
160,000	5,600	2,000	7,600	7,600	8,400
170,000	6,000	2,000	8,000	8,000	8,800
180,000	6,400	2,000	8,400	8,400	9,300
190,000	6,700	2,000	8,700	8,700	9,800
200,000	7,100	2,000	9,100	9,100	10,300
210,000	7,500	2,000	9,500	9,500	10,800
220,000	7,900	2,000	9,900	9,900	11,300
230,000	8,200	2,000	10,200	10,200	11,800
240,000	8,600	2,000	10,600	10,600	12,300
250,000	8,900	2,000	10,900	10,900	12,800
260,000	9,300	2,000	11,300	11,300	13,200
270,000	9,600	2,000	11,600	11,600	13,700
280,000	9,900	2,000	11,900	11,900	14,200
290,000	10,300	2,000	12,300	12,300	14,700
300,000	10,600	2,000	12,600	12,600	15,200
310,000	10,900	2,000	12,900	12,900	15,700
320,000	11,200	2,000	13,200	13,200	16,200
330,000	11,500	2,000	13,500	13,500	16,700
340,000	11,800	2,000	13,800	13,800	17,200
350,000	12,000	2,000	14,000	14,000	17,600
360,000	12,300	2,000	14,300	14,300	18,100
370,000	12,600	2,000	14,600	14,600	18,600
380,000	12,800	2,000	14,800	14,800	19,100
390,000	13,000	2,000	15,000	15,100	19,600
400,000	13,000	2,000	15,000	15,300	20,100
420,000	13,000	2,000	15,000	15,800	21,100
440,000	13,000	2,000	15,000	16,300	22,000
460,000	13,000	2,000	15,000	16,700	23,000
480,000	13,000	2,000	15,000	17,100	24,000
500,000	13,000	2,000	15,000	17,400	25,000
520,000	13,000	2,000	15,000	17,800	26,000
540,000	13,000	2,000	15,000	18,100	26,900
560,000	13,000	2,000	15,000	18,400	27,900
580,000	13,000	2,000	15,000	18,600	28,900
600,000	13,000	2,000	15,000	18,800	29,900
620,000	13,000	2,000	15,000	19,100	30,000
640,000	13,000	2,000	15,000	19,200	30,000
660,000	13,000	2,000	15,000	19,400	30,000
680,000	13,000	2,000	15,000	19,500	30,000
700,000	13,000	2,000	15,000	19,900	30,000
720,000	13,000	2,000	15,000	20,400	30,000
740,000	13,000	2,000	15,000	21,000	30,000
760,000	13,000	2,000	15,000	21,600	30,000
780,000	13,000	2,000	15,000	22,100	30,000
800,000	13,000	2,000	15,000	22,700	30,000
820,000	13,000	2,000	15,000	23,300	30,000
840,000	13,000	2,000	15,000	23,800	30,000
860,000	13,000	2,000	15,000	24,400	30,000
880,000	13,000	2,000	15,000	25,000	30,000

Employer Pay IDI Issue Limits (Taxable Benefit)

Income	ER Pay	+ SIR	= Total	Max with Other IDI	Max with Group LTD
18,000	650	550	1,200	1,200	1,200
22,000	750	650	1,400	1,400	1,500
24,000	800	700	1,500	1,500	1,600
27,000	900	800	1,700	1,700	1,800
30,000	1,350	850	2,200	2,200	2,000
33,000	1,450	950	2,400	2,400	2,200
36,000	1,600	1,000	2,600	2,600	2,400
39,000	1,700	1,100	2,800	2,800	2,600
40,000	1,700	1,100	2,800	2,800	2,700
42,000	1,750	1,150	2,900	2,900	2,800
45,000	1,850	1,250	3,100	3,100	3,000
48,000	2,000	1,300	3,300	3,300	3,200
51,000	2,150	1,350	3,500	3,500	3,400
54,000	2,250	1,450	3,700	3,700	3,600
57,000	2,400	1,500	3,900	3,900	3,800
60,000	2,400	1,600	4,000	4,000	4,000
63,000	2,550	1,650	4,200	4,200	4,200
65,000	2,600	1,700	4,300	4,300	4,400
70,000	2,800	1,800	4,600	4,600	4,700
75,000	2,950	1,950	4,900	4,900	5,000
80,000	3,200	2,000	5,200	5,200	5,400
85,000	3,500	2,000	5,500	5,500	5,700
90,000	3,800	2,000	5,800	5,800	6,000
95,000	4,100	2,000	6,100	6,100	6,400
100,000	4,400	2,000	6,400	6,400	6,700
105,000	4,700	2,000	6,700	6,700	7,000
110,000	4,900	2,000	6,900	6,900	7,400
115,000	5,200	2,000	7,200	7,200	7,700
120,000	5,500	2,000	7,500	7,500	8,000
130,000	6,000	2,000	8,000	8,000	8,700
140,000	6,600	2,000	8,600	8,600	9,400
150,000	7,100	2,000	9,100	9,100	10,000
160,000	7,600	2,000	9,600	9,600	10,700
170,000	8,100	2,000	10,100	10,100	11,400
180,000	8,600	2,000	10,600	10,600	12,000
190,000	9,100	2,000	11,100	11,100	12,700
200,000	9,600	2,000	11,600	11,600	13,400
210,000	10,100	2,000	12,100	12,100	14,000
220,000	10,600	2,000	12,600	12,600	14,700
230,000	11,000	2,000	13,000	13,000	15,400
240,000	11,500	2,000	13,500	13,500	16,000
250,000	11,900	2,000	13,900	13,900	16,700
260,000	12,400	2,000	14,400	14,400	17,400
270,000	12,800	2,000	14,800	14,800	18,000
280,000	13,200	2,000	15,200	15,200	18,700
290,000	13,600	2,000	15,600	15,600	19,400
300,000	13,700	2,000	15,700	15,700	20,000
310,000	14,000	2,000	16,000	16,100	20,700
320,000	14,000	2,000	16,000	16,400	21,400
330,000	14,000	2,000	16,000	16,800	22,000
340,000	14,000	2,000	16,000	17,200	22,700
350,000	14,000	2,000	16,000	17,500	23,400
360,000	14,000	2,000	16,000	17,800	24,000
370,000	14,000	2,000	16,000	18,200	24,700
380,000	14,000	2,000	16,000	18,500	25,400
390,000	14,000	2,000	16,000	18,800	26,000
400,000	14,000	2,000	16,000	19,100	26,700
420,000	14,000	2,000	16,000	19,700	28,000
440,000	14,000	2,000	16,000	20,300	29,400
460,000	14,000	2,000	16,000	20,800	30,000
480,000	14,000	2,000	16,000	21,400	30,000
500,000	14,000	2,000	16,000	21,900	30,000
520,000	14,000	2,000	16,000	22,300	30,000
540,000	14,000	2,000	16,000	22,700	30,000
560,000	14,000	2,000	16,000	23,000	30,000
580,000	14,000	2,000	16,000	23,400	30,000
600,000	14,000	2,000	16,000	23,600	30,000
620,000	14,000	2,000	16,000	23,900	30,000
640,000	14,000	2,000	16,000	24,100	30,000
660,000	14,000	2,000	16,000	24,300	30,000
680,000	14,000	2,000	16,000	24,500	30,000
700,000	14,000	2,000	16,000	24,600	30,000
720,000	14,000	2,000	16,000	24,700	30,000
740,000	14,000	2,000	16,000	25,000	30,000
760,000	14,000	2,000	16,000	25,000	30,000
780,000	14,000	2,000	16,000	25,000	30,000
800,000	14,000	2,000	16,000	25,000	30,000
820,000	14,000	2,000	16,000	25,000	30,000
840,000	14,000	2,000	16,000	25,000	30,000
860,000	14,000	2,000	16,000	25,000	30,000
880,000	14,000	2,000	16,000	25,000	30,000

ISSUE AND PARTICIPATION LIMITS CHART

The limits in all charts are based on gross annual earned income for federal income tax purposes less business expenses, if any. Limits represent the maximum monthly indemnity from all companies, including any Social Insurance Substitute (SIS) or short-term supplementary benefit in force or applied for.

For non-medical classes 6A–3A, and medical classes 6M–M, the total monthly benefit can be issued as an all base benefit or divided between base and the Social Insurance Substitute (SIS) Rider. These amounts can never exceed the Maximum Issue and Participation Limits.

For non-medical classes 2A–B through issue ages 60 the total monthly benefit must be divided between base benefit and the Social Insurance Substitute (SIS) Rider. The amounts of each benefit must not exceed the limits indicated in each column of the chart. These amounts can never exceed the Maximum Issue and Participation Limits.

In combination, base benefit plus the Social Insurance Substitute (SIS) Rider plus the Catastrophic Disability (CAT) Rider and any other DI coverage in force, cannot exceed 100% of the insured's gross income, net of business expenses. The CAT Rider minimum is \$200 and the maximum is \$10,000. The ratio of CAT to base benefit can be up to 3-to-1 except in New Jersey where the CAT benefit cannot exceed the base benefit.

Additional Benefits for Business Owners

To cover the loss of company perks, a business owner may purchase an additional 25% of the individual DI insurance base monthly benefit (not to exceed an additional \$1,000) for which he/she applies, up to our stated Issue and Participation Limits, if the following criteria are met:

- Occupational class is 6A, 5A, 4A, 3A or 2A; and
- He/She has a minimum of 25% ownership in a stable business for the last two years.

The total of all DI insurance coverages in force and applied for, including the additional benefit amount, may not exceed our Maximum Issue and Participation Limits.

INDIVIDUAL/GROUP COMBINATION LIMITS

The limits listed in the Max with Group LTD Columns of the Issue and Participation Limits Chart are applicable only when a client has inforce group coverage. When using these limits, the amount of individual coverage from all companies can never exceed the Maximum Participation with other IDI Limits in the Individual-Pay IDI or Employer-Pay IDI columns.

If the group coverage and the individual coverage are all employer-paid, no "discount" calculation is permitted. The calculation is made using the Employer-Pay IDI Group LTD Column.

The following “discount” calculation approach is only applicable when the individual coverage is paid by the individual and the existing group coverage is 100% employer-paid and integrated with Social Security benefits. It is done to recognize the taxable nature of employer-paid LTD benefits.

The discount does not apply to self-employed individuals in a Sole Proprietorship, Partnership, S Corporation, or most LLC business entities.

Example: (Annual Earned Income = \$60,000)

LTD in force	\$ 1,500
25% Discountx .75
Adjusted LTD Benefit	\$ 1,130
(\$1,125 actually rounds up to \$1,130 for our calculation purposes)	
Individual Pay IDI Group Combo Limit	3,500
Subtract LTD	– 1,130
Monthly Benefit Available	\$ 2,380

All figures are based on the Issue and Participation Limits Chart.

EMPLOYER-PAY CREDIT Employer-Pay Guidelines

When premiums are employer-paid, disability income benefits are **taxable** to the insured when received.

A. Employer-Pay Credit is available in the following situations to:

- “C” Corporation shareholders
- “S” Corporation shareholders with no more than a 2% ownership interest
- Nonowner employees
- Those individuals using pre-tax dollars to pay their disability income premiums.

B. Individual-Pay limits apply in all other situations. Among those are:

- “S” Corporation shareholders with greater than a 2% ownership interest or owners whose businesses are set up as a sole proprietorship or partnership, along with individuals paying for their disability income premium using after-tax dollars, limited liability partnerships and most limited liability corporations.

BUSINESS OVERHEAD EXPENSE UNDERWRITING

Personal DI insurance policies do not affect these limits unless there is an indication of significant overinsurance.

Business Overhead Expense (BOE) insurance is intended for the professional business owner who wants to keep the office open during a period of disability. An insurable need must exist. It must be demonstrated that the loss of the applicant, due to disability, will result in a loss of income to the business entity without any decrease in the business entity’s fixed expenses. Certain businesses are not eligible for overhead expense, for example, retail operations, manufacturing operations and some sales organizations.

BOE Financial Documentation

The number of owners and/or employees will impact the need for BOE. If there are sufficient owners, then the loss of one owner could possibly be absorbed by the other owners, and the business would continue to operate and generate income to cover its expenses. The same is true if there are sufficient numbers of employees, or there is an employee who can perform the applicant’s duties. There would be sufficient expertise to maintain operations that in turn would generate revenue to cover expenses. Five is the maximum number of owners that will normally be considered for BOE.

Cases with more than five owners will be given individual consideration upon underwriting review prior to submission. The maximum number of employees is dependent upon the type of business.

The expense section of each application for Business Overhead Expense must be completed, even if financial documentation is submitted.

Financial Documentation Summary – Business Overhead Expense (BOE)	
Amount*	
\$5,000 or less	N/A
\$5,001 - \$14,999	Current Profit & Loss (P&L) Statement
\$15,000 – \$20,000	Current P&L Statement and last years Business tax return
>\$20,000	Last two years Business tax returns
* Applied for and in force with all companies.	

For Business Overhead Expense Insurance:

- For nonprofessional business owners, we will need a listing of all employees, their salaries and duties whenever the amount applied for and in force is \$3,000 or more
- For professional business owners, we will need a listing of the compensation for all employees in the same occupation as the owner

Working In or From Residence

Business owners working in or from their homes are not eligible for Business Overhead Expense coverage.

Maximum Issue and Participation Limits

Class	Issue	Participation*
6A and 5A 6M, 5M, 4M and 3M	\$40,000**	\$40,000
3A and 4A	\$15,000	\$15,000
2M	\$10,000	\$10,000

* To participate beyond \$20,000, we require two years of financial documentation.

** Neither a 30-day elimination period nor a 24-month benefit period are available for monthly benefit amounts in excess of \$30,000.

Limits

The monthly benefits available are limited to 100% of eligible overhead expenses.

The addition of the Salary Substitute Expense Rider is not affected by the Maximum Issue and Participation Limits.

SPECIAL UNDERWRITING CONSIDERATIONS

Professionals

For some individuals, particularly those in the medical field, a complete copy of an employment contract, including the signature page, may be substituted for other financial documentation. For such individuals, in lieu of the other financial documentation requirements, the following conditions must be met:

- The professional must be in his/her first year of employment;
- The contract should specify a start date;
- The contract should specify a minimum employment length of two years;
- The contract must specify a guaranteed salary or a guaranteed hourly wage for a specific period of time; and
- For professionals who choose to apply for DI insurance according to the terms of their employment contract, we will base benefits on the income and other DI benefits outlined in the contract. When underwriting based on the employment contract, we will issue a policy for professionals who are within 90 days of the start date of their employment.

