



DInamic Foundation

Disability Income Insurance
agent guide



table of contents

- Foreword**3
- Products and Features**4
 - NonCancelable Policy Series4
 - Guaranteed Renewable Policy Series4
 - Guaranteed Renewable RES Policy – California Only4
- Key Policy Features**5
 - Noncancelable.....5
 - Guaranteed Renewable5
- Business Overhead Expense (BOE) Policy Series**16
 - Business Overhead Expense Riders20
 - Guaranteed Standard Issue (GSI) DI Program26
- IDI & BOE State Variations**29
- Underwriting**34
 - DI EZ App Process40
 - Sample Cover Letter43
 - Delivering the Policy.....46
 - Financial Underwriting.....48
 - Issue and Participation Limits53
 - Issue and Participation Limits Chart53
 - Issue and Participation Limits Chart54
 - Individual/Group Combination Limits.....55
 - Employer-Pay Credit.....55
 - Business Overhead Expense Underwriting.....56
 - Special Underwriting Considerations.....57
 - AMA-Recognized Medical Specialties And Occupational Classes* 62
 - Medical Underwriting66
 - Medical Impairments70
- Risk Classification**79
 - Occupational Classifications79
 - Business Owner Upgrade.....80
- Occupational Class Guide**82

This agent guide is a summary of the Disability Income (DI) protection policies 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 programs. At Ameritas®, our calling is fulfilling life. 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 so they can put worries behind and the future ahead.

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, our Guaranteed Standard Issue (GSI) Disability Income (DI) Insurance program gives you the ability to deliver even more value. This program allows you to offer individual DI insurance policies to small- and medium-sized businesses. By marketing DI insurance on a multi-life basis, you can greatly simplify the issue process. Throughout this guide, you will find references to the Guaranteed Standard Issue DI program. 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 wide range of benefits and services while protecting what matters most. 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. It is not intended for use with clients. Its purpose is to provide you with a useful product summary of DInamic Foundation. We encourage and welcome your suggestions for improving the value of the Agent Guide.

Recent Changes

Since the last version of this guide October 2014, the following changes have been made. Please see the highlighted text on these pages for more information.

- Pages 23 Medical & Dental Resident Discount Program
- Pages 29-33 IDI & BOE state variations
- Page 40 Temporary Insurance Agreement (TIA)
- Page 56-57 Maximum I&P Limits on BOE
- Pages 62 AMA Recognized Medical Specialties & Occ Classes
- Page 80 Business Owner Upgrade
- Page 82-90 Occupational Class Guide

products and features

NonCancelable Policy Series

Form 4501NC in approved states; Form 5501-NC in New York; Form 4501NC CA in California

Guaranteed Renewable Policy Series

Form 4502GR in approved states; Form 5502-GR in New York; Form 4502GR CA in California

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 residual 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.

Guaranteed Renewable RES Policy – California Only

Form 4502GR RES CA

- Reserved for occupational classes A, B and M only.
- Any Reasonable Occupation and Not Working definition of total disability for the length of the benefit period.
- Built-in Partial Disability Benefit – Partial disability must follow a period of compensable total disability and benefit is payable for up to 12 months.
- Social Insurance Substitute (SIS) Rider available.
- Many of the same built-in provisions as standard GR policy.

key policy features

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

Noncancelable

Form 4501NC in approved states; Form 5501-NC in New York; Form 4501NC CA in California

Guaranteed Renewable

Form 4502GR in approved states; Form 5502-GR in New York; Forms 4502GR CA and 4502GR RES CA in California

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 up to 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
 5OO/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 (except in New York).

**Fourth definition of total disability available in California only. Refer to page 4 or the State Variations section for more information.

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	5OO/NW, NW	70, 10y	NC & GR
	18-60		67, 65	
	18-60	OO, NW	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

*State variations apply in California. Refer to State Variations section for more information.

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.
Not available in California.)

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.

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.

Waiver of Premium

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.

No agent compensation will be paid on a policy if premiums are being waived due to a disability.

Presumptive Total Disability

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.**

Surgical Transplant

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.

Cosmetic Surgery

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.

Successive Periods of Disability

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.

For the GR policy, if total disability and/or residual/partial 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.

Concurrent Disabilities

If an insured suffers a disability from more than one cause at the same time, they will be treated as a single disability.

<i>Rehabilitation</i>	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.
<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; • 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.
<i>Good Health Benefit</i>	For every consecutive 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. Once monthly disability benefits are received, the Good Health benefit is reset to zero. It will begin to accumulate by two days for every consecutive policy year an insured completes without receiving any monthly disability benefits under the policy.
<i>Survivor Benefit</i>	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.
<i>COBRA Premium Benefit</i>	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.
<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>

Pre-Existing Conditions

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 on the application and is not specifically excluded by name or specific description.

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;

- 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

*State variations apply.

Enhanced Residual Disability Rider	Social Insurance Substitute Rider
Basic Residual Disability Rider	Catastrophic Disability Rider
Cost of Living Adjustment Rider – 6% Compound	Future Increase Option Rider
Cost of Living Adjustment Rider – 3% Simple	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					
Riders	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
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; Form AEPAR CA
in California)

✓✓ - Either Enhanced or Basic Residual is required for medical occupational classes 6M-3M. Refer to State Variations section for California information.

Issue 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; Form ABPAR CA in California)

✓✓- Either Enhanced or Basic Residual is required for medical occupational classes 6M-3M. Basic Residual is required for 2M. Refer to State Variations section for California information.
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; Form ACOLA6C CA in California)

Not available with two-year base benefit period.
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; Form ACOLA6C CA in California)

Not available with two-year base benefit period.
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.