Students*

Certain individuals, while still in school or post-graduate training, are eligible for disability income insurance even though their income is minimal at present. The following limits are applicable to students in the fields of medicine, osteopathy, dentistry, law, pharmacy, optometry or veterinary medicine and are based on income potentials rather than current earnings. These figures represent Maximum Issue and Participation Limits. In addition to these base monthly benefits, qualifying students may apply for Future Increase Option (FIO) benefits up to three times the base benefit (not to exceed overall I&P Limits) and Catastrophic Disability (CAT) benefits on a 1:1 ratio with the base benefit amount being applied for. The CAT benefit may not exceed the base benefit being applied for.

	Issue/Participation Limits	Occupational Class
Senior law students	\$3,000	5A
Senior optometry students	3,000	6A
Fourth-year medical or osteopathic students	2,500	**
Final-year dental students	2,500	4M
Senior veterinary students	2,500	4M
Pharmacy students	2,000	6A
Third-year medical or osteopathic students	1,500	**

* Podiatrists do not qualify for special limits under this program.

** Medical specialty will dictate occupational classification. If there is no declared medical specialty, then 4M occupational class applies.

Professionals in Residency or Fellowship*

Professionals still in residency or fellowship can be considered for the following amounts. **These amounts are in addition to any group coverage in force.** In addition to these base monthly benefits, qualifying residents and fellows may apply for Future Increase Option (FIO) benefits up to three times the base benefit (not to exceed overall I&P Limits) and Catastrophic Disability (CAT) benefits on a 1:1 ratio with the base benefit amount being applied for. The CAT benefit may not exceed the base benefit being applied for.

	Issue Limits	Participation Limits
Physicians and Osteopaths	\$5,000	\$5,000
Dentists	4,000	4,000
Veterinarians	3,000	3,000
Pharmacists	2,500	2,500
CRNAs	2,000	2,000

* Podiatrists do not qualify for special limits under this program.

- When professionals are in their last six months of residency/fellowship, they can request the use of the Professionals Entering Practice limits to receive higher benefits than our usual Professionals in Residency/Fellowship limits. The request should be noted by the producer in a cover letter to the underwriter.
- For professionals who have secured an employment contract prior to the completion of their program, we may ignore any Group LTD benefits outlined in the contract, when the client chooses to use the Professionals Entering Practice Limits. The producer should still include the Group LTD benefits on the application, because the total of all DI coverages in force and applied for cannot exceed our Maximum Issue and Participation Limits.
- A medical resident or fellow may apply to exercise the entire benefit amount under the FIO Rider within six months of completion of the residency or fellowship program provided that the following criteria are met:
 - Insured must have a material increase in income or have lost Group LTD benefits due to a job change; and
 - Must not be receiving benefits under the policy.

Medical Residency/Fellowship Program

A 6M - 4M medical resident or fellow can purchase \$5,000 in monthly benefit, up to \$10,000 Future Increase Option (FIO) Rider and \$5,000 Catastrophic Disability (CAT) Rider, regardless of any Group LTD coverage in force.

Professionals Entering Practice*

For certain professionals just entering practice,** the following amount liberalizations are available, less any disability benefits the applicant currently has in force. In addition to these base monthly benefits, qualifying professionals entering practice may apply for Future Increase Option (FIO) benefits (up to three times the base benefit, not to exceed overall I&P Limits) and Catastrophic Disability (CAT) benefits on a 1:1 ratio with the base benefit amount being applied for. The CAT benefit may not exceed the base benefit being applied for.

Physicians and Osteopaths***\$6,500	Physician's Assistants	\$4,000
Oral Surgeons	Architects	4,000
Endodontists	Attorneys and CPAs	4,000
Orthodontists	Engineers	4,000
Periodontists	Optometrists	4,000
Prosthodontists	Pharmacists	4,000
General Dentists	Veterinarians	4,000
Nurse Practitioners	CRNAs	3,000

* Podiatrists do not qualify for special limits under this program.

** Professionals entering practice are defined as those who are within two years post graduation from an appropriately accredited institution.

*** Unless listed elsewhere.

Medical Specialists Entering Practice

Cardiologists	\$7,500	Ophthalmologists	\$7,500
Dermatologists	7,500	Orthopedic Surgeons	7,500
Gastroenterologists	7,500	Otolaryngologists	7,500
Hematologists	7,500	Pathologists	7,500
Neonatologists	7,500	Radiologists	7,500
Neurosurgeons	7,500	Urologists	7,500
Oncologists	7,500		

Physician/Osteopath Entering Practice Program

A 6M - 4M physician or osteopath entering practice can purchase \$6,500 in monthly benefit, up to \$8,500 Future Increase Option (FIO) Rider and \$6,500 Catastrophic Disability (CAT) Rider.

Public Employees - (Teachers, Municipal, State and Federal Employees)

Public employees, which include teachers and municipal, state and federal employees are eligible for up to \$1,500 base benefit plus \$2,000 Social Insurance Substitute (SIS) Rider, subject to our stated Issue and Participation Limits. When applying for the maximum benefits available, the full amount of SIS must be used. The Underwriting Department will not require a copy of the disability retirement plan booklet for review. There are no restrictions for years of service. Other Individual DI or Group LTD coverage will offset the amount of monthly benefit we can offer. The Residual Disability, Catastrophic Disability and Cost of Living Adjustment Riders are available to public employees.

Catastrophic Disability (CAT) Benefits for Public Employees	
Annual Income	Maximum CAT Benefit*
<\$100,000	\$1,000
\$100,000-149,999	\$2,500
\$150,000+	\$4,500

* In combination, base benefit plus the SIS Rider plus the CAT Rider and any other DI coverage in force, cannot exceed 100% of the insured's gross income net of business expenses

Special Guidelines for Medical Personnel employed by the Federal Government

Physicians (MD and DO) who are employed by the Federal Government are eligible for benefits higher than our normal limits for public employees, subject to the following criteria:

- Age 50 and under;
- 10 years or less of Federal service;
- Occupational classes 6M-4M and Audiologists (5A), Optometrists (6A) and Pharmacists (6A);
- Up to \$10,000 Maximum Issue Limit;
- Will assume 40% taxable Group LTD benefit for all qualifying clients;
- All DI benefits in force and applied for will be considered when calculating additional benefits. The total of all DI benefits cannot exceed our Maximum Issue and Participation Limits;
- The Residual, Cost of Living Adjustment (COLA), Future Increase Option (FIO) Catastrophic Disability (CAT) and Automatic Increase Riders are available to qualifying clients;

- While the total of the base benefits and unexercised FIO Rider amounts may exceed \$10,000 per month, the maximum amount we will issue while the client is employed by the Federal Government is \$10,000. If an insured ceases to work for the Federal Government, our normal Maximum Issue and Participation Limits will then apply; and
- For clients who do not meet these criteria, the normal guidelines for Public Employees will be used.

Foreign Born

People solicited for disability income coverage should be able to read and speak the English language. Recent immigrants are not eligible for coverage until they have attained permanent resident status.

Reconsideration

In the case of exclusion riders, ratings, or restriction of benefits, consideration of removal or reduction of the rating may be given but not until after the second policy anniversary at the earliest. There are exclusion riders, ratings and restriction of benefits that may be permanent and reconsideration is not possible. If the agent believes that the policyowner has experienced an improvement in the condition for which the rating or rider was imposed, the underwriter should be consulted. A request to consider a reduction of the rating or removal of the exclusion rider can be made. Complete an application together with the non-medical portion, authorization section and the request to reconsider and then send it to us for reconsideration. Evidence of insurability is required and reconsideration will be based on all of the facets of the risk, not just the condition for which the rating was originally imposed.

Sharing Underwriting Info with Other Companies

Throughout the industry, it is general practice not to supply underwriting materials to a competitor. If the issue limit has been reached or the issuing company has declined the application, the underwriting materials will be shared with another company with written requests and proper authorization by the applicant. If the issuing company has issued a policy or an application is withdrawn by the agent before issue, the underwriting papers will be shared only if:

- The policy has been returned for cancellation
- Any cash with an application has been returned to the premium payor
- The issuing company is reimbursed for underwriting expenses (i.e. examinations, blood tests, etc.)
- A valid authorization has been executed by the applicant

Authorization for Sharing Information

We do require a written authorization from the proposed insured directing the issuing company to send information to a named company. The issuing company cannot accept blanket authorizations. The underwriting papers will be sent directly to the other company's Underwriting Department, and cannot be sent to an agent or broker. The material shared with the other company will include all underwriting materials with the exception of Attending Physician's Statements, inspection reports and information obtained through the Medical Information Bureau.

Tobacco Use

There are non-tobacco and tobacco user classifications for DI. In order to qualify for non-tobacco classification, cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or patch, or any form of tobacco should not have been used in the past 12 months. If a urine specimen is collected, the nicotine results must be negative. Currently, we will consider an applicant who reports the occasional use of a cigar, no more than one per month, with a negative urine nicotine collection as a non-tobacco user. Information from the Personal History Interview, inspection report, Attending Physician Statement, or other underwriting sources will be used to verify the information provided on the application. If the urine nicotine test is positive, only the tobacco user classification will be available. Retests are not permitted.

Applicants not qualifying for non-tobacco rates will be considered for tobacco rates. When a policyholder quits tobacco use, we will consider non-tobacco rates under the following conditions:

- No use of tobacco in any form or nicotine replacements for at least the last 12 months
- The policy must be in force a minimum of one year
- The Change of Coverage form is submitted to the Disability Income Underwriting Department
- A urine specimen will be required

If you have any questions, please contact the Disability Income Underwriting Department.

Personal History Interview/ Inspection Report

All DI applications of \$2,001 or greater require a PHI or inspection report. The agreement section of the application includes an acknowledgment by the applicant that he or she has received the "Notice of Insurance Information Practices." This Notice is attached as an addendum at the top of the Part I and should be removed and given to the applicant before completing the application.

AMA-RECOGNIZED MEDICAL SPECIALTIES AND OCCUPATIONAL CLASSES*

AMA Code	AMA Specialty	Occ Class*	AMA Code	AMA Specialty	Occ Class*	AMA Code	AMA Specialty	Occ Class*
AR	Abdominal Radiology	6M	HS	Hand Surgery	4M	PAN	Pediatric Anesthesiology	4M
AS	Abdominal Surgery	4M	HSS	Hand Surgery, General (Residency)	4M	PDC	Pediatric Cardiology	5M
ADM	Addiction Medicine	5M	HSO	Hand Surgery, Orthopedic (Residency)	4M	PCS	Pediatric Cardiothoracic Surgery	4M
ADP	Addiction Psychiatry	5M	HSP	Hand Surgery, Plastic (Residency)	4M	CCP	Pediatric Critical Care Medicine	5M
AMI	Adolescent Medicine (Internal Medicine)	6M	HNS	Head and Neck Surgery	4M	PE	Pediatric Emergency Medicine (EM Medicine)	4M
ADL	Adolescent Medicine (Pediatrics)	6M	HEM	Hematology (Internal Medicine)	6M	PEM	Pediatric Emergency Medicine (Pediatrics)	4M
OAR	Adult Reconstructive Orthopedics	4M	HMP	Hematology (Pathology)	6M	PDE	Pediatric Endocrinology	6M
AM	Aerospace Medicine	5M	HO	Hematology/Oncology	6M	PG	Pediatric Gastroenterology	6M
A	Allergy	6M	HEP	Hepatology	5M	PHO	Pediatric Hematology/Oncology	6M
A I	Allergy and Immunology	5M	HOS	Hospitalist	6M	PDI	Pediatric Infectious Disease	5M
ATP	Anatomic Pathology	6M	IFP	IM/Family Practice (Residency)	6M	PN	Pediatric Nephrology	5M
PTH	Anatomic/Clinical Pathology	6M	IG	Immunology	5M	PO	Pediatric Ophthalmology	5M
AN	Anesthesiology	4M	ID	Infectious Disease	5M	OP	Pediatric Orthopedics	4M
BBK	Blood Banking (Transfusion Medicine)	5M	IM	Internal Medicine	6M	PDO	Pediatric Otolaryngology	5M
CD	Cardiovascular Disease	5M	MEM	Internal Medicine/Em (Residency)	4M	PP	Pediatric Pathology	6M
PCH	Chemical Pathology	6M	MN	Internal Medicine/Neurology (Residency)	6M	PDP	Pediatric Pulmonology	5M
CHP	Child and Adolescent Psychiatry	5M	MPD	Internal Medicine/Pediatrics (Residency)	6M	PDR	Pediatric Radiology	6M
CHN	Child Neurology	6M	MP	Internal Medicine/Phys (Residency)	5M	RPM	Pediatric Rehabilitation Medicine	5M
DDL	Clinical and Laboratory Dermatological Immunology	5M	MPM	Internal Medicine/Phys Med and Rehab (Residency)	5M	PPR	Pediatric Rheumatology	6M
PLI	Clinical and Laboratory Immunology (Pediatrics)	5M	IPM	Internal Medicine/Preventive (Residency)	6M	NSP	Pediatric Surgery (Neurology)	4M
ILI	Clinical and Laboratory Immunology (Internal Medicine)	5M	IC	Interventional Cardiology	5M	PDS	Pediatric Surgery (Surgery)	4M
CBG	Clinical Biochemical Genetics	6M	LM	Legal Medicine	5M	UP	Pediatric Urology	5M
ICE	Clinical Cardiac Electrophysiology	5M	MFM	Maternal and Fetal Medicine	5M	PMP	Pediatric/Phys/Rehab (Residency)	5M
CCG	Clinical Cytogenetics	6M	MG	Medical Genetics	6M	PD	Pediatrics	6M
CG	Clinical Genetics	6M	MDM	Medical Management	5M	PHM	Pharmaceutical Medicine	5M
ALI	Clinical and Laboratory Immunology (Allergy-Immunology)	5M	MM	Medical Microbiology	5M	FPP	Phys, Family Practice (Residency)	6M
CMG	Clinical Molecular Genetics	6M	ON	Medical Oncology	5M	PM	Physical Medicine and Rehabilitation	5M
CN	Clinical Neurophysiology	5M	ETX	Medical Toxicology (Emergency Medicine)	4M	PS	Plastic Surgery	4M
CLP	Clinical Pathology	6M	PDT	Medical Toxicology (Pediatrics)	5M	PRO	Proctology	5M
PA	Clinical Pharmacology	6M	PTX	Medical Toxicology (Preventive Medicine)	5M	PYN	Psych/Neurology (Residency)	5M
CRS	Colon and Rectal Surgery	4M	OMO	Musculoskeletal Oncology	5M	P	Psychiatry	5M
CS	Cosmetic Surgery	4M	MSR	Musculoskeletal Radiology (Residency)	6M	PYA	Psychoanalysis	5M
CFS	Craniofacial Surgery	4M	NPM	Neonatal-Perinatal Medicine	5M	PCC	Pulmonary Critical Care Medicine	5M
CCM	Critical Care Medicine	5M	NEP	Nephrology	5M	PUD	Pulmonary Disease	5M
CCA	Critical Care Medicine (Anesthesiology)	4M	NS	Neurological Surgery	4M	RO	Radiation Oncology	5M
OCC	Critical Care Medicine (Obstetrics & Gynecology)	5M	N	Neurology	6M	RP	Radiological Physics	6M
PCP	Cytopathology	6M	NRN	Neurology/Diagnostic Radiology/Neuroradiology	6M	R	Radiology	6M
DS	Dermatologic Surgery	4M	NP	Neuropathology	6M	REN	Reproductive Endocrinology	6M
D	Dermatology	6M	NUP	Neuropsychiatry	5M	RHU	Rheumatology	6M
DMP	Dermatopathology	6M	RNR	Neuroradiology	6M	SP	Selective Pathology	6M
DIA	Diabetes	6M	NC	Nuclear Cardiology	6M	SM	Sleep Medicine	5M
DR	Diagnostic Radiology	6M	NM	Nuclear Medicine	6M	SCI	Spinal Cord Injury	5M
DBP	Dvl-Behavioral Pediatrics	5M	NR	Nuclear Radiology	6M	ESM	Sports Medicine (Emergency Medicine)	4M
EM	Emergency Medicine	4M	NDN	Neurodevelopment Disabilities (Psy and Neuro)	5M	FSM	Sports Medicine (Family Practice)	6M
END	Endocrinology, Diabetes and Metabolism	6M	NTR	Nutrition	5M	ISM	Sports Medicine (Internal Medicine)	6M
ESN	Endovascular Surgical Neuroradiology	4M	OBS	Obstetrics	5M	OSM	Sports Medicine (Orthopedic Surgery)	4M
EP	Epidemiology	5M	OBG	Obstetrics and Gynecology	5M	PSM	Sports Medicine (Pediatrics)	6M
FPS	Facial Plastic Surgery	4M	OM	Occupational Medicine	5M	CCS	Surgical Critical Care (Surgery)	4M
FM	Family Medicine	6M	OPH	Ophthalmology	5M	SO	Surgical Oncology	4M
FP	Family Practice	6M	OMF	Oral and Maxillofacial Surgery	4M	TS	Thoracic Surgery (Residency)	4M
OFA	Foot and Ankle, Orthopedics	4M	ORS	Orthopedic Surgery	4M	TTS	Transplant Surgery	4M
FOP	Forensic Pathology	6M	OTR	Orthopedic Surgery of the Spine	4M	TRS	Trauma Surgery	4M
PFP	Forensic Psychiatry	5M	OTR	Orthopedic Trauma	4M	UCM	Urgent Care Medicine Urology	5M
G E	Gastroenterology	6M	OMM	Osteopathic Manipulative Medicine	5M	U	Urology	5M
G P	General Practice	6M	OS	Other (not listed elsewhere)	5M	VIR	Vascular and Interventional Radiology	5M
GPM	General Preventive Medicine	6M	OTO	Otolaryngology	5M	VM	Vascular Medicine	5M
GS	General Surgery	4M	NO	Otology -Neurotology (Residency)	5M	VN	Vascular Neurology	6M
FGP	Geriatric Medicine (Family Practice)	6M	APM	Pain Management (Anesthesiology)	4M	VS	Vascular Surgery	4M
IMG	Geriatric Medicine (Internal Medicine)	6M	PMD	Pain Medicine	5M			
PYG	Geriatric Psychiatry	5M	PLM	Palliative Medicine	5M			
GO	Gynecological Oncology	5M	EMP	Pediatric EM (Residency)	4M			
GYN	Gynecology	5M	CPP	Ped. Phys. (Residency)	6M			
			PDA	Pediatric Allergy	6M			