<p><i>Social Insurance Substitute Rider –</i> (Form ASIS in approved states; Form FSIS in New York; Form ASIS CA in California)</p>	<p>Not available for insureds who have Group LTD plans in place. Elimination period must be equal to or greater than the base policy elimination period. Issue ages are 18-60</p> <p>The Social Insurance Substitute (SIS) Rider will pay an insured an additional benefit each month if:</p> <ul style="list-style-type: none"> • 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.
<p><i>Social Insurance Benefits</i></p>	<p>Social Insurance Benefits mean payment of disability or retirement benefits provided by:</p> <ul style="list-style-type: none"> • The Federal Social Security Act under: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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.
<p><i>Total Disability Benefit</i></p>	<p>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.</p>
<p><i>Catastrophic Disability Rider –</i> (Form ACAT in approved states; Form FCAT in New York)</p>	<p>See State Variations for Texas variation. Not available in all states. Refer to State Variation section for more information. Issue ages are 18-60</p> <p>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.</p>
<p><i>Benefit and Elimination Periods</i></p>	<p>The CAT Rider is not required to have the same benefit or elimination periods as the base policy.</p>
<p><i>Maximum Benefit</i></p>	<p>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.</p> <p>The addition of the CAT Rider is not affected by the Maximum Issue and Participation Limits.</p> <p>Minimum benefit - \$200 Maximum benefit - \$10,000</p>

*Future Increase Option
Rider –*

(Form AFIO in approved
states; Form FFIO in New
York; Form AFIO CA in
California)

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.

*On Anniversary
Requests*

Clients may exercise the FIO rider annually on their policy anniversary based on the following criteria:

- Increases are restricted to the contractual renewal period of 31 days prior or after the policy issue date.
- Clients through the age of 40 may exercise the full FIO rider.
- Clients 41 through 55 years of age* are limited to exercising up to one-half of the original base amount.
- The minimum increase amount at one time is \$300 per month.

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 and must be submitted with financial justification.

*Off-Anniversary
Requests*

Off-anniversary FIO request will be considered subject to the following criteria:

- Client has had a significant financial increase in income (defined as 20% or greater) or has lost their group LTD coverage do to a change in benefit eligibility.
- Their policy does not include the Automatic Increase Rider.
- Must follow the benefit amounts based on age guidelines listed above.
- Must be requested within three years from the original policy issue date or one year of graduating from a residency/internship.
- Request must be received within 90 days of the triggering event.
- Request is limited to one per year.

Each FIO request (on anniversary or off-anniversary) must include the appropriate application (UC 0130-1D**) for the increase, necessary financial documentation and is subject to underwriting approval.

*Clients 41 through 55 years of age (DInamic Foundation policy series) and clients 41 through 50 years of age (DInamic 2000 policy series)

**State variations apply.

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.

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.

Automatic Increase Rider –

(Form AAIR in approved states; Form FAIR in New York; Form AAIR CA in California)

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 policies: 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) Policy Series

Form 4503NCBOE in approved states; form 5503-NCBOE in New York

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 generally from a location away from the home, for normal and customary expenses necessary to maintain the business while disabled. Non-owners may be eligible if contractually responsible for business expenses—supporting legal and financial documentation will be required.

Key Policy Features

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

Issue Ages 18-64

Benefit and Elimination Periods 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

*Definition of Total Disability*** 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.

The Policy

Summary This policy can not be canceled as long as premiums are paid by the end of the grace period. 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 for wage or profit;
- Insured furnishes proof that he/she is responsible for the expense of operating a business.
- 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.

* If eligible for Business Owner Upgrade

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

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 expenses include:

- Utilities;
- Janitorial, laundry and maintenance services;
- Furniture;
- Employees' wages, payroll taxes and contributions for benefits;
- Equipment;
- Property and liability insurance premiums;
- Professional licensing fees;
- Professional, association and trade dues;
- Business real estate taxes;
- Rent/Mortgage payments (principal & interest);
- Accounting, billing and collection service fees;
- Scheduled installment payments of interest on business debts;
- The expenses for which the insured would be liable while conducting normal business.
- Salary of a substitute (up to the lesser of 50% of the base monthly benefit or \$10,000)

Note: Base monthly benefit amount will be calculated without consideration of the salary for a substitute. Additional monthly benefit available only through the Substitute Salary Expense rider.

- 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 (other than a substitute); or any person related to the insured by blood or marriage, who was not a paid employee for at least 60 days prior to insured's disability or
- Cost of supplies, fees and expenses passed to the clients of the insured;
- Additions to inventory or the cost of goods or merchandise purchased for sale; or
- Any expense or debt 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
- Any other expenses, including business loan payments, reimbursed or that are reimbursable from any other source;
- 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.
- The amount of principal in excess of that paid under a plan of scheduled installment payments which began before the start of disability;
- Depreciation or any expense that does not require a cash payment;
- Business expenses incurred after the sale of the insured's business or the termination of the insured's employment or ownership interest in the business.