*This is a general representation of the occupational classes associated with AMA-recognized medical specialties. Final occupational class is subject to actual job duties being performed.

Avocations and Hazardous Sports

There are many avocations for which there are no additional concerns or any unusual hazards. However, there are also many avocations that do offer additional risks and concerns for disability insurance. These avocations will be considered with an exclusion rider depending upon the degree of participation and the hazard incurred.

Complete details listing the hazards involved, the frequency, the duration, any certification, and full description should be included in a cover letter. If appropriate, submit a questionnaire with the application. The application requests information relative to hazardous sports and specialized questionnaires on these activities are available, upon request, from the Underwriting Department. The Informal Inquiry is highly recommended for determining whether an extra premium is required. Remember, the better the information given to the underwriter, the more appropriate the offer made.

Below are specific avocations.

Acrobatics

Frequent activity and/or participation in acrobatics will be declined for coverage.

Aviation

In all aviation situations, complete the aviation questionnaire and submit it with the application.

- **Commercial Pilots and Aviation Flight Attendants**

Commercial pilots and flight attendants are not eligible for disability income insurance. Due to the nature of their work they must meet stringent medical requirements to maintain flying qualifications.

- **Private Pilots**

Private pilots flying for non-commercial flights (not for pay), unless specifically excluded, are usually considered an acceptable risk without an extra premium. An applicant with a history of accidents, injuries or any other unusual concerns will be considered on a case-by-case basis.

- **Student Pilots**

Student pilots will receive an aviation exclusion endorsement.

SCUBA Diving

A SCUBA diving questionnaire should be completed and submitted with the application.

- **Certified divers who dive on vacations only**, with no history of medical problems, who generally dive in less than 60 feet of water, with well-maintained gear, usually will be offered standard insurance.

- **Divers who generally dive from 60 to 100 feet** will be given individual consideration but usually will require an exclusion rider.

- **Applicants who sometimes dive over 100 feet**, are non-certified, who dive alone, and/or do cave exploration usually will not be insurable.

Skydiving

Applicants who parachute jump or skydive will be considered with an exclusion rider.

Criminal History

An applicant with a history of criminal activity will be given individual consideration. A minimum period of at least two years from prison and/or parole is necessary before we will consider DI insurance. For those individuals with a felony history, no offer will be made within five years.

Favorable underwriting factors include:

- Single minor violation
- Financial stability
- Job stability
- Nonviolent crime
- Criminal activity over five years ago

Unfavorable underwriting factors include:

- Chronic offender
- Serious crime/felony
- On probation/parole or pending charges
- History of alcohol or drug abuse
- Sex crime
- Occupational impact

In all instances, a cover letter carefully detailing the involvement, the outcome, and future outlook together with two years complete tax forms should be submitted with the application.

Driving

Driving history is a very important consideration in DI underwriting. Motor vehicle accidents account for a large portion of disability claims. Accident rates increase in relation to the number of driving violations. A full and complete driving history along with any other vehicle violations or any unusual explanation should be included with the disability income application.

If the driver's license currently has been revoked, there has been a recent driving under the influence (within two years), or other major moving violations, we will be unable to consider the applicant for DI insurance. Any questions should be referred to the DI Underwriting Department.

Foreign Travel

Foreign travel to countries outside the United States can be a concern for DI underwriting. Normal vacations, business trips, trips of short duration, and trips to politically stable countries are usually not a problem.

Extended travel, travel to some non-English speaking countries, and countries that are politically unstable are definitely a concern for disability insurance. Due to political instability and terrorism, the U.S. State Department's foreign travel advisory list will be used for determination of which countries are on the travel-warning list. DI insurance will not be considered for anyone traveling to a country on the U.S. State Department foreign travel advisory list. Due to the changing political climate, these countries can fluctuate frequently. When submitting an application on an individual who is planning foreign travel, complete information on the trip should be included with the application. If you have a question, please contact the DI Underwriting Department.

Residing Permanently in the United States (U.S.) (Recent Immigrants)

Foreign citizens who have established permanent residence in the U.S. (persons living in the U.S. on a full-time basis with only occasional trips to their native country) will be considered the same as U.S. citizens provided they hold an Alien Registration Receipt Card (green card), and have resided in the U.S. continuously for five or more years.

Persons who have resided in the U.S. for at least one year, but less than five years, will be considered in accordance with the following rules:

- It must be the proposed insured's intention to reside permanently in the U.S. and return to the native country only occasionally, such as a vacation.
- The proposed insured must be gainfully employed on a full-time basis.
- The proposed insured must hold a permanent visa, and a visa copy must be provided with the application.
- The proposed insured must speak and understand the English language.
- Amounts and plans of insurance will be determined by usual insurance needs.
- Medical examinations and inspection reports are required in all cases. If the proposed insured has resided in the U.S. less than two years, inspection coverage must be available from his/her country of origin.
- Attending Physician Statements must also be made available.
- Persons residing in the U.S. less than six months and individuals without definite ties to the U.S., such as property ownership or business interests, or who spend substantial amounts of time in their native country, will not be considered.
- Take no money with the application. The Conditional Receipt must remain with the application.

Full-Time/Part-Time Work

We will consider for DI coverage (individual or overhead expense) only those individuals employed on a full-time basis. For underwriting purposes, full-time is defined as an applicant who works, on average, at least 30 hours per week. We are not able to offer coverage to applicants who do not meet this requirement.

Working from Home

If an applicant is working from home, the case will be reviewed by a DI underwriter on an individual basis. Favorable factors for offering coverage to those working from home include the applicant:

- Being a W-2 employee of a company who works from home;
- Having an established company;
- Having duties that require him/her to leave home on a regular basis;
- Meeting with clients in the home;
- Having separate office space in the home;
- Providing his/her tax returns for at least one year; and
- Accepting a longer elimination period or limited additional benefit riders.

For self-employed persons working from home, the DI underwriter will:

- Underwrite the applicant's business;
- Take into account the percentage of time the applicant spends away from home; and
- Consider the applicant's experience and stability.

MEDICAL UNDERWRITING

The application is the legal basis of the contract and has been designed to elicit pertinent information needed to determine whether a policy can be issued. Therefore, it is important that the applicant understands his/her obligation to answer the questions accurately and completely. All relevant information should be included in the application.

An admitted existing condition, sickness, or injury shown on the application, and not specifically excluded by us, will be covered from the date of issue of the policy. However, failure to inform us of such preexisting conditions could result in denial of a claim and/or rescission of the contract. If any prepayment is obtained with the application, complete the Conditional Receipt attached to the application and give it to the applicant. Acknowledgment and amount of payment received must be indicated on the application.

If no premium is paid at the time the application is taken, this information should be included on the application, and the Conditional Receipt is to remain attached to the application. No premium should be accepted between the time the application is taken and delivery of the policy. A policy issued without prior collection of the premium cannot be delivered unless the applicant has been in continuous good health since the application date.

Medical Underwriting Requirements *Disability Income and BOE Medical Limits for All States*

Requirements listed below are necessary when the amounts applied for and in force with the issuing company equal or exceed the amounts shown below. To determine medical requirements, add the base monthly benefit, with the Social Insurance Substitute (SIS) Rider and one-half the Future Increase Option (FIO) Rider. Requirements may change with use of EZ App Process. Refer to the EZ App section for more information.

	Blood/HOS	Paramed	EKG
18 - 40	\$3,000	\$5,001	N/A
41 - 50	\$3,000	\$4,001	N/A
51 and over	\$3,000	\$2,001	\$10,001

When disability income and business overhead expense coverages are applied for concurrently, the nonmedical and medical limits apply to the sum of the monthly benefits (based on above formula).

An exam completed by a medical doctor should be obtained if the applicant has a history of a heart murmur, rheumatic fever, diabetes, or any other medical problem which, in the judgment of the agent or manager, would require a physician's examination.

Ratings

Ratings on DI policies are quoted in terms of a percentage increase in the standard premium. It may be necessary to charge an extra premium and impose an exclusion rider on the same policy. On significantly impaired risks, the underwriter may find it necessary to modify the benefits, benefit period or elimination period in addition to imposing a rating. When this is necessary, the underwriter will contact the agent/agency in advance of issue.

<i>Requirements Time Period</i>	The following are the guidelines in using medical requirements obtained from prior applications to the issuing company or to other companies.
<i>Blood Profile/Urine Specimen</i>	Lab results are generally acceptable for 180 days from the date taken. Medical history may determine that, in an underwriter's judgment, a repeat blood profile or urine specimen may be required.
<i>Paramedical Exams</i>	<p>Paramedical exams done for another company are generally acceptable for 90 days from the date taken. If the exam was done for another company, the non-medical Part II portion of the application needs to be completed.</p> <p>Paramedical exams are generally acceptable up to 180 days from the date taken with an updated non-medical portion of the application completed. However, medical history or other factors may warrant a repeat paramedical exam requested by the underwriter.</p>
<i>Height and Weight Guidelines</i>	<p>The information in this chart is given only as a guideline. Individual consideration will be given to each applicant. Fluctuation in weight, recent significant weight gain or loss together with other medical history will be used in underwriting consideration.</p> <p>Individuals above the uninsurable weight are not eligible for coverage. Individuals who are significantly underweight will be given individual consideration.</p> <p>For any weight loss within the last 12 months, add half of the loss to the total weight before using the chart.</p>

Height	Maximum Standard Weight	Uninsurable Weight
5'0"	179	214
5'1"	184	219
5'2"	189	223
5'3"	193	229
5'4"	198	236
5'5"	204	242
5'6"	209	249
5'7"	215	256
5'8"	222	262
5'9"	227	269
5'10"	233	277
5'11"	238	284
6'0"	245	292
6'1"	251	298
6'2"	257	306
6'3"	264	314
6'4"	272	324
6'5"	280	333
6'6"	289	343

Attending Physician Statements

An Attending Physician Statement (APS) is sometimes requested by the underwriter to obtain details surrounding medical treatment received by the applicant.

This section should be used as a guideline for determining when an APS may be needed. Each individual application and the specifics of the situation will determine the underwriting action. Keep in mind the medical information obtained in connection with an insurance application is **CONFIDENTIAL**. Privacy of the applicant for insurance is paramount. This information is obtained only on a need-to-know basis for insurance underwriting and should never be discussed in any other manner. The attending physician or medical provider should be requested to forward all information to the Individual Disability Income New Business Department.

Any questions regarding use of this section can be directed to any underwriter.