<i>Total Disability Benefit</i>	Reimburses covered overhead expenses incurred and paid up to the Available Monthly Benefit for each month of total disability.
<i>Available Monthly Benefit</i>	A benefit equal to the base monthly benefit times the number of months of total disability (after the elimination period) minus the sum of all monthly benefits paid for the same period of total disability. The Available Monthly Benefit in any given month may exceed the base monthly benefit.
<i>Residual Disability Benefit</i>	<p>We will consider an insured residually disabled if, solely due to injury or sickness, he/she is under the regular care and treatment of a physician and is either:</p> <ul style="list-style-type: none"> • Able to do one or more but not all of the main duties of the occupation; or • Able to perform all of the material and substantial duties of the occupation but not for the length of time as was usual prior to disability. <p>If the residual disability begins while the policy is in force, we will reimburse the insured for the loss of net monthly income, not to exceed the maximum monthly benefit, for each month he/she is residually disabled after the elimination period.</p> <p>For the first six months of residual disability, the minimum benefit is 50% of the maximum base monthly benefit.</p> <p>Reimbursement will be made as long as the insured remains residually disabled not to exceed the lesser of:</p> <ul style="list-style-type: none"> • 6 months; or • Any unused portion of the maximum benefit period for total disability.
<i>Recovery Benefit</i>	Upon the insured's recovery and return to work on a full-time basis, we will pay a residual disability benefit, beginning in the month immediately following a period for which monthly disability benefits have been paid, but not to exceed three consecutive months, as long as, solely due to the insured's prior disability, the insured maintains a loss of net monthly income of at least \$200.
<i>Elimination Period</i>	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.
<i>Waiver of Premium</i>	<p>Once a claim is approved, 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>
<i>Presumptive Total Disability</i>	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 period will be waived. The loss is not required to be permanent or irrecoverable.

<i>Surgical Transplant</i>	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.
<i>Successive Periods of Disability</i>	If total disability and/or residual/partial 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.
<i>Concurrent Disabilities</i>	If an insured suffers a disability from more than one cause at the same time, they will be treated as a single disability.
<i>Rehabilitation</i>	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.
<i>Accumulation Benefit</i>	For any month during total disability that covered overhead expenses are more than the available monthly benefit, the difference may be carried forward and reimbursed in future months when overhead expenses are less than the Available Monthly Benefit. At no time will the sum of all benefits paid for any period of total or residual disability combined exceed the available overhead expense benefit shown on the policy schedule page.
<i>Extension of Benefits</i>	As long as the insured remains totally disabled, residual disability benefits will continue to be paid beyond the maximum benefit period, for the lesser of 12 months or until the total amount of which the insured is eligible for is paid.
<i>Legal and Accounting Fee Benefit</i>	While receiving disability benefits, if the insured terminates or sells their ownership interest in the business due to the disability, we will reimburse the legal and accounting fees, up to a maximum of \$5,000.
<i>Workplace Modification Benefit</i>	While receiving disability benefits and it is determined that a modification to the insured's workplace would be appropriate to allow the insured to return to work, a portion or all of the expense of that modification can be reimbursed.
<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 benefit amounts equivalent to the original policy. The benefit period is two years and attached riders will not convert. The new policy will be subject to the Issue and Participation Limits at the time of the conversion.</p> <ul style="list-style-type: none"> • Conversion requests require a New Business Application (minus Lifestyle and Health Questionnaire pages) and financial documentation.
<i>Good Health Benefit</i>	For every consecutive policy year the insured completes without any monthly disability benefits being paid under the policy, we will reduce the elimination period by two days. Once we begin paying monthly benefits under the policy, the Good Health benefit will be reset to zero and begin to accumulate again, starting with the policy anniversary immediately following the date we are no longer paying benefits. In no case will the elimination period be reduced to less than 30 days.
<i>Benefit Continuation after Death</i>	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 month immediately following death. No benefit will be paid for expenses that accrue after the business is closed or the ownership interest is sold.

Exceptions/Limitations

No benefit will be paid if total disability is due to:

- 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;
- Criminal activity;
- 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.

Benefits will be paid for no more than 12 months during the lifetime of this policy for insureds residing outside of the United States or Canada.

Pre-Existing Conditions

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.

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;

- 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*

Issue ages are 18-64

(Form ASSE in approved states;

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 or 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 100% 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. Benefits for a substitute will only be paid under the base policy or this rider (not both) for the same period of time.

This rider is not renewable after age 65.

*Future Increase Option
Rider (FIOR)*

Issue ages are 18-50

(Form AFIO BOE in approved states;

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 is the lesser of one-half of the base monthly benefit of the original policy or the amount for which the insured qualifies based on our I&P limits then in effect. 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.

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.

*Business Loan
Repayments Rider
(BLRR)*

(Form ABLR in approved
states;)

Issue ages are 18-60

The Business Loan Repayment rider is designed to reimburse principal and interest of a specified business-related loan obligation, obtained from a financial institution, while the insured is totally disabled.

A minimum base Business Overhead Expense policy of \$1,000 is required to obtain loan coverage with the BLRR.

The business debt specified in the loan agreement covered by this rider is not considered a covered overhead expense under the policy.

Examples of specified business-related loan obligations that the BLRR reimburses include:

- Purchase of a practice or existing business
- Purchase of a large piece of business equipment
- Expansion of the business or practice
- Renovations and improvements to the business facility
- Purchase of a building used solely for the business

Types of business loans that will be considered include:

- Fixed and variable rates;
- Commercial mortgage;

- Lease financing;
- Loans that fund and increase in inventory or working capital; and
- Balloon

Minimum monthly benefit is \$50

Monthly issue limit is \$10,000 (to include all loan riders with Ameritas)

Maximum issue limit is \$1 million (total of all loans)

Maximum number of riders (loans) is three.

Available elimination periods: 30, 60, 90, 180 and 365

Covered loan duration, not to exceed age 65:

- 3-10 years
- 15 year

As Variable Rate loans may fluctuate monthly; we will calculate eligible monthly BLRR amount based on lowest interest rate stated in loan agreement.

In the event of a Balloon loan, the BLRR does not cover the balloon payment itself; only the level payment of loan will be considered.

The following types of loan obligations will not be considered:

- Credit card, line of credit;
- Family loans;
- Interest only loans;
- Loans used to fund an investment

This rider may be converted to an individual disability business overhead expense policy at any time before you reach age 60; if the policy and rider are in force; the insured is not disabled at the time of conversion; and a written application is made by the owner. (New Business application minus the Lifestyle and Health Questionnaire pages and financial documentation will be required). The conversion policy will be based on attained age and policy rates then in use.

During the lifetime of the policy, the insured has a one-time qualified right to exercise a new BLRR within 90 days of termination of an existing BLRR, subject to financial underwriting only (please reference the specimen policy for further details).

This rider terminates on the earlier of: the expiration date shown on the schedule; the date the policy terminates; the date we receive the owner's written request to terminate this rider; or the date of the insured's death.

Extended Residual Rider

Issue ages 18-64

(Form ARES BOE in approved states;)

The Extended Residual Rider extends the maximum benefit period for Residual Disability by eliminating the six month limitation in the base policy. For the first six months of a compensable residual disability, during one period of disability, the amount payable will not be less than 50% of the base monthly benefit.

As long as the insured remains residually disabled, residual disability benefits will continue to be paid beyond the maximum benefit period, for the lesser of 12 months or until the total amount for which the insured is eligible for is paid.

Commission/Bonus
Schedule*

Schedules below apply to fully underwritten BOE.

BOE - Issue Ages 18-64		
Category	First Year	Renewal
BOE	50%	10%

* Commission reductions that are due to premium discounts are shown in the Discounts section. Note, policy fees are non-commissionable (form, 4503NCBOE)

Discounts

• **Fully Underwritten Multi-Life (UML) – Available for Individual DI and/or Business Overhead Expense (BOE) policies**

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), form UN 2178*. In order to establish any new multi-life case, the Multi-Life Discount Form, UN 3459* 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.

* State variations apply.

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

New fully-underwritten multi-life group, requires a common employer**

- 15% discount from sex-distinct rates with 3 or more approved lives.
- 20% discount from sex-distinct rates with 100% participation or 100% employer paid.

Medical and Dental Resident Discount Program**

- 20% discount from sex-distinct rates, must be able to ensure three or more lives, must attend same college or university.
- Available for medical residency programs with occupational classes 6M-4M.

**BOE contracts are eligible for 15% discount only.

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 sex-distinct rates. If the existing group has a discount and sex-distinct rates, the new policy will have sex-distinct rates also. New policies will receive a 15% discount from sex-distinct rates regardless of the discount on the existing policies.

All existing policies that were issued with unisex pricing will keep the discount and unisex premium structures. The Future Increase Option (FIO) rider will use the same discount and premium structure as the original base policy.

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

- If a group decreases below 3 lives, regardless if the discount is from sex-distinct or unisex pricing, the previously approved discount will not change.
- 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
 - 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 Ameritas, 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

Refer to GSI section.

Big Case Discount

For Noncancelable/
GR/BOE
All occupational classes

This discount applies to fully underwritten cases submitted at the same time. The applicants may qualify to receive a premium discount based on the total discounted premium paid on a combined policy basis. The big case discounts of 25% and 30%, with corresponding reductions of the producer's first year and renewal compensation as follows, are mandatory for cases meeting these premium criteria.

Minimum Annualized Premium*	\$50,000	\$100,000
Premium Discount	25%	30%
Commission Payable First Year	40%	35%
Renewal	5%	5%
* At time of issue.		

This big case discount is in lieu of the multi-Life, guaranteed standard issue or association discounts. Big case discounts are sex-distinct.

Guaranteed Standard Issue (GSI) DI Program

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, which 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 employer provided census and be part of a well-defined eligible group,
- 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 small animal veterinarians and qualifying medical residency programs.** The following chart summarizes the differences between employer-paid and voluntary programs.

*Employer-Paid,
Voluntary and Core/
Buy-Up Program
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.

	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, with 100% participation; Buy-up on voluntary cases with greater of 10 lives or 25% participation
Billing	List bill preferred	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*
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 small animal veterinarians and approved residency programs.

** COLA not available for 5-9 life cases.

Notes on Core/Buy-Up Programs

- The employer purchases a small, base benefit on all eligible employees. Employees are then given the opportunity to purchase higher amounts.
- The GSI offer is established for the combined benefit. For example, if the GSI offer is \$4,000 per month, and the employer buys a \$1,000 benefit for all eligible employees, each employee may buy up the additional \$3,000 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.

GSI Pre-Existing Condition Limitation Guidelines

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

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. Limitations can vary depending on case size, demographics and premium payor. 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

Guaranteed Standard Issue DI Programs: Medical Underwriting

For a program 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 Programs: Financial Underwriting

A program that has been approved for GSI underwriting requires a census provided by the employer that includes income for each employee. The census must be signed by a qualified officer of the employer. Once the case has been accepted, 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 Programs: 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 Programs:
Commission and Bonus
Schedules*

Employer-Paid GSI Commissions for 5-19 Approved Lives

Issue Age	First-Year Commissions	Renewal Commissions
18-60	50%	10%
61-64	40%	10%
65+	30%	10%

Commissions for all other GSI Cases

GSI NC & GR All Occ Classes	Issue Ages 18-60		Issue Ages 61+	
	Discount %	First-Year Commission	Renewal Commission	First-Year 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

IDI & BOE state variations

Alabama

IDI

- Good Health Benefit not available

BOE

- Good Health Benefit not available

Alaska

IDI

- Three-year Incontestability Period

BOE

- Three-year Incontestability period

Arizona

- No state variations

Arkansas

IDI

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

BOE

- Three-year Incontestability period

California

IDI

- A, B and M occupation class policies use form 4502GR RES CA
 - Any Reasonable Occupation and Not Working definition of total disability for the length of the benefit period
 - Built-in Residual (Partial) Disability benefit
- 1.25 state factor
- Two occupation class Business Owner Upgrade not available
- Managerial Duties Endorsement (MDE) not available
- Either Enhanced or Basic Partial Disability benefit is required on all policies via the use of an endorsement
 - Residual is called partial and the premium charge for this benefit is included in the base premium.
 - No recovery benefit included in Enhanced Partial
 - GR policies have no built-in 12 month partial (residual)
- Catastrophic Disability (CAT) Rider is not available
- 730-day elimination period not available
- Cash sickness state, 365-day minimum elimination period on Social Insurance Substitute Rider