Guidelines for Requesting Attending Physician Statements (APS)

The DI underwriter will determine which APS is necessary and request that it be ordered. In general, before ordering an APS, the following factors should be considered:

- An APS should be requested in accordance with the guidelines in this section. The agent should use judgment with respect to conditions not addressed in this guide. If doubt exists, an underwriter should be consulted.
- A signed authorization is necessary before an APS can be requested. This authorization is part of the application and should be copied by the agent to use when requesting an APS.
- Where there is a complicated medical history with several physicians treating the proposed insured, an underwriter should be contacted to determine which medical sources are appropriate.
- If the proposed insured has been rated or rejected by another company or if the agent has any doubt regarding insurability, no APS should be ordered. In such situations, an Informal Inquiry is appropriate. As an alternative, an underwriter can be consulted before beginning the application and the APS process.
- The complete name and address of all physicians and medical facilities should be included with the application. If the issuing company finds it necessary to contact a medical source for any reason, names and addresses of all physicians and medical facilities consulted facilitates the processing.
- Whenever a medical condition or physical impairment prompted the visit to a physician or medical facility, the guidelines listed above should be followed.

*Attending Physician Statements (APS)
for Routine Physical Examinations*

Physical examinations or checkups listed on the application refer to routine physician visits, not prompted by symptoms and completed in a routine manner.

APS for routine examinations or checkups may be required in accordance with the following limits:

Age	Time Since Physical	Amount Applied For*
18 – 40	Within 6 months	\$2,000 +
	Within 12 months	\$3,000 +
	Within 24 months	\$4,000 +
41 – 50	Within 6 months	\$2,000
	Within 12 months	\$3,000
	Within 24 months	\$4,000
Over 50	Within 12 months	\$1,000
	Within 24 months	\$2,000 +

* For APS requirements, add the base monthly benefit, the Social Insurance Substitute Rider and one-half the Future Increase Option Rider.

Special Facilities

If the proposed insured has visited a nationally known medical facility such as the Mayo Clinic, Greenbriar, Cleveland Clinic, or Oschsner, within the past two years, an APS will be required. Further, if the proposed insured has traveled to another city for a medical consultation and no symptoms are listed, an APS will be required within two years of the date of this visit.

Special Studies

If a special medical test is listed on a Part II, such as a treadmill EKG, chest X-ray, or blood work, and was obtained other than as a routine physical, an APS will be required if the special test is done within two years of the day of the application.

Medical Underwriting

The following listing shows medical conditions often seen on applications for disability insurance. This listing provides guidelines for ordering Attending Physician Statements (APS) and indicates what the underwriting decision is likely to be. This will help you prepare your client for possible adverse action or identify situations where an offer is unlikely, eliminating a potentially unpleasant surprise.

Next to each impairment are instructions as to when an APS is required. Numerals indicate the duration in years since the condition has required medical attention. If there is no number indicated, an APS is required. If treatment has been received within this period of time, an APS is required.

Remember, this is only a guide. The need for an APS and the underwriting decision will be based on the complete information developed during underwriting.

A listing of the abbreviations that are used in this guide follows.

Abbreviations

APS	Attending Physician Statement
Dash (-)	to
DECL	Decline
EXCL	Exclusion Rider
HO	Refer to Home Office
HR	High rating (75%-100%)
IC	Individual Consideration
LR	Low rating (25%-50%)
Slash (/)	and/or

MEDICAL IMPAIRMENTS

Abscess..... U STD

Addison's Disease – *See Adrenal Gland Disorders*

Adrenal Gland Disorders

Addison's – APS..... HR-DECL

Cushing's – APS

Present or within 1 yr..... DECL

1 – 5 yrs..... HR-DECL

5+ yrs STD-LR

Albuminuria – *Presence of urine in kidney*..... IC

Alcohol Abuse or Alcoholism – APS

0 – 5 yrs..... DECL

5 – 10 yrs..... HR-DECL

10+ yrs..... U STD

Allergy

Respiratory or skin, other than latex..... U STD

Latex – APS EXCL/HR-DECL

Amputation – APS

Due to accident or trauma..... IC

Due to disease – Refer to disease IC

Anemia – *Abnormally low red blood cell count or volume* – APS

Iron deficiency, mild STD-LR

Other IC

Aneurysm – *Abnormal dilation of blood vessel wall* – APS

Present DECL

Treated, full recovery..... IC

Angina – *See Coronary Artery Disease*

Angioplasty – *See Cardiac Surgery*

Anorexia Nervosa – *See Eating Disorders*

Anxiety – *See Mental/Nervous Disorder*

Aortic Stenosis, Regurgitation, or Insufficiency –

See Heart Murmur

Arrhythmia – *Abnormal or irregular pulse/heartbeat* – APS

Bradycardia – slow pulse..... U STD

Tachycardia – rapid pulse..... IC

Atrial fibrillation or flutter

Single episode

0 – 1 yr since episode IC

1 – 2 yrs STD-HR

2+ yrs U STD

Multiple episodes

0 – 1 yr since last episode..... DECL

1 – 5 yrs IC

5+ yrs STD-LR

Chronic DECL

Arteriosclerosis – *Abnormal thickening of the arteries resulting in reduction of arterial capacity* U DECL

Arthritis – *Inflammation of a joint or joints* – APS

Osteoarthritis – *Degenerative condition of a joint due to overuse or trauma/injury*

1 – 3 affected joints – APS U EXCL

Multiple (3+) joints U DECL

Rheumatoid arthritis – *Chronic, systemic disease primarily affecting multiple joints*

0 – 5 yrs since last symptom DECL

5+ yrs IC

Asthma – *Reversible obstruction of the airways of the lungs*

Currently under treatment – APS STD-EXCL

History of treatment – APS (2) U STD

Atherosclerosis – *See Arteriosclerosis*

Atrial Fibrillation or Flutter – *See Arrhythmia*

Back Pain or Back Disorders – *See Spine Disorders*

Basal Cell Carcinoma – *See Tumors*

Bell's Palsy – *Usually temporary paralysis of facial nerves*

Present..... DECL

Fully recovered – APS (1)..... STD

Bi-Polar Disorder – *See Mental/Nervous Disorders*

Blindness – *See Eye Disorder*

Boeck's Sarcoid – *See Sarcoidosis*

Bradycardia – *See Arrhythmia*

Breast Disorders

Fibrocystic breast disease including mastitis characterized by formation of cysts causing pain or tenderness; no suspicion of malignancy – APS..... STD-EXCL

Breast cancer or tumor – *see Tumors*

Bright's Disease – See *Glomerulonephritis*

Bronchiectasis – *Abnormal dilation of the bronchi ...* LR-DECL

Bronchitis – *Inflammation of the membranes of the bronchi*
 AcuteSTD
 Chronic - See *Emphysema*

Buerger's Disease – *Disease that causes blockage in the small arteries and veins, typically of the extremities* U DECL

Bulimia – See *Eating Disorders*

Bursitis – *Inflammation of the bursa between tendons and muscles* – APS (1) U STD-EXCL

Caesarean Section (C-Section) – See *Pregnancy*

Cancer, Carcinoma – See *Tumors*

Cardiac Surgery
 Due to coronary artery disease –
 bypass or angioplastyDECL
 Due to valvular diseaseDECL
 Due to congenital disorder IC

Carpal Tunnel Syndrome
 Surgically corrected STD-EXCL
 Present, not surgically corrected EXCL

Cataract – See *Eye Disorders*

Cerebral Hemorrhage – See *Hemorrhage*

Cerebral Palsy IC/U DECL

Chest Pain – APS (2) IC

Chiropractic Treatment, Maintenance or Adjustment – See *Spine Disorders*

Cholecystectomy, Cholecystitis, Cholelithiasis –
 See *Gallbladder*

Cholesterol – APS
 Elevated, treated, under control U STD

Chorio Retinitis-Iritis-Choroiditis – See *Eye Disorders*

Chronic Fatigue Syndrome – See *Mental/Nervous Disorder*

Cirrhosis of the Liver – See *Liver Disorder*

Colitis – *Inflammatory Disease of the Colon* – APS
 Spastic/Irritable Bowel Disease U STD
 Ulcerative
 Single episode
 0 – 3 yrs DECL
 3 – 5 yrs EXCL/LR
 5+ yrs STD-LR
 Multiple episodes or recurrent
 0 – 5 yrs since last episode DECL
 5 – 7 yrs EXCL/HR
 7 – 10 yrs EXCL/LR
 10+ yrs STD-LR/EXCL

Collapsed Lung – See *Pneumothorax*

Concussion – See *Fractures*

Convulsions – See *Epilepsy*

COPD – See *Emphysema*

Corneal Ulcer – See *Eye Disorder*

Coronary Artery Disease
 Heart attack, myocardial infarction, blockage of arteries
 in the heart U DECL

Crohn's Disease/Ileitis – APS
 Present DECL
 0 – 3 yrs U DECL
 3 – 7 yrs LR/EXCL
 7+ yrs LR-STD

Cushing's Disease – See *Adrenal Gland Disease*

Cystic Kidney – See *Kidney Disorder*

Cystitis – Infection or inflammation of the urinary bladder –
 See *Urinary Bladder*

Cysts
 Ovarian cysts – See *Uterus Disorders*
 Other – See *Tumors, benign*

Deafness – See *Ear Disorder*

Depression – See *Mental/Nervous Disorders*

Dermatitis – *Inflammatory skin disorder* U STD

Deviated Septum – *Abnormal angulation of the septum of the nose* U STD

Diabetes – *Chronic disorder resulting from insulin deficiency or insulin resistance* – APS
 Non-insulin dependent – *controlled by diet or oral medication*
 Under age 30 DECL
 Over age 30 LR-HR
 *5-year maximum benefit period
 Insulin dependent – *controlled by insulin injections*
 Under age 30 DECL
 Age 30 – 40 U DECL
 Over age 40 HR-DECL
 *2-year maximum benefit period
 Gestational diabetes, history of STD-LR

Disc Disorders – *See Spine Disorders*

Dislocations – *All joints* – APS (2)
 Operated or complete recovery U STD
 Unoperated or mild complications EXCL
 Severe complications DECL

Diverticulitis and Diverticulosis – APS (1)
 No symptoms U STD
 Symptoms STD-EXCL

Drug Abuse HO

Duodenal Ulcer – *See Ulcer*

Ear Disorder
 Deafness
 One ear U STD
 Both ears EXCL
 Eardrum Perforation
 Present EXCL
 Resolved STD
 Labrynthitis – *Inner ear inflammation* – APS (1)
 Present U DECL
 Single episode, resolved STD
 Multiple episodes IC
 Mastoiditis – APS (1)
 Present U DECL
 Others U STD
 Meniere’s Disease – APS (3)
 Present to 3 years DECL
 3+ years LR-HR
 Otitis Media – *Middle ear infection*
 Acute STD
 Chronic U STD
 Otosclerosis – APS (1)
 Unoperated EXCL/STD
 Operated U STD

Eardrum Perforation – *See Ear Disorder*

Eating Disorders – APS (3)
 Bulimia, Anorexia Nervosa
 0 to 2 yrs DECL
 2 yrs to 5 yrs LR
 5+ yrs (normal weight) U STD

Emphysema – *Chronic Obstruction Pulmonary Disease* – APS
 Early – no complications HR
 Intermediate to late DECL

Epilepsy – APS (5)
 Grand Mal Seizure
 First attack before age 40
 0 – 5 yrs since last attack HR-DECL
 5 – 10 yrs since last attack LR
 10+ yrs since last attack U STD
 First attack over age 40 IC
 Petit Mal Seizure
 Time since last attack
 0 – 5 yrs LR-HR
 5+ yrs U STD
 Seizures/Epilepsy — *including convulsions*
 Type Unknown IC

Eye Disorders
 Blindness
 Total IC
 Due to injury
 one eye only – APS (3) EXCL-IC
 Due to disease
 one eye only – APS (3) EXCL-IC
 Cataract
 Operated – APS (3) U-STD
 Unoperated – APS (2)
 One eye STD-LR/EXCL
 Both eyes EXCL/LR
 Chorio Retinitis-Iritis-Choroiditis – APS (3)
 Single attack
 0 – 6 mos U DECL
 6 mos – 3 yrs EXCL/LR
 3+ yrs ULR
 Recurrent attacks IC
 Corneal Ulcer – APS (2)
 Present U DECL
 With residuals EXCL/LR
 Without residuals U STD
 Glaucoma – APS (1)
 Operated EXCL
 Under good control EXCL
 Others EXCL-LR
 Retinal Detachment or Hemorrhage – APS (3)
 Operated EXCL
 Unoperated EXCL/DECL
 Retinitis Pigmentosa IC
 Strabismus – Cross-eye – APS (1)
 Present EXCL
 Operated STD-LR

Fainting

Single episode – mild – APS (2)	
0 – 6 mos	U DECL
6 mos – 2 yrs	IC
2+ yrs	U STD
Recurrent or severe – APS (3)	
0 – 3 yrs	DECL
3 yrs	IC

Fatty Liver – See *Liver Disorders*

Fibrillation – See *Arrhythmia*

Fibrocystic Breast – See *Breast Disorders*

Fibroid – See *Uterus Disorders*

FibromyalgiaDECL

Fistula-In-Ano – APS (1)

Unoperated	STD-LR
Operated, complete recovery	STD

Floating Kidney – See *Kidney Disorder*

Fractures

Skull – <i>concussion</i> – APS (2)	
0 – 1 yr	U DECL
1+ yrs, full recovery	U STD
Depressed skull fracture – APS (5)	
0 – 2 yrs	U DECL
2 yrs – 5 yrs	LR-HR
5+ yrs	STD
Spinal fracture – APS (3)	EXCL
Hip – APS (3)	STD/EXCL
Other bones – APS (6 mos)	STD/EXCL

Gallbladder

Cholecystectomy – <i>Gallbladder removed</i>	STD
Cholecystitis – <i>Inflammation of the gallbladder</i> – APS (1)	
Unoperated	
Single episode	U STD
Recurrent.....	STD-LR
Operated.....	STD
Cholelithiasis – <i>Gallstones</i> – APS (1)	
Unoperated	
Single episode	U STD
Recurrent.....	STD-LR
Operated.....	STD

Gastritis – APS (1)

Acute, single attack	STD
Chronic, recurrent attacks	STD-LR

Gastro-Esophageal Reflux Disease (GERD).. STD-EXCL

Gestational Diabetes – See *Diabetes*

Glaucoma – See *Eye Disorders*

Glomerulonephritis – See *Kidney Disorder*

Glycosuria – See *Kidney Disorder*

Goiter – See *Thyroid Disorder*

Gonorrhea – See *Sexually Transmitted Disease*

Gout

Present – APS (1)	LR-DECL/EXCL
In past – APS (3)	LR-HR/EXCL

Grand Mal Seizure – See *Epilepsy*

Graves' Disease – See *Thyroid Disease*

Headaches – *Including Migraines*

Mild, occasional	U STD
Moderate, recurrent – APS (1)	STD-LR/EXCL
Severe, persistent – APS (2)	EXCL-DECL

Heart Attack – See *Coronary Artery Disease*

Heart By-Pass Surgery – See *Cardiac Surgery*

Heart Murmur

Functional murmur – APS (2).....	U STD
Mitral Insufficiency or Regurgitation –	
Apical systolic murmur	IC
Mitral Stenosis – Apical diastolic murmur	DECL
Aortic Stenosis, Regurgitation or	
Insufficiency – APS	IC/U DECL

Hematuria – See *Kidney Disorder*

Hemophilia – *Genetic blood coagulation disease*..... IC

Hemorrhage – *Bleeding disorders*

Cerebral hemorrhage (stroke).....	DECL
0 - 3 yrs.....	DECL
3+ yrs	IC
Gastro intestinal hemorrhage – APS (5).....	LR-HR/EXCL
Retinal hemorrhage – APS (3)	
Operated.....	EXCL
Unoperated.....	EXCL/DECL

Hepatitis – See *Liver Disorder*

Hepatomegaly – See *Liver Disorder*

Hernia – *Abdominal, Inguinal, Hiatal* STD-EXCL

Herniated Disc – See *Spine Disorders*

Herpes Zoster – *See Shingles*

High Blood Pressure – APS (2)

Controlled, on medicationU STD
Uncontrolled, newly discovered, untreatedLR-DECL

Hives – APS (1)

Present – Mild.....U STD
Present – Disabling or severe EXCL/DECL

Hodgkin’s Disease – APS (5)

0 – 10 yrs since full recoveryDECL
10+ yrs since full recoveryHR/EXCL

Hydrocele/Varicocele – *Fluid sack surrounding*

the testicleU STD

Hydronephrosis – *See Kidney Disorder*

Hypertension – *See High Blood Pressure*

Hyperventilation

Single attack, mild.....STD
Multiple attacks, severe – APS (2) IC

Hypoglycemia – *Low blood sugar* – APS (2)

Mild, infrequent episodesU STD
Severe or frequent episodesDECL

Hysterectomy

Non-malignant condition – APS (1)STD
Malignant condition – *See Tumors*

Ilietis – *See Crohn’s Disease*

Indigestion – *See Gastritis*

Iritis – *See Eye Disorders*

Iron Deficiency Anemia – *See Anemia*

Irritable Bowel Syndrome (IBS) – *See Colitis*

Kidney Abscess – *See Kidney Disorder*

Kidney Disorder

Albuminuria – *Presence of protein in urine*

(Proteinuria) IC

Floating Kidney – *Nephroptosis* – APS (2)

Present

No symptoms STD-LR

Others..... EXCL/DECL

In history

No residuals..... U STD

Others..... EXCL

Glomerulonephritis – *A kidney filtration disease* – APS (5)

Acute, one or two attacks IC

Chronic, recurrent, or more than 2 attacks IC

Glycosuria – *Presence of sugar in the urine* IC

Hematuria – *Presence of blood in the urine*

Depends on number of red blood cells in urine IC

Hydronephrosis (Nephrosis) – APS (3)

Present IC

In past STD-DECL

Kidney Abscess – APS (2)

Present DECL

In history STD-LR

Kidney Stones – *Renal Colic*

Acute – APS (1)..... U STD

Chronic - APS (2) STD/EXCL

Nephrectomy – *Kidney removal*

Due to trauma or donation

0 – 6 mos – APS (3)..... DECL

6 mos – 2 yrs – APS (3) LR

2+ yrs U STD

Due to disease..... IC

Polycystic Kidney — *including Cystic Kidney*..... DECL

Proteinuria HO

Pyelitis/Pyelonephritis – *Infection of kidney*

Single episode, recovered U STD

Recurrent LR-DECL

Pyuria – *Presence of white blood cells in urine* – APS (2)

Depending on current labs STD-LR

Kidney Stones – *See Kidney Disorder*

Knee Disorders

Ligament or meniscus disorders

Present – APS (1)..... EXCL

Operated – full recovery STD-EXCL

Labrynthitis – *See Ear Disorder*

Latex Allergy – *See Allergy*

Leukemia..... U DECL

Liver Disorder

Hepatitis A or B – APS (5)	
Present	DECL
0 – 6 mos	DECL
6+ mos, with normal liver enzymes	U STD
Hepatitis C	U DECL
Hepatomegaly	HO
Fatty Liver	
Present	
Normal liver enzymes	U STD
Abnormal	LR-DECL
History	
No symptoms, normal liver enzymes	U STD
Cirrhosis of the liver	DECL

Lumbosacral Strain or Sprain – *See Spine Disorders*

Lupus

Discoid	
Present	IC
Full recovery	LR-STD
Systemic Lupus Erythematosus	DECL

Lyme Disease

Present	DECL
Fully recovered, no residuals	U STD

Malignancy – *See Tumors*

Mastitis – *See Breast Disorders*

Mastoiditis – *See Ear Disorder*

Melanoma – *See Tumors*

Meniere’s Disease – *See Ear Disorder*

Meningitis

Acute – complete recovery – APS (2)	U STD
Chronic or with residuals	IC

Menopause

Mild – moderate, not disabling	U STD
Severe, disabling – APS (1)	
0 – 6 mos	DECL
6+ mos	U STD

Menorrhagia – *See Uterus Disorders*

Menstrual Disorders – *See Uterus Disorders*

Mental/Nervous Disorders

Anxiety, depression, chronic fatigue syndrome, neurosis, panic disorder, bi-polar disorder, nervous breakdown – APS (5)	
Present or under treatment	IC
1 – 5 years	LR-DECL
Other – depends on diagnosis, duration, treatment, severity	IC/ STD/ DECL
Schizophrenia or other psychosis	DECL
Suicide attempt – after 10 yrs	LR

Migraine – *See Headache*

Miscarriage – *See Pregnancy*

Mitral Stenosis, Insufficiency or Regurgitation –
See Heart Murmur

Mitral Valve Prolapse

No other cardiac problems – APS (3)	U STD
With minor cardiac arrhythmias	LR-HR
Others	U DECL

Mononucleosis

Full recovery and no residuals – APS (2)	STD
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Multiple Sclerosis

.....	DECL
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Murmur – *See Heart Murmur*

Muscular Dystrophy

.....	DECL
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Myocardial Infarction – *See Coronary Artery Disease*

Neck Disorder – *See Spine Disorders*

Nephrectomy – *See Kidney Disorder*

Nephrosis – *See Kidney Disorder*

Neurosis – *See Mental/Nervous Disorder*

Osteoporosis

.....	LR-HR
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Otitis Media – *See Ear Disorder*

Otosclerosis – *See Ear Disorder*

Ovarian Cysts – *See Uterus/Ovary Disorders*

Overweight – *See page 24 for Weight Chart*

.....	STD-DECL
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Pacemaker

.....	IC
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Palpitations – *See Arrhythmias*

Pancreatitis

One episode	LR-DECL
Chronic	DECL

Panic Disorder – See *Mental/Nervous Disorders*

Paralysis HO

Parkinson’s Disease..... DECL

Peptic Ulcer – See *Ulcers*

Pericarditis –
 Inflammation of the lining around the heart – APS (5)
 Within 1 yr..... DECL
 1+ yrs – no residuals..... U STD

Pernicious Anemia – See *Anemia*

Petit Mal Seizure – See *Epilepsy*

Phlebitis APS (3)
 Within 1 yr..... DECL
 1+ yrs – no residuals..... U STD

Pleurisy – APS (2)
 Single episode, full recoverySTD
 Others..... IC

Pneumonia – APS (2)
 Single episode, full recoverySTD
 Multiple episodes STD-LR

Pneumothorax – *Collapsed lung* – APS (2)
 Within 2 yrs STD-LR
 2+ yrs U STD

Poliomyelitis (Polio)
 If residual weakness or paralysis U EXCL

Polyp
 Present..... EXCL
 Removed U STD

Pregnancy
 Currently pregnant
 First 6 months..... EXCL
 Last 3 months DECL
 Not currently pregnant
 History of complications, miscarriage or
 C-section and of childbearing age EXCL

Prostate Disorder – APS (1)
 Prostate cancer – See *Tumors*
 Prostatitis
 Single episode, full recoverySTD
 Multiple episodes..... EXCL

Proteinuria – See *Kidney Disorders*

Psoriasis – APS (1)
 Present – *non-disabling, no arthritic component* STD-EXCL
 Others..... U DECL

Psychoneurosis/Psychosis – See *Mental/Nervous Disorder*

Pulmonary Embolism – APS (3)
 Single episode
 Within 1 yr..... DECL
 1+ yrs LR
 Multiple episodes or still on treatment
 Within 3 yrs..... DECL
 3+ yrs IC

Pulmonary Tuberculosis – APS (3)
 Active infection DECL
 Full recovery
 Within 1 yr..... DECL
 1+ yrs LR
 Positive skin test only
 Negative x-raySTD

Pyelitis-Pyelonephritis – See *Kidney Disorder*

Pyuria – See *Kidney Disorder*

Raynaud’s Disease/Phenomenon – *Poor circulation in extremities* – APS (5)
 With full evaluation, mild symptoms STD-LR
 Without full evaluation, or moderate
 to severe symptoms DECL

Regional Enteritis – See *Crohn’s Disease*

Reflux Disease – See *Gastro Esophagel Reflux Disease*

Retinal Detachment or Hemorrhage – See *Eye Disorder*

Retinitis Pigmentosa – See *Eye Disorder*

Rheumatic Fever – APS (5)
 Full recovery, no heart residuals
 0 – 2 yrs..... LR
 2+ yrs STD-LR
 Heart residuals, rheumatic heart disease..... DECL

Rheumatoid Arthritis – See *Arthritis*

Ruptured Disc – See *Spine Disorders*

Sarcoidosis – *Formation of nodular lesions especially in the lungs* – APS (5)
 Present, Stage I STD-LR
 Stages II, III or IV DECL
 Arrested..... IC

Schizophrenia – See *Mental/Nervous Disorders*

Scoliosis – See *Spine Disorder*

Seizures – See *Epilepsy*

Septal Defects – *Congenital heart defect* – APS (5)

Atrial or ventricular
Repaired, no residuals U STD
Others IC

Sexually Transmitted Diseases

Gonorrhea
Present to 1 year..... U DECL
In past – APS (2)
1 episode..... U STD
2 or 3 episodes
0 – 2 years..... U DECL
2+ years STD-LR
More than 3 episodes..... U DECL
Syphilis
Present to 1 yr U DECL
In past – APS (3)
Primary LR
Secondary HR-DECL
Tertiary DECL

Shingles – APS (2)

Present..... DECL
Recovered, no residualsSTD

Sickle Cell Anemia – See *Anemia*

Situational Depression/Anxiety – See *Mental/Nervous Disorder*

Skin Cancer – See *Tumors*

Skull Fracture – See *Fractures*

Sleep Apnea – APS (5)

Sleep study confirms diagnosis..... STD-DECL
Appropriate treatment.....STD
OthersLR-HR

Spastic Colitis – See *Colitis*

Spine Disorders – Including *back pain or back disorders and neck disorders* – APS (5)

Chiropractic treatment, maintenance, or adjustment.. EXCL
Ruptured, slipped, or herniated disc EXCL
Spinal curvature (Scoliosis)
Mild, asymptomaticSTD
Symptomatic or moderate EXCL
Severe DECL
With surgery EXCL/DECL
Spinal stenosis..... EXCL
Sprain or strain
0 – 2 years EXCL
2+ years.....STD
Whiplash
Within 3 years EXCL
3+ years, no residuals U EXCL

Stomach Ulcer – See *Ulcer*

Strabismus – See *Eye Disorder*

Stroke – See *Hemorrhage*

Suicide Attempt – See *Mental/Nervous Disorders*

Syphilis – See *Sexually Transmitted Disease*

Tachycardia – See *Arrhythmias*

Thrombophlebitis – See *Phlebitis*

Thyroid Disorders

Hypothyroid – *Treated and controlled*STD
Hyperthyroid
Not treated DECL
Treated and controlled, 1+ yr U STD
Thyroiditis
Current DECL
Full recoverySTD
Nodules HO
Goiter – *Thyroid enlargement*
Non-toxic – APS (1)
Present..... LR-EXCL
In past U STD
Toxic – (Graves' Disease) – APS (2)
Present..... DECL
In past, operated STD-LR

Tuberculosis – See *Pulmonary Tuberculosis*

Tumors – APS

- Benign, after removal and with no residuals
 - Brain or spinal cord DECL
 - Others (*Depending on type and location*)..... U STD
- Malignant - cancerous
 - Internal tumors – within 10 yrs HO
 - 10+ yrs IC
- Skin cancers
 - Basal cell, or squamous cell,
after removal HO/U STD
 - Melanoma U DECL

Ulcerative Colitis – *See Colitis*

Ulcers – Duodenal, Gastric, Peptic, or Stomach – APS (3)

- Unoperated
 - Present HR/EXCL
 - In history STD-HR/EXCL
- Operated
 - 0 – 2 yrs U DECL
 - 2 – 5 yrs LR
 - 5+ yrs U STD

Undescended Testicle

- Operated – APS (1) STD
- Unoperated STD/EXCL

Urinary Bladder Disorders

- Infections, benign disorders STD
- Chronic or severe disorders – APS (1)..... EXCL/DECL

Uterus/Ovary Disorders

- Cervical Disorders – APS (1)
 - With normal current pap smear U STD
 - With abnormal most recent pap U DECL
- Cystocele, rectocele, urethrocele – APS (1)
 - No complications U STD
 - With complications U EXCL
- D & C – APS (1)
 - Rate for cause
- Endometriosis – APS (1)
 - Present – mild, moderate U STD
 - Severe or recurring EXCL-DECL
 - In history U STD
- Fibroid tumor – APS (1)
 - Operated, benign STD
 - Unoperated U EXCL
- Menstrual Disorders
 - Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia
 - Single episode, resolved STD
 - Chronic or not resolved EXCL
- Ovarian Cysts – APS (2) U STD

Varicose Veins

- Abdomen, esophagus, or thorax DECL
- Legs – APS (1)
 - Present
 - Mild U STD
 - Moderate to severe EXCL/DECL
 - Operated and resolved U STD

Vertigo

- Single episode, mild – APS (2)
 - 0 – 6 mos U DECL
 - 6 mos – 2 yrs STD-LR
 - 2+ yrs U STD
- Recurrent or severe – APS (3)
 - 0 – 3 yrs DECL
 - 3+ yrs IC

Weight Loss or Gain

- Unexplained, sudden loss/gain
 - of more than 20 pounds – APS (2)
 - Cause known Rate for cause
 - Cause unknown U DECL
 - Dietary loss IC

Whiplash – *See Spine Disorders*

STD	Standard
U	Usually
U DECL	Usually declined
U STD	Usually standard

Limitations

Generally, when policies are rated 50 percent, the maximum benefit period available is five years. Policies rated higher than 50 percent are usually limited to a two-year benefit period. Certain medical conditions will always require a limited benefit period. The Automatic Increase Rider and Future Increase Option Rider are not available on rated policies. Other optional riders may be available on a case-by-case basis.