BOE

- 1.10 state factor
- Managerial Duties Endorsement not available
- No Recovery Benefit Included in policy

Colorado

IDI

- Nondisabling Injury Benefit not available

Connecticut

IDI

- Nondisabling Injury Benefit not available
- Good Health Benefit not available
- COBRA Premium Benefit not available

- Catastrophic Disability Rider not available
- 730-day elimination period not available
- Surgical Transplant Benefit not available
- Cosmetic Surgery Benefit not available
- 5% rate reduction applies insurance policies issued in CT.

BOE

- Salary Substitute Expense Rider not available

Delaware

IDI

- 730-day elimination period not available

District of Columbia

IDI

- Three-year Incontestability Period

BOE

- Three-year Incontestability Period

Florida

IDI

- 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”
- 1.10 state factor for all policies

Georgia

IDI

- Good Health Benefit not available
- Reinstatement within 90 days of lapse date
- Severe Impairment Rider replaces Catastrophic Disability Rider

BOE

- Good Health Benefit is not available
- Reinstatement within 90 days of lapse date

Hawaii

IDI

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

BOE

- Three-Year Incontestability Period

Idaho

IDI

- No Loss or Suspension of License Exclusion
- 730-day elimination period not available
- 6/12 Pre-Existing Condition Limitation
- COBRA Premium Benefit not available

BOE

- No loss or Suspension of License Exclusion
- 6/12 Pre-Existing Condition Limitation
- Adding an exclusion on a specific condition is not available

Illinois**IDI**

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

BOE

- 24/12 Pre-Existing Condition Limit
- Self-inflicted injury provision excluded

Indiana**IDI**

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

Iowa**IDI**

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

Kansas**IDI**

- Fully Underwritten Multi-Life discount available with a minimum of three approved lives.
- Cancellation Privilege added
- Surgical Transplant Benefit not available
- Five-Year Limitation for Legal Actions
- 730-day elimination period not available

BOE

- Cancellation Privilege added
- Surgical Transplant Benefit not available
- Five-Year Limitation for Legal Actions

Kentucky**IDI**

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

BOE

- 30-day Notice of Claim
- Three-year Incontestability Period

Louisiana**IDI**

- 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.

BOE

- Reclassification Provision added
- Three-Year Incontestability Period

Maine**IDI**

- Three-Year Incontestability Period

BOE

- Three-Year Incontestability Period

Maryland**IDI**

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

Massachusetts**IDI**

- Nondisabling Injury Benefit not available
- 180-day period for Successive Periods of Disability in both, the Noncancelable (NC) and Guaranteed Renewable (GR) policies

Michigan**IDI**

- Three-Year Incontestability Period

BOE

- Three-Year Incontestability Period

Minnesota**IDI**

- Managerial Duties Endorsement not available
- .90 State Factor for occupational classes 6M and 5M only

Mississippi

- No state variations

Missouri**IDI**

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

BOE

- Illegal Occupation replaces Incarceration

Montana**IDI**

- 180-day Notice of Claim
- 24/12 Pre-Existing Condition 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.

BOE

- 180 day Notice of Claim
- 12/12 Pre-Existing Condition Limitation
- Reinstatement within 90 days of lapse date
- One-Year Incontestability Period
- Unisex rates for all insureds

Nebraska**IDI**

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

BOE

- Illegal Occupation replaces Incarceration

Nevada

IDI

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

BOE

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

New Hampshire

IDI

- 24/9 Pre-Existing Condition Limitation

BOE

- 24/9 Pre-Existing Condition Limitation

New Jersey

IDI

- 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
- 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 (all, one-third or none)*
- 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

IDI

- Reinstatement within 90 days of lapse date

BOE

- Reinstatement within 90 days of lapse date

New York

IDI

- Specialty Own Occupation language is not included in the definitions of total disability
- Good Health Benefit not available
- Illegal Occupation replaces Incarceration
- No Loss or Suspension of License Exclusion
- No Fraud Provision
- 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 (all, one-third or none)*
- 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

North Carolina

IDI

- Proof of Loss must be submitted within 180 days
- .90 State Factor for occupational classes 6M and 5M only

BOE

- Proof of Loss must be submitted within 180 days
- Prudent person language removed from Pre-Existing Conditions provision

North Dakota

IDI

- Illegal Occupation replaces Incarceration
- Right to Examine Provision removed
- Narcotics Provision added
- Material Misrepresentation Provision added
- .90 State Factor for occupational classes 6M and 5M only
- Policies are not Conditionally Renewable beyond Age 65. All policies (NC, GR and BOE) terminate at Age 65.