Risk Classification

The occupational classifications listed reflect not only the hazards of accidental injury and occupational diseases, but also social, environmental and economic factors that can influence claim experience. To assure the best interests of the proposed insured at the time of claim, it is important that the occupation be properly classified.

In order to classify applicants, their occupation, **including title and exact duties**, must be fully and accurately described on the application. Applicants must be working full-time (30 hours or more a week) at their occupation. If the applicant has several duties or more than one occupation, the duties or occupation having the lowest occupational class will be used. This section covers the most generally encountered occupations. Occupations not listed may be classified according to the following occupational descriptions or by comparing to similar occupations that are listed. All classifications are subject to approval.

Occupational Classifications – Non Medical

Class 6A

Duties limited to office and consulting only, minimum salary during each of the last three years of \$100,000 (including bonuses), five years experience, minimum travel, work location other than home, employed by a well established, financially sound company with 10 or more full-time employees with primarily office duties, and no direct supervision of people with manual duties. These individuals should not have any unusual job requirements.

Class 5A

Duties limited to office and consulting only, minimum salary during each of the last three years of \$60,000 with some exceptions, three years experience, minimum foreign travel, work location other than home, employed by a well established, financially sound company, and no direct supervision of people with manual duties. These individuals should not have any unusual job requirements.

Class 4A

Includes executives and managers with income fluctuations, selling and travel duties part of normal routine, and individuals whose income is primarily from commission.

<i>Class 3A</i>	Managerial or self-employed individuals whose regular duties exclude manual or machine operations.
<i>Class 2A</i>	Includes managers, supervisors or self-employed individuals whose regular duties require limited physical activity.
<i>Class A</i>	Includes occupations involving skilled work with light manual duties requiring dexterity as opposed to physical strength. These people are exposed to very little occupational hazard.
<i>Class B</i>	Includes occupations requiring heavy manual duties where there are accident and environmental hazards. There is generally a high rate of instability of employment or salary and unskilled labor within this classification.
<i>No</i>	Occupations considered uninsurable for disability income coverage based on duties that require severe environmental hazard exposure, and/or may involve extraordinary manual labor or services.

Occupational Classifications – “M” classes are for individuals who are in the health care industry. These professionals include, but are not limited to physicians, dentists, nurses, etc.

<i>Class 6M</i>	Health care professionals who have demonstrated the most favorable experience. Allergists, Dermatologists, Gastroenterologists and Internists are representative examples of this class.
<i>Class 5M</i>	Primarily non-surgical physicians who do not qualify for the 6M class. Cardiologists, Neonatologists and Urologists are representative examples of this class.
<i>Class 4M</i>	Primarily physicians who perform surgery (are board certified in a surgical specialty) or interventional procedures with some exceptions. Anesthesiologists, Emergency Room Physicians, Cardiovascular surgeons, Neurosurgeons, and General Dentists are representative examples of this class.
<i>Class 3M</i>	Certain non-physician occupations that are more supervisory or technician oriented. CRNA's, Midwives and most Therapists are representative examples of this class.
<i>Class 2M</i>	Primarily non-physician occupations that require more physical activity and certain other occupations where claims experience has not been as favorable as class 3M. Nurses, Dental Hygienists and Podiatrists are representative examples of this occupation class.
<i>Class M</i>	This class typically requires medium to heavy manual duties. Nurse's aides are in this class.

BUSINESS OWNER UPGRADE
Business Owner Upgrade: One Class

A business owner client who is doing no more than 25% manual duties may be eligible for a one class upgrade if:

- The original occupational class is 3A, 2A, or A for individual DI or 2A for Business Overhead Expense (BOE) insurance;
- He/She owns at least 25% of a stable business for the last two years; and

Business Owner Upgrade: Two Classes*

- The business has at least three full-time, year-round employees (other than immediate family members).

A business owner client who is doing no more than 25% manual duties may be eligible for a **two** class upgrade if:

- The original occupation class is 2A or A for individual DI;
- He/She owns at least 25% of a stable business for the last two years;
- The business has at least three full-time, year-round employees (other than immediate family members); and
- He/She agrees to use our EZ App process** and accepts a modified definition of total disability that provides income protection regarding managerial duties only.

All upgrades must be approved by underwriting.

*May require the Managerial Duties Endorsement for approval of upgrade.

**Please refer to DI EZ App TeleUnderwriting section.

Additional Benefits for Business Owners

To cover the loss of company perks, a business owner may purchase an additional 25% of the individual disability income insurance base monthly benefit for which he/she applies, up to our stated Issue and Participation Limits, if the following criteria are met:

- Occupational class is 6A, 5A, 4A, 3A or 2A and
- He/She has a minimum of 25% ownership in a stable business for the last two years.

The additional benefit amount may not exceed \$1,000 per month. The total of all DI insurance coverages in force and applied for, including the additional benefit amount, may not exceed our Maximum Issue and Participation Limits.

Managerial Duties Endorsement*

A Managerial Duties Endorsement (MDE) is available for use in conjunction with a two class upgrade for certain business owners who perform manual duties. It is also available for qualifying business owners who are applying for Business Overhead Expense (BOE) insurance.

The Managerial Duties Endorsement (MDE) will be used with those qualifying business owners who perform manual duties in their usual course of daily duties. The MDE protects the business owner in the event a disability prevents him/her from performing the managerial duties only of his/her occupation.

For policies containing the MDE, the definition of total disability will be revised so that the insured will be considered totally disabled if due to a sickness or injury, he/she is not able to perform the **managerial duties** of his/her occupation and is not working in any occupation for wage or profit.

Managerial duties include those that are sedentary and administrative in nature. Manual duties include physical activities such as bending, carrying, climbing, crawling, crouching, kneeling, lifting, pulling, pushing, stooping and driving a vehicle.

The inclusion of the MDE is not mandatory. Some benefits or enhancements may be restricted or removed during the underwriting process.

*State variations may apply. Please refer to state variations listing.

OCCUPATIONAL CLASS GUIDE

The Occupational Class Guide is divided into twelve main industry categories and associated subcategories as follows. Subcategories are listed alphabetically. Occupations within each subcategory are, in general, listed alphabetically as well. The Occupational Class Guide is shown below, immediately following the Industry Index. Occupation classes can also be found by using the search engine in the illustration software.

Business Owners have been addressed, where possible, in each category or subcategory. If a reference to Business Owners has not been addressed as such, please refer to the Business Owner Not Elsewhere Classified section in Subcategory 2.1.

Industry Index

- 1.0 Agriculture, Fishing and Logging
 - 1.1 Agriculture and Animal Husbandry – farms, ranches, stockyards, slaughter houses
 - 1.2 Fishing Industry
 - 1.3 Logging, Lumber Mills, and Lumber Yards
- 2.0 Business, Finance, Insurance, and Real Estate
 - 2.1 Business – business owners not elsewhere classified, computer industry, corporate executives, general business, labor unions, office workers
 - 2.2 Finance – banking, stocks, securities
 - 2.3 Insurance – actuaries, adjusters, agents, investigators
 - 2.4 Real Estate – realtors, appraisers
- 3.0 Construction, Maintenance, and Repair
 - 3.1 Construction – building and highway construction
 - 3.2 Maintenance – building maintenance including property managers
 - 3.3 Repair – business machine repair and service
- 4.0 Energy and Utilities – atomic energy, electrical industry, garbage disposal, mining, quarrying, oil and gas industry, sewage, telecommunications, water works, wells
- 5.0 Arts, Entertainment, Publishing, and Recreational Services
 - 5.1 Arts – artists, sculptors
 - 5.2 Entertainment – casinos, motion picture/theatre industry, radio/television industry, sports
 - 5.3 Publishing – advertising, magazines, newspapers, printing, publishing
 - 5.4 Recreational Services – camps, parks, hotels, motels, inns
- 6.0 Government - fire departments, government services, law enforcement, postal service
- 7.0 Manufacturing - buyers, manufacturing reps, general management, skilled and unskilled workers
- 8.0 Medical – medical occupations
- 9.0 Personal and Domestic Services
 - 9.1 Food Service – bakeries, butcher shops, restaurants, vending machines
 - 9.2 Personal Service – barbers, beauty salons, daycare, dry cleaning, interior design, kennels, optical services, personal trainers, photographers, shoe repair, tailors, travel agencies, window services
 - 9.3 Private Household Service – gardening, landscaping, servants/domestics
- 10.0 Professional and Related Services
 - 10.1 Architectural and Engineering Services – architects, engineers
 - 10.2 Education – teachers and administration officials
 - 10.3 Funeral Services – cemeteries, crematories, mortician services, monument industry
 - 10.4 Legal Services – attorneys, paralegals
 - 10.5 Religious Services – ministers, priests, rabbis
 - 10.6 Scientific and Technical Services – scientists, interpreters
- 11.0 Transportation
 - 11.1 Aviation – aerospace industry, airline industry, flying schools
 - 11.2 Marine – dock workers, harbor masters, harbor pilots
 - 11.3 Motor Vehicle – dealerships, drivers, freight handlers, garages, filling stations, parking lots
 - 11.4 Rail and Urban Transit – railroads, railways
- 12.0 Wholesale & Retail Trade
 - 12.1 Retail Establishments – convenience stores, liquor stores, department stores, other stores
 - 12.2 Sales – inside sales, outside sales
 - 12.3 Service and Repair – install, repair, and service technicians
 - 12.4 Warehouse and Distribution – managers, supervisors, delivery, other warehouse employees
 - 12.5 Wholesale Stores

1.0 AGRICULTURE, FISHING, AND LOGGING

1.1 AGRICULTURE AND ANIMAL HUSBANDRY Occ Class

FARMS AND RANCHES - Plant, Stock, Dairy, Poultry, Fruit, Nursery, etc.
 Blacksmith – No Unusual Hazard B
 Foreman A
 Hired Hand, Not Itinerant B
 Livestock Dealers, Dressers, Raisers, Breeders
 Not Handling Livestock 2A
 Handling Livestock No
 Owner, Lessee, Manager
 Supervisory Duties Only, No Manual Labor 2A
 Doing Manual Labor A

STOCKYARDS, SLAUGHTER AND PACKING HOUSES
 Commission Brokers – Buyers, Sellers 2A
 Superintendents, Foremen A
 Others No

1.2 Fishing Industry
 Fishing Including Lobster And Shell No

HATCHERIES
 Owners 3A
 Supervisory Duties Only, No Manual Labor
 Doing Manual Labor
 Managers, Supervisors 2A
 Others B

1.3 Logging, Lumber Mills And Lumber Yards

LOGGING
 Owner - Supervisory Duties Only, No Manual Labor
 (Not In Woods) 3A
 Manager, Supervisor, Estimator (Not In Woods) 2A
 Others Including Those Working In The Woods No

LUMBER YARDS and WOOD PROCESSING FACTORIES
 Owner - Supervisory Duties Only, No Manual Labor 3A
 Manager, Supervisor 2A
 Foremen, Graders, Inspectors, Sales Personnel A
 Others No

TREE WORKERS
 Owner - Supervisory Duties Only, No Manual Labor (Not In Trees) . 3A
 Manager, Supervisor, Estimator (Not In Trees) 2A
 Others Including Those Working In The Trees No

2.0 BUSINESS, FINANCE, INSURANCE AND REAL ESTATE

2.1 BUSINESS Occ Class

BUSINESS OWNERS - not classified elsewhere
 Large Business Owners (25+ employees) -
 see CORPORATE EXECUTIVES below
 Small Business Owners (< 25 employees) - for upgrade,
 see Business Owners Matrix
 Blue collar business (e.g., manufacturing,
 construction, plumbing) A
 Gray collar business (e.g., skilled technical,
 dry cleaning, jeweler) 2A
 Retail sales - multiple locations 3A
 Retail sales - single location 2A

COMPUTER INDUSTRY
 Executives, Directors, Managers -
 see CORPORATE EXECUTIVES below
 Systems Analyst, Systems Engineer, Programmer
 Four year degree, income > \$60,000 5A
 Others 4A
 Computing machine operators. 3A
 Skilled repair personnel, Service personnel, Installers –
 light equipment. 2A

CORPORATE EXECUTIVES
 Five years experience with well-established, financially sound
 company with 10 employees; income > \$100,000 in past three
 years; office and consulting duties only; minimal travel 6A

Five years experience with well-established, financially sound
 company; income > \$60,000 in past three years; office duties
 only; minimal foreign travel; salaried - not self-employed or
 commissioned; no direct supervision of persons with
 manual duties. 5A
 Includes executives and managers with income fluctuations.
 Selling and travel duties part of normal routine. Includes
 self-employed individuals and those whose income is primarily
 from commission. 4A

GENERAL BUSINESS
 Account Collectors
 Office duties only 2A
 Others A
 Accountant, Auditors, Comptrollers -
 also see CORPORATE EXECUTIVES above
 Certified Public Accountant (CPA); minimum three years
 experience; income > \$100,000 6A
 Other CPA. 5A
 Accountant, Bookkeeper - other than CPA. 4A
 Buyers, Purchasing Agents
 Office duties only 4A
 Others 3A
 Consultants
 Minimum five years experience as consultant in same
 business, primarily office duties, income > \$100,000 in
 last three years. 6A
 Minimum three years experience, primarily office duties,
 income > \$60,000 in last three years 5A
 Others – minimum one year experience as consultant 4A
 Financial Analyst (non Stocks and Securities).
 Certified, minimum five years experience, income >\$75,000
 in last two years 5A
 Certified, minimum two years experience, income >\$50,000
 in last two years 4A
 Others 3A
 Lobbyist 4A
 Recruiter, Headhunter 4A
 Statistician 5A