BOE

- Policies are not Conditionally Renewable beyond Age 65. All policies terminate at Age 65

Ohio

IDI

- Cancellation language added to Payment of Premiums provision
- .90 State Factor for occupational classes 6M and 5M only
- Double Annual discount is available for both, Individual and Franchise policies
- Policies are considered “individual policies” if they are issued to individuals who are not part of a multi-life or association program:
 - Rates for individual policies are sex-distinct
 - 365-day period for Successive Periods of Disability in Noncancelable (NC), Guaranteed Renewable (GR) policies
- Policies are considered “franchise policies” if they are issued to individuals who are part of a multi-life or association program (Multi-Life, GSI or Association):
- Rates for franchise policies are unisex
 - An appropriate rate class applies to association and multi-life (minimum of three approved lives at a common employer) groups recognizing the multi-life/association nature of the sale.
 - Appropriate rate classes apply to GSI groups based on the number of eligible lives.
- 180-day period for Successive Periods of Disability in Noncancelable (NC), Guaranteed Renewable (GR) policies
- For NC and GR franchise policies, Good Health, COBRA Premium and Cosmetic Surgery benefits are not available
- Rate reduction for (Multi-Life, Association and GSI programs) is built into franchise rates and will not show as a discount on illustration output

BOE

- Policies are considered “individual policies if they are issued to individuals who are not part of a multi-life or association program:
 - 365-day period for Successive Periods of Disability in policy
- Policies are considered “franchise policies” if they are issued to individuals who are part of a multi-life or association program (Multi-life, GSI or Association):
 - 180 - day period for Successive Periods of Disability in policy
 - Good Health and Cosmetic Surgery benefits are not available

Oklahoma

IDI

- 730-day elimination period not available

Oregon

IDI

- Illegal Occupation replaces Incarceration

Pennsylvania

IDI

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

BOE

- 60/36 Pre-Existing Condition Limitation
- Three-Year Incontestability Period

Rhode Island

IDI

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

South Carolina

IDI

- Criminal Activity replaces Incarceration
- No Loss or Suspension of License Exclusion
- No Foreign Residence Limitation
- 24/12 Pre-Existing Condition Limitation
- 730-day elimination period not available

BOE

- 24/12 Pre-Existing Condition Limitation
- No Loss or Suspension of License Exclusion
- No Foreign Residence Limitation
- One-Year Incontestability Period
- No Incarceration Exclusion

South Dakota

IDI

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

BOE

- 12/12 Pre-Existing Condition Limitation

Tennessee

IDI

- Nondisabling Injury claim must be submitted within 90 days of injury

Texas

IDI

- Illegal Occupation replaces Incarceration
- Drug/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 (CAT) benefits are payable if insured suffers total and permanent loss of use for any and every purpose or activity of: the sight in both eyes; or the hearing in both ears; or speech; or the use of both hands; or the use of both feet; or the use of one hand and one foot; or the insured requires substantial supervision due to severe cognitive impairment.

BOE

- Illegal Occupation replaces Incarceration

Utah

IDI

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

BOE

- No Association Discount available
- No Incarceration Exclusion

Vermont

IDI

- 180-day period for Successive Periods of Disability in both, Noncancelable (NC) and Guaranteed Renewable (GR) policies.
- Criminal Activity replaces Incarceration
- 730-day elimination period not available
- Disabilities due to Mental, Nervous, Drug/Alcohol disorders and Pregnancy are treated the same as a sickness.
- 1.15 State Factor
- Policies are not Conditionally Renewable beyond Age 65. All policies (NC, GR and BOE) terminate at age 65.
- Time Limit on Certain Defenses replaces Incontestability

BOE

- Three-Year Incontestability Period

Virginia

IDI

- Illegal Occupation replaces Incarceration
- 12/12 Pre-Existing Condition Limitation
- Cancellation Privilege added
- 730-day elimination period not available
- Managerial Duties Endorsement not available
- Drug addiction replaces references to drug abuse
- 180-day period for Successive Periods of Disability in both, Noncancelable (NC) and Guaranteed Renewable (GR) policies.
- .90 State Factor for occupational classes 6M and 5M only

BOE

- Managerial Duties Endorsement not available

Washington

IDI

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

West Virginia

IDI

- 730-day elimination period not available

Wisconsin

IDI

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

BOE

- Reinstatement within 90 days of lapse date

Wyoming

IDI

- Three-year Incontestability Period

BOE

- 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 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

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.

<i>Income</i>	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.
<i>Medical Impairments</i>	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).
<i>Occupation</i>	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.
<i>Do's and Don'ts</i>	Do include on the application the definition of disability for the policy selected by the insured. <ul style="list-style-type: none"> • Own Occupation for the length of the benefit period • Own Occupation and Not Working for the length of the benefit period • Five-Year Own Occupation and then Not Working for the remainder of the benefit period (Only available to 3A and 3M occupational classes) • Any Reasonable Occupation and Not Working for the length of the benefit period (California GR RES policy only)
<i>Exclusion Riders</i>	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.
<i>Ratings Discussion</i>	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.
<i>Notifications</i>	Do give the applicant the "Notice of Insurance Information Practices," which explains the underwriting process.
<i>Occupational Classes</i>	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.
<i>Policy Dates</i>	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 Temporary Insurance Agreement (TIA) has been given, the terms of the TIA will be used to determine the policy date.

Replacements

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.

In order to comply with state requirements and to ensure value to policyholders, the following rules will apply to all replacement activity:

- 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.

For internal replacements:

- 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

Do inform the applicant that coverage should not be assumed to be in force until the underwriter has made a decision.

*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 TIA 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 TIA 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. 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 Ameritas Life Insurance Corp. Detach the TIA and leave it with the applicant. (Note: There are certain criteria under which an initial premium should not be collected. The criteria are listed on the TIA. Also, review Temporary Insurance Agreement (TIA) 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 Ameritas
- The MIB or any other consumer reporting agency may share information with Ameritas 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 Ameritas to collect and transmit that information
- That he/she understands the information will be used by Ameritas 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 Ameritas, and any agency employed by Ameritas, to request and obtain information that may be used solely for the determination of eligibility for insurance. Ameritas may collect medical and non-medical information about the applicant, but we may only use that information to determine eligibility for insurance.

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

Ameritas 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.