LABOR UNIONS
 Union official - office duties only. 3A
 Others No

OFFICE WORKERS
 Office Managers, Clerical, Administrative Assistant - office duties only
 Minimum five years experience; income > \$60,000 5A
 Minimum three years experience; income > \$30,000 4A
 General office help, income < \$30,000 3A

2.2 FINANCE

BANKING
 Officers, Managers, Investment Bankers, Mortgage Bankers -
 see CORPORATE EXECUTIVES in Section 2.1 BUSINESS
 Tellers, Clerks - see OFFICE WORKERS in Section 2.1 BUSINESS
 Messengers – unarmed A
 Armored car guards, Other armed personnel, Collectors B

STOCKS AND SECURITIES
 Brokers - bond, mortgage, securities, stocks
 Not on floor, minimum of three years experience,
 income > \$60,000 prior three years 4A
 Commodity, Filling No
 Others 3A
 Financial Analyst - stocks and securities
 Minimum of five years experience, income > \$75,000
 prior two years. 4A
 Others 3A
 Fund Manager, Portfolio Manager 4A
 Hedge Fund Manager, Market Maker, Trader, Arbitrage. No
 Trader - currency, day, floor, option No

2.3 INSURANCE

Actuary - also see CORPORATE EXECUTIVES in Section 2.1 BUSINESS
With designation, minimum three years experience,
income > \$100,000 6A
Others with designation 5A
Without designation 4A
Adjuster, Appraiser, Surveyor
Office duties only 4A
Some field work, not fire or marine 3A
Agent
Minimum five years in business, earned first-year
commissions > \$75,000 prior two years 5A
Minimum of three years in business, income > \$30,000 4A
Others 3A
Investigator
Salaried, unarmed 2A
Others B

2.4 REAL ESTATE

Appraiser
With annual earned income > \$75,000 4A
With annual earned income < \$75,000 3A
Home Inspector 2A
Realtor
Commercial - five years experience in commercial real estate,
annual earned income > \$100,000 prior three years 4A
Residential* - five years experience, annual earned
income > \$75,000 prior three years 4A
Others 3A

* Residential realtors do not qualify for the Enhanced Residual . . .
Disability Rider - only Basic Residual is available.

3.0 CONSTRUCTION, MAINTENANCE, AND REPAIR

3.1 CONSTRUCTION

Occ Class

BUILDING AND CONSTRUCTION
Cabinetmakers A
Carpenters A
Carpet Installers No
Contractors, Estimators, or Superintendents
Not at building or construction sites 3A
Occasionally at building or construction sites 2A
On building or construction sites A
Electricians A
Flooring
Installers (no carpet) B
Finishers, Sanders B
Foremen 2A
Glaziers B
Mason, Bricklayer - no unusual hazard B
Owners - see BUSINESS OWNERS in Section 2.1 BUSINESS
Painters, Lacquerers, Varnishers
House, ship B
Shop Painters - signs, manufactured articles A
Others No
Plasterers B
Plumbers A
Surveyors 2A
Tile Layers or Setters - pipes, drains, or roofers B
Welders, Cutters - no unusual hazard B
Other skilled workers B
Others including blasters and anyone handling explosives No

HIGHWAY CONSTRUCTION

Asphalt refining and paving
Inspectors, Foreman - supervising only A
Others B

3.2 MAINTENANCE

BUILDING MAINTENANCE

Building superintendents-supervising only 2A

Building cleaners, Carpet cleaners, Elevator installers,
Repair personnel, Freight operators, Sandblasters, Janitors B
Property Manager
No manual or maintenance duties, income > \$40,0003A
Others 2A
Window cleaners - outside No

3.3 REPAIR

BUSINESS MACHINE SERVICE AND REPAIR 2A

4.0 ENERGY AND UTILITIES

4.1 ENERGY AND UTILITIES

Occ Class

ATOMIC ENERGY
Individuals handling radioactive materials No
Others can usually be classified on basis of occupation
common to many industries.

ELECTRICAL INDUSTRY

Electrical Apparatus Manufacture - see Section 7.1 MANUFACTURING -
Overhead lines, conduits, tunnels
Foremen, Inspectors, Patrolmen - not climbing poles A
Cable splicers, Ground men, Linemen, Pole setters, Tower erector
- structural iron workers, Transformer workers, Troublemens,
Tunnel workers B
Others No

GARBAGE DISPOSAL PLANTS AND INCINERATORS

Chemists - supervising duties only 2A
Skilled workers B
Others No

METERS - WATER, GAS, ELECTRIC

Readers, Inspectors 2A
Installers, Repairers, Testers A

MINING AND QUARRYING

Surface Operators
Office duties only - see OFFICE WORKERS in Section 2.1 BUSINESS
Assayers, Chemists, Engineers, Inspectors, Managers,
Superintendents, Surveyors 2A
Foremen - supervisory duties only A
Other skilled workers - e.g., blacksmiths, carpenters,
compressor, crane men, derrickmen, electricians, engineers,
motormen, weighers B
Unskilled workers No

OIL AND NATURAL GAS INDUSTRY

Fire Protection Department
Inspectors, Watchmen B
Others No
Officials, Managers, Operators, and Superintendents
Not doing process work 2A
Doing process work A
Foremen, Inspectors, Other laboratory workers A
Other skilled workers - blenders, boiler makers, bricklayers,
carpenters, drillers, insulators, machinists, painters, pipe fitters,
plumbers B
All employees handling or working near explosives or on
off-shore oil rigs No

SEWER, SEWAGE DISPOSAL AND SEPTIC

Inspectors, Foremen A
Others No

TELECOMMUNICATIONS

Inside Workers
Managers, Supervisors 4A
Operators, Dispatchers, Others - office duties only 3A
Inspectors, Station installers - no pole or line work 2A
Repair personnel A
Others B
Outside Lines Construction, Maintenance and Operation
Foremen, Inspectors - conduits and tunnel, not climbing poles A
Others B

WATER WORKS
 Superintendents – office duties only 4A
 Filtermen, Pumpmen A
 Others B
 WELLS
 Not gas or oil
 Borers, Drillers, Diggers - not handling explosives B
 Workers handling explosives No
 Gas or oil – see OIL AND NATURAL GAS INDUSTRY above

5.0 ARTS, ENTERTAINMENT, PUBLISHING, and RECREATIONAL SERVICES

5.1 ARTS Occ Class

ARTISTS AND SCULPTORS
 Artists
 Commercial – cartoonists, illustrators, etc, working full time
 away from residence, not free lance. 3A
 Others No
 Sculptors No

5.2 ENTERTAINMENT

CASINO INDUSTRY - where legalized and operated in conformity
 with the law
 Executives - office duties only. 3A
 Managers, Supervisors 2A
 Other casino employees. A
 GENERAL ENTERTAINMENT
 Entertainers, Models, Vocalists No
 Musicians (Sole Occupation)
 Concert, theater, symphony, TV.– working full time and
 not freelance. 3A
 Others No
 Speakers - public, motivational
 Five years experience, income > \$150,000. 2A
 Others No

MOTION PICTURE AND THEATER INDUSTRY
 Booking Agents
 Full-time, working out of office other than residence. 3A
 Other No
 Management personnel – office duties only 4A
 Directors, Producers, Film developers, Cameramen (no stunt work),
 Stage managers, Projectionists (in studio), Make-up artists,
 Camera repairmen, Sound editors, Recording engineers,
 Film splicers 3A
 Publicity Agent or Manager 3A
 Ticket agents - office duties only 3A
 Theater Owners and Managers A
 Projectionists in theater and box office employees (full time) B
 Actors, Actresses, Ushers, Attendants, Stunt workers, Others No

RADIO AND TELEVISION INDUSTRY
 Studio broadcasting
 Actors, Actresses, Entertainers. No
 Announcers; Guides; Production staff; Directors and Producers . .
 (program, station, studio). 3A
 Control Room
 Chief engineers, Supervisors, Engineers (control, switch back, . . .
 transmission). 3A
 Maintenance engineers A

SPORTS
 Athletic Directors
 Schools and Colleges 4A
 General. No
 Automobile Racing
 Drivers, Mechanics No
 Beaches, Pools, Billiards and Pool Parlors, Bowling Alleys
 Owners, Managers – supervising only A
 Attendants No

Golf and Tennis – year-round industry and occupation only
 Owners, Managers of golf courses, Head professionals
 teaching less than 20% 3A
 Owners, Managers of driving ranges 2A
 Instructors, Professionals – year round resident of club A
 Tournament professional, Caddie masters, Starters,
 Caretakers, Others No
 Horse and Dog Racing
 Starters, Judges, Stewards, Officials 2A
 Pari-mutuel clerks A
 Trainers, Stablemen, Harness drivers, Jockeys No
 Motorboat, Speedboat, Motorcycle, Bicycle Racers, etc. No
 Professional Sports
 Athletes - baseball, basketball, billiards, bowling, boxers &
 trainers, football, golf, hockey, polo, rodeo performers, skiers,
 skin divers, sky divers, soccer, tennis players, wrestlers No
 Coaches, Athletic Instructors - Full time, salaried. 2A
 Managers, Scouts – not participating in any sport. 2A
 Umpires, Referees No
 Riding Schools
 Owners, Managers – supervising duties only 2A
 Instructors. A
 Stablemen, Rodeo performers No
 Skating Rinks
 Owners, Managers – supervising duties only, full-time
 employment A
 Seasonal employees & others No

5.3 PUBLISHING

ADVERTISING – Agency staff, not free lance
 Advertising Executives - see CORPORATE EXECUTIVES
 in Section 2.1 BUSINESS
 Account Executives, Art Directors, Managers (full time, salaried) . . 4A
 Artists, Copywriters 3A
 Advertising Sales - see Section 12.2 SALES
 MAGAZINES AND NEWSPAPERS
 Columnist 3A
 Dealers
 Advertising sales only - see Section 12.2 SALES—
 Light delivery B
 Newsstand, inside duties A
 Newsstand, outside duties No
 Editors
 Minimum three years experience, income > \$100,000 5A
 Others 4A
 Graphic Designers
 Minimum three years experience, income > \$75,000 5A
 Others 4A
 Journalists - freelance No
 Reporters – no flying 2A
 Photographers
 Commercial–studio 3A
 Freelance, aerial No
 PRINTING AND PUBLISHING
 Proofreaders 3A
 Writers
 Full-time, salaried 4A
 Authors and other writers. No

5.4 RECREATIONAL SERVICES

CAMPS OR PARKS (City, National and State) – year-round occupation
 only Owners, Managers, Directors – administrative and office
 duties only 2A
 Superintendents – supervising duties only. 2A
 Tour Director 2A
 Administration employees – ticket takers, etc. A
 Maintenance and operating employees B

Guides	
Mountain hunting, fishing, dude ranches	No
Other sightseeing – employed all year	B
Foresters, Forest Rangers, Wardens (Fire, Fish, Game)	No
Others	No
HOTELS, MOTELS, AND INNS - first class establishments	
Owners, Managers	4A
Desk clerk, Concierge	3A
Food service - see RESTAURANTS in Section 9.1 FOOD SERVICE	
Others	No

6.0 GOVERNMENT

6.1 GOVERNMENT

Occ Class

FIRE DEPARTMENTS	
Chiefs, Marshals, Superintendents – superintending duties only . . .	A
Others (including Emergency Medical Technicians - EMT)	No
GOVERNMENT SERVICES – State, Municipal, & Federal	
Assessors - office duties only	4A
Bail Bondsman	No
Bank Examiners	4A
Clerical - see OFFICE WORKERS in Section 2.1 BUSINESS	
Courthouse Employees	
Bailiffs	A
Court Reporters	2A
Courthouse Officials not in charge of prisoners	3A
Judges with legal degree - see Section 10.4 LEGAL SERVICES	
Judges - others	4A
Officials in charge of prisoners – see POLICE AND OTHER	
LAW ENFORCEMENT below	
Curators - library, museum or art gallery	4A
Custom and Immigration Officials (office only)	3A
Dog Catchers	B
Health Officials	
Field duties – no hazardous activities	2A
Justices of the Peace	2A
Librarians	
Four year degree	4A
Others	3A
Social and Welfare Worker - primarily office duties	
PhD (MSW - Masters of Social Work)	4A
No Masters (MSW) degree	3A
Tax Officials (not revenue officers)	3A
POLICE AND OTHER LAW ENFORCEMENT	
Unarmed - office duties only	2A
Armed	No
POSTAL SERVICE	
Postmaster, Other administrators - office duties only	4A
Mail clerks, Sorters	2A
Mail delivery by foot or vehicle	A
Mail handlers	B

7.0 MANUFACTURING

7.1 MANUFACTURING

Occ Class

PROFESSIONAL	
Owners - see BUSINESS OWNERS in Section 2.1 BUSINESS	
Executives - see CORPORATE EXECUTIVES in Section 2.1 BUSINESS	
Engineers – see ENGINEERING in Section 10.1 ARCHITECTURAL AND ENGINEERING SERVICES	
Buyers, Purchasing Agents - see GENERAL BUSINESS in Section 2.1 BUSINESS	
Manufacturer’s Representatives, Inside Sales, Outside Sales - see Section 12.2 SALES	
Office Administrator, Administrative Assistant, Office Worker, Clerical (office duties only) - see OFFICE WORKERS in Section 2.1 BUSINESS	
Designers, Draftsmen - office away from home	4A
Inspectors	2A
Lab technicians	2A

MANAGEMENT

Foreman, Managers, Supervisors - supervisory duties only	2A
Other Foreman, Managers, Supervisors	A

SKILLED WORKERS

Assembler, Boilermaker, Carpenter, Craneman, Cutter, Drill Press Operator, Electricians, Fireman, Glazer, Grinder, Installers, Machinists, Mechanics, Molder, Pipefitters, Repairers, Service personnel, Shipping & Receiving clerks, Welder	
Light industry - non hazardous	A
Heavy Industry - non hazardous	B
Hazardous Industry	No

UNSKILLED WORKERS

Cleaner, General laborer, Sweeper, Yardman	
Light industry - non hazardous	A
Heavy industry - non hazardous	B
Hazardous industry	No