Temporary Insurance Agreement (TIA)

The TIA provides limited coverage while the proposed insured's application is reviewed. It must be completed in its entirety, including all medical questions. One copy is submitted with the application and the other copy is left with the proposed insured. If the application is received without the TIA, the agent will have three days to submit the application, otherwise the premium will be refunded to the client or the request to draft premium will be void.

The maximum coverage provided by the TIA is \$5,000 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 \$5,000, do not submit premium with the application and do not give the applicant a TIA. **Agents should not accept initial premium or an EFT authorization if the applicant answers "yes" to any one of the questions, as applicable, in Part 1 of the TIA. If premium is accepted with the application and any one of the questions in Part 1 of the TIA is answered "yes," we will return the premium and there will be no coverage under the TIA.**

DI EZ App Process

The EZ App 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.

What are the Advantages of Using EZ App?

- 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.

*This amount reduces to \$4,000 in California.

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; Form 4501NC CA in California)
- Guaranteed Renewable (Form 4502GR in approved states; Form 5502-GR in New York; Forms 4502GR CA and 4502GR RES CA in California)
- Business Overhead Expense (Form 4503NCBOE in approved states; Form 5503-NCBOE 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:

- Base DI monthly benefit
- 1/2 of the FIO (DI and/or BOE) amount
- Base BOE monthly benefit
- Social Insurance Substitute (SIS) benefit
- Business Loan Repayment Rider (BLRR) monthly benefit

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.

**This amount reduces to \$4,001 in California.

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 (including GSI amounts) 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.

For producer use only. Not for use with clients.

[Back to Table of Contents](#)

Financial Documentation Summary – Business Overhead Expense (BOE)

Amount*	
\$10,000 or less	N/A
\$10,001 – \$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, underwriting may require a listing of all employees, their salaries and duties.
- For professional business owners, we will need a listing of compensation of all employees in the same occupation as the owner.
- Financial documentation for the Business Loan Repayment Rider will be required (a copy of the loan agreement and the completed BLRR Supplemental page of the application).

For additional information on the EZ App Process, please refer to the EZ App 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 Ameritas 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 June 14, 2013 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 2010 and 2011. 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 June 21, 2013, 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

<i>HIPAA Privacy Rule</i>	<p>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.</p> <p>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.</p> <p>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.</p>
<i>Misrepresentation</i>	<p>Misrepresented or fraudulent applications will be rejected immediately. Ameritas 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.</p>
<i>Illustrations</i>	<p>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 programs will be done by us.</p>
<i>Impaired Risks</i>	<p>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.</p> <p>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 Ameritas.</p>
<i>Additional Policies</i>	<p>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.</p>
<i>Alternate Policies</i>	<p>We do not issue alternate policies. The illustration software should be used to run comparative illustrations.</p>

Refunded Premiums If money is collected on an application in excess of \$8,000 per month or if the risk is impaired, Ameritas 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 Ameritas 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 policy
- 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 Ameritas.

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 Ameritas.

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 Ameritas 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 Temporary Insurance Agreement (TIA) given, the agent must hold the policy and immediately contact the underwriter for further instructions. Generally, the policy should be returned to Ameritas 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.

Temporary Insurance Agreement (TIA) 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 TIA 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 Ameritas for instructions.

Reinstatement *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 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.

Employment Requirements 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.

<i>Bankruptcy</i>	<p>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.</p> <p>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.</p>
<i>Change in Occupation or Employer</i>	<p>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.</p>
<i>Earned Income</i>	<p>Earned income net of business expenses is the primary basis for determining the amount of coverage Ameritas 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.</p> <p>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.</p>
<i>Income Averaging</i>	<p>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.</p>
<i>Pension and Profit-Sharing Contribution Limits</i>	<p>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."</p>

<i>Wealth/Net Worth</i>	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 program.
<i>Unearned Income</i>	<p>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.</p> <p>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.$</p> <p>This analysis does not apply to policies issued as part of a GSI program.</p>
<i>Multiple Occupations</i>	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.
<i>Self-Employed</i>	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.
<i>Stability of Earnings</i>	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.
<i>Taxation</i>	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 Salary Continuation 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 Salary Continuation Planning 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 and 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	\$20,000	\$20,000	\$25,000	\$30,000
6M, 5M, 4M	\$15,000	\$16,000	\$25,000	\$30,000
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

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.

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

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% Discount.....	x .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 business 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 an immediate and significant loss of income to the business entity without any decrease in the business entity's overhead expenses.

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 typically 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.

BOE Financial Documentation

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*	
\$10,000 or less	N/A
\$10,001 – \$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.

Maximum Issue and Participation Limits (issue ages 18-60)

For Business Overhead Expense Insurance:

- For nonprofessional business owners, underwriting may require a listing of all employees, their salaries and duties
- For professional business owners, we will need a listing of the compensation for all employees in the same occupation as the owner
- Financial documentation for the Business Loan Repayment Rider will be required (a copy of the loan agreement and the completed BLRR Supplemental Page of the application).

Occ Class	Maximum I & P ¹	Maximum Benefit Period	Elimination Period
6A - 5A/6M - 3M	\$50,000	12 months	30, 60, 90
	\$40,000	18 months	
	\$30,000	24 months	
4A - 3A	\$15,000	24 months	30, 60, 90
2A*/2M	\$10,000	24 months	30, 60, 90

¹ To participate beyond \$20,000, we require two years of financial documentation.

*If eligible for Business Owner Upgrade

(Issue Ages 61-64)

BOE is now available for business owners with issue ages of 61-64 subject to the following criteria:

- \$10,000 monthly benefit
- Basic Residual (built-in provision)
- No riders available
- 12 month benefit period
- 60, 90 elimination period
- Can participate up to \$50,000

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.