8.0 MEDICAL

8.1 MEDICAL

Occ Class

Acupuncturists	2M
Allergist	6M
Anesthesiologists	4M
Anesthetist	3M
Audiologists	5A
Cardiologists	5M
Cardiovascular Surgeons	4M
Certified Registered Nurse Anesthetists - CRNA	3M
Chiropractors	No
Coroners —	
M.D.	5M
Others	4M
Critical Care Physician	5M
Dentistry	
Receptionists, Office Assistants	4A
Endodontist, Orthodontist, Periodontist, Prosthodontist, Pediatric Dentist	5M
Oral and Maxillofacial Surgeons	4M
Other Dentists	4M
Dental Hygienist, Dental Assistant	2M
Dental laboratory workers, Technicians	2M
Dermatologist	6M
Emergency Room Physicians	4M
Endocrinologists	6M
Family Practice Physicians	6M
Gastroenterologists	6M
Genetic Physicians	6M
Gynecologist - see Obstetrics and Gynecology below	
Hematologists	6M
Hospital Administrators (non medical) - see CORPORATE EXECUTIVES in Section 2.1 BUSINESS	
Hospitalist	6M
Internists	6M
Internal Medicine	6M
Medical Technicians	3M
Mid-Wives	3M
Naturopath	2M
Neonatologists	5M
Nephrologists	5M
Neurologist	6M
Neurosurgeon	4M
Nurses —	
Registered nurse – office or supervising duties only	3M
Registered nurse – other than office or supervising duties only	2M
Practical nurse	2M
Nurse’s aides	M
Nurse Practitioner - degreed	5M

Obstetrics and Gynecology	
Gynecologist only	5M
Gynecologist who also does Obstetrics (OB/GYN)	5M
Oncologists	5M
Ophthalmologists, M.D.	5M
Optometrists	
No selling duties	6A
Otolaryngologists	5M
Paramedical Examiners	
R.N. with office duties only	4M
Others	2M
Pathologists	6M
Pediatricians	6M
Perfusionists	5M
Pharmacists, Registered	6A
Phlebotomist	2M
Physiatrist	5M
Physicians - General (MD)	6M
Physician's Assistant	5M
Podiatrist	2M
Pulmonary/Respiratory MD Specialists	5M
Psychiatrist, M.D.	5M
Psychologist, A.P.A.	
PhD	5M
Master's degree	4M
Radiologist	6M
Rheumatologists	6M
Surgeons	4M
Surgical Assistants	3M
Therapists	
Massage - state licensed, associated with medical practice or facility, not working from home	2M
Occupational	3M
Physical	3M
Psycho-therapist	3M
Respiratory	4M
Speech	3M
Urologist	5M
Veterinarians – DVM	
Small animals	5M
Large animals	4M
X-Ray, Ultrasounds, MRIs	
Medical technicians and operators	3M

9.0 PERSONAL AND DOMESTIC SERVICES

9.1 FOOD SERVICE

Occ Class

BAKERIES & CONFECTIONERS – Shops and factories	
Owners, Managers – no manual work	3A
Salesperson, Clerks	2A
Superintendents, Foremen – no manual work	2A
Packers, Checkers, Wrappers - in factories	A
Local delivery	B
Others	No
BUTCHER SHOPS	
Butchers	B
Others	No
RESTAURANTS	
First-class establishments -secondary or no liquor sales (hotels, motels, cafes, restaurants including fast food, cafeterias, diners)	
Owners, Managers - not tending bar, income > \$40,000 in last three years	3A
Owners, Managers - not tending bar, income < \$40,000	2A
Owners, Managers - tending bar occasionally	A
Owners, Managers - regularly tending bar	B
Chefs with income > \$50,000	2A
Head Waiters, Maitre d'hôtel	2A
Others	B

Establishments catering primarily to liquor sales (bars, cabarets, night clubs, taverns)	No
VENDING MACHINES	
Collectors, Fillers, Installers, Repairers, Service personnel	A
Others	No

9.2 PERSONAL SERVICE

BARBER SHOPS	
Owners, Barbers	A
BEAUTY SALONS	
Owners, Beauticians	
Away from home	A
In own home	No
DAYCARE CENTERS	
Owners, Managers	3A
Assistants	2A
In own home	No
DRY CLEANING	
Owners, Managers - office & supervising duties only	2A
Clerks - counter duties only	2A
Foremen	A
Others	B
INTERIOR DESIGN - including window and display	
Designers, Decorators	
Four year degree; income > \$40,000; office and consulting duties only	4A
Others; office and consulting duties only	3A
Others	A
KENNELS	
Owners, Managers, Operators – supervising only	A
Others	B
OPTICAL SERVICES, EYEGLASSES	
Optician	3A
Dispensing only	
All duties	2A
Shop worker, grinding, other	A
PERSONAL TRAINERS	
Salaried employees	2A
Others	No
PHOTOGRAPHERS	
Commercial – studio	3A
Freelance, aerial	No
SHOE REPAIR	
Shoemakers, Repairers	B
Others	No
TAILOR & SEAMSTRESS – working away from home	
Not pressing or cleaning	A
Others	No
TRAVEL AGENCY	
Owners, Agents	3A
WINDOW INDUSTRY	
Shade makers or hangers	2A
Screen makers or installers	A
Others	No
OTHER PERSONAL SERVICES	
Dietician - not cooking	3A
Electrologist	2A
Locksmiths	2A
Manicurists - in shops	B
Piano Repairers or Tuners	2A
Taxidermists	A
9.3 PRIVATE HOUSEHOLD SERVICE	
Servants, Domestic	No
GARDENING & LANDSCAPING	
Landscape Architect	
Office only with degree	5A
Others	3A
Gardeners & Landscapers - year round, regularly employed	A

10.1 PROFESSIONAL AND RELATED SERVICES

10.1 ARCHITECTURAL AND ENGINEERING SERVICES	Occ Class
ARCHITECTURAL	
Architects - office and consulting duties only	
Minimum three years experience, income > \$100,000	6A
Minimum three years experience, income > \$60,000	5A
Other Architects	4A
Draftsmen - office away from home only	4A
ENGINEERING	
Engineers	
Technical graduates (4-year degree), income > \$100,000, office and consulting duties only, no lab or field work	6A
Technical graduates (4-year degree), income < \$100,000, minimal field work	5A
No degree, office duties only	4A
Others - non hazardous field or lab work	3A
10.2 EDUCATION	
ADMINISTRATION	
School or College - full time employment	
Principals, Superintendents, Other administrative officials	5A
Office administrative staff - see OFFICE WORKERS in Section 2.1 BUSINESS	
TEACHERS	
School or College - full time employment	
College Professors	5A
High school, primary, elementary – academic subjects (classroom only)	4A
Music teachers, Counselors	4A
Dancing, driver training, handcrafts, horticulture, laboratory, manual training, physical education	2A
Agricultural, animal husbandry, or forestering	A
Others working full time away from residence and not freelance	
Music	2A
Dance	A
Exercise, aerobic, martial arts	No
10.3 FUNERAL SERVICES	
CEMETERIES	
Superintendents - no manual labor, office duties only	4A
Clerks (no manual labor, office duties only) - see OFFICE WORKERS in Section 2.1 BUSINESS	
Others	B
CREMATORIES	
Owner – management duties only	3A
Attendants	B
MORTICIAN SERVICES	
Directors, Owners – not embalmers	3A
Embalmers and assistants	A
Others	B
MONUMENT INDUSTRY	
Office personnel (no manual duties) - see OFFICE WORKERS in Section 2.1 BUSINESS	
Sales personnel - see Section 12.2 SALES	
Carvers, Engravers, Setters	B
10.4 LEGAL SERVICES	
Attorneys	
Income > \$100,000	6A
Others	5A
Paralegal	4A
10.5 RELIGIOUS SERVICES	
CLERGY - Minister, Priest, Rabbi	
Pastors with ministry degree and church with at least 5 full-time employees	4A
Others	3A

10.6 SCIENTIFIC AND TECHNICAL SERVICES

SCIENTISTS	
Agronomist, Anthropologist, Archaeologist, Bacteriologist, Biochemist, Biologist, Botanist, Chemist, Entomologist, Geneticist, Geologist, Metallurgist, Meteorologist, Physicist, Zoologist	
Doctorate (Ph.D.) - office and consulting duties; minimal lab work; no field work	5A
Masters Degree - office and consulting duties; minimal lab work; no field work	4A
Others with office and consulting duties; minimal lab work; no field work	3A
Field work, non hazardous duties	2A
TECHNICAL SERVICES	
Interpreter	
Full time only	3A
Others	No

11.0 TRANSPORTATION

11.1 AVIATION	Occ Class
AEROSPACE INDUSTRY	
Individuals subjected to tests, such as acceleration and deceleration, high or low pressure chamber, thermal stress, etc.	No
Others can usually be classified on basis of specific occupation	
AIRLINE INDUSTRY	
Flight Instructors, Pilots, Crew members, Flight Attendants - regular occupation	No
Managers with office and supervisory duties only - airport personnel	4A
Passenger agents, Clerks (operations, reservation, ticket)	3A
Dispatchers - office duties only	2A
Baggage handlers, Porters, Freight handlers, Fueling attendants	B
TSA Employees	
Baggage handlers, Inspectors	B
Security checkers	A
Air traffic controllers	No
AIR TRANSPORTATION AND FLYING SCHOOLS	
Individuals not flying can usually be classified on basis of specific occupation	
Flying	No
11.2 MARINE	
Dock Workers	
Superintendents, Office clerks	2A
Others: including foremen, bridge operators, carmen, checkers, . cranemen, hoistmen, legmen, longshoremen, mechanical loaders and unloaders, overseers, stevedores, winchmen, watchmen	No
Harbor Masters, Harbor Pilots	A
All employees on barges, ferries, freighters, passenger service, salvage vessels, steamships, tugs – all types	No
11.3 MOTOR VEHICLE	
DEALERSHIPS	
Owners	
New vehicles only, income > \$75,000	4A
New vehicles only, income < \$75,000	3A
Used vehicles	2A
Sales Personnel	
New vehicles	3A
Used vehicles	2A
Parts Manager	2A
Mechanics, Painters, Body repair personnel	B
DRIVERS - also see specific industry	
Ambulances	B
Bus	B
Racers	No
Taxi, including Owners of small taxi companies	B

Truck Drivers—nonhazardous industries	
Light trucking, local delivery	B
Heavy trucking, long-haul trucking, others	No
FREIGHT HANDLERS	
Foremen, Superintendents – supervising duties only	A
Others	B
GARAGES, FILLING AND SERVICE STATIONS, PARKING LOTS	
Owners, Managers	
Not repairing	2A
Others	B
Attendants, Battery service workers, Body repair personnel, Greasers, Mechanics, Painters, Tire retreaders	B
Others including washers	No
MANUFACTURING – see Section 7.1 MANUFACTURING	
11.4 RAIL AND URBAN RAIL TRANSIT	
RAILROADS AND RAILWAYS	
Executives – see CORPORATE EXECUTIVES in Section 2.1 BUSINESS	
Managers, Supervisors - office duties only	3A
Ticket agent, Freight solicitor, Dispatcher - office duties only	2A
Conductor, Engineer, Foreman, Inspector, Instructor, Signalman, Weigher, Yardmaster	A
Others	No
12.0 WHOLESALE AND RETAIL TRADE	
12.1 RETAIL ESTABLISHMENTS	
CONVENIENCE AND LIQUOR STORES	
Other than owners	No
DEPARTMENT STORES AND FIRMS	
Managers, Supervisors	
Supervising only, minimum three years experience, income > \$75,000	4A
With manual duties, no delivery	3A
Buyers, Purchasing Agents - see GENERAL BUSINESS in Section 2.1 BUSINESS	
Office workers - see OFFICE WORKERS in Section 2.1 BUSINESS	
Sales person, sales clerk	3A
Clerks - shipping, receiving, stock	
Light goods only	A
Heavy goods	B
OTHER STORES – including wholesale and food stores; excluding liquor and convenience stores	
Managers, Supervisors	
Supervising only, income > \$30,000	3A
With manual duties, no delivery	2A
Buyers, Purchasing Agents - see GENERAL BUSINESS in Section 2.1 BUSINESS	
Florists - store duties only	3A
Jewelers	
Appraisers - office duties only	3A
Makers and repairers using hand tools only	2A
Diamond cutters and polishers	A
Salesperson, sales clerk	
No manual duties	2A
With manual duties	A
Clerks - shipping, receiving, stock	
Light goods only	A
Heavy goods	B
OWNERS - see BUSINESS OWNERS in Section 2.1 BUSINESS	
12.2 SALES	
INSIDE SALES	
Sales Manager	
With full-time sales staff, minimum three years in management . position, income > \$75,000	5A
With full-time sales staff, minimum three years in management . position, income > \$50,000	4A
Others	3A
Salesperson - soliciting orders only, no door-to-door Minimum five years experience, earned income > \$75,000 prior two years	5A
Minimum three years experience, earned income > \$30,000	4A
Others	3A
OUTSIDE SALES	
Auctioneers	
Livestock	A
Others	2A
Manufacturer's Representatives	
Minimum five years experience, earned income > \$75,000 prior two years	5A
Minimum three years experience, earned income > \$30,000	4A
Others	3A
Salesperson - no delivery	
Minimum three years experience, income > \$50,000	3A
Minimum three years experience, income < \$50,000	2A
Salesperson - delivery by light truck or van	B
Salesperson - home demonstration sales	No
12.3 SERVICE AND REPAIR	
Owners - see BUSINESS OWNERS in Section 2.1 BUSINESS	
Install, repair, and service technicians	
Small appliances - in shop only	A
Large appliances and furniture	B
12.4 WAREHOUSE AND DISTRIBUTION	
Owners - see BUSINESS OWNERS in Section 2.1 BUSINESS	
Managers, Supervisors	
Supervising and office duties only, income > \$30,000	3A
With manual duties, no delivery	2A
Buyers, Purchasing Agents - see GENERAL BUSINESS in Section 2.1 BUSINESS	
Office workers - see OFFICE WORKERS in Section 2.1 BUSINESS	
Checkers, not handling goods	2A
Checkers, Craters, Foremen, Packers	A
All other warehouse employees	B
Delivery	
Light delivery	B
Long haul or heavy delivery	No
12.5 WHOLESALE STORES	
WHOLESALE STORES - see OTHER STORES in Section 12.1	
RETAIL ESTABLISHMENTS	



Disability Income insurance (Forms 4501NC, 4502GR and 4503BOE) is issued by Ameritas Life Insurance Corp. in approved states. In New York, Disability Income insurance (Forms 5501-NC, 5502-GR and 5503-BOE) is issued by Ameritas Life Insurance Corp. of New York.

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