*Working In or From
Residence*

A larger percentage of small business owners, in a variety of occupations, are using their home for business purposes. In order to create opportunities to serve this marketplace, the following underwriting guidelines, are available to allow you to offer such business owners, BOE:

1. Eligible occupations are limited to the professional marketplace, 4A/4M and above, to include attorneys, accountants, dentists, physicians, IT Specialists, etc.
2. The business must be well-established, profitable, and have been in operation for at least two years.
3. The last two years business tax returns are required as financial documentation. Expenses documented on the business tax return and specifically identified as eligible business expenses under our BOE policy will be considered for coverage.
4. The maximum BOE monthly benefit issue and participation limit available to home based businesses is \$8,000/month.
5. The Future Increase Option (FIO) rider is available (note, that the base benefit issued in conjunction with the FIO rider amount may not exceed \$8,000/month)
6. No Salary Substitute Expense (SSE) rider is available.

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 two 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* (DI Coverage)*

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	\$7,500	Physician's Assistants	\$4,000
Oral Surgeons	6,000	Architects	4,000
Endodontists	6,000	Attorneys and CPAs	4,000
Orthodontists	6,000	Engineers	4,000
Periodontists	6,000	Optometrists	4,000
Prosthodontists	6,000	Pharmacists	4,000
General Dentists	5,000	Veterinarians	4,000
Nurse Practitioners	4,000	CRNAs	3,000

(BOE Coverage)

The following professionals just entering practice** may be eligible for up to \$10,000 of monthly benefit (to include base benefit, Salary Substitute Expense and Business Loan Repayment Rider). BOE coverage applied for with all carriers:

- Architects
- Attorneys
- CPAs
- Dentists
- Engineers
- Optometrists
- Physicians
- Veterinarians

*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.

*Physician/Osteopath
Entering Practice
Program*

A 6M - 4M physician or osteopath entering practice can purchase \$7,500 in monthly benefit, up to \$7,500 Future Increase Option (FIO) Rider and \$7,500 Catastrophic Disability (CAT) Rider.

*Public Employees
Occupational Classes
3A/3M and above*

Public employees (teachers, municipal, state and federal employees) who are employed by the federal government and enrolled in disability coverage through a government benefits package are eligible for additional coverage. Public employees can apply for additional disability coverage based on the following criteria:

- Aged 50 and under
- Available for occupation classes 3A/3M and above
- Must have 10 years or less government service
- Up to \$10,000 maximum issue limit
- Group LTD Provisions
 - Assumes **40%** taxable Group LTD benefit up to a maximum of \$10,000 for **federal employees**
 - Assumes **60%** taxable Group LTD benefit up to a maximum of \$10,000 for state and **local employees**
- Must follow our Issue and Participation (I&P) limits with group; 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 I&P Limits.
- Available benefits/riders include: Residual Disability, Cost Of Living Adjustment, Future Increase Option, Catastrophic and Automatic Increase Rider
- 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 government is \$10,000. If an insured ceases to work for the government, our normal maximum I&P limits will then apply.

*Public Employees
Occupational Classes
2A/2M and below*

Public employees who fall under Occupational Classes 2A/2M and below are eligible for additional disability coverage up to \$3,500 monthly benefit as outlined below:

- Eligible for \$1,500 base monthly benefit plus \$2,000 Social Insurance Substitute (SIS) Rider, other in force individual disability or Group LTD coverage will offset the amount of monthly benefit issued
- The full amount of SIS must be used in order to obtain the maximum benefits available
- Maximum I&P limits apply
- There are no restrictions on years of service
- Available benefits/riders include: Residual Disability, Catastrophic Disability (subject to income) and Cost of Living Adjustment

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

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.

<i>Reconsideration</i>	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.
<i>Sharing Underwriting Info with Other Companies</i>	<p>Throughout the industry, it is general practice not to supply underwriting materials to a competitor. If the issue limit has been reached or Ameritas has declined the application, the underwriting materials will be shared with another company with written requests and proper authorization by the applicant. If Ameritas has issued a policy or an application is withdrawn by the agent before issue, the underwriting papers will be shared only if:</p> <ul style="list-style-type: none"> • The policy has been returned for cancellation • Any cash with an application has been returned to the premium payor • Ameritas is reimbursed for underwriting expenses (i.e. examinations, blood tests, etc.) • A valid authorization has been executed by the applicant
<i>Authorization for Sharing Information</i>	We do require a written authorization from the proposed insured directing Ameritas to send information to a named company. Ameritas 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.
<i>Tobacco Use</i>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>If you have any questions, please contact the Disability Income Underwriting Department.</p>

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

* 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.

*Personal History
Interview/ Inspection
Report*

All DI applications of \$2,001 or greater (Base + SIS Rider + 1/2 FIO Rider) 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.

*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. Your DI Underwriter can help you in 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 insurance provisions 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 Temporary Insurance Agreement (TIA) 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 policy. If any prepayment is obtained with the application, complete the Temporary Insurance Agreement (TIA) 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 TIA 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 Ameritas equal or exceed the amounts shown below. To determine medical requirements add any of the following as applicable (applied for and in force with Ameritas including GSI amounts):

- Base DI monthly benefit
- Base BOE monthly benefit
- Social Insurance Substitute (SIS) benefit
- Business Loan Repayment Rider (BLRR) monthly benefit
- 1/2 of FIO (DI and/or BOE) amount

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

*This amount reduces to \$1,000 in California.

**This amount reduces to \$2,001 in California.

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.

Requirements Time Period The following are the guidelines in using medical requirements obtained from prior applications to Ameritas or to other companies.

Blood Profile/ Urine Specimen Lab results are generally acceptable for one year from the date the labs were completed. Medical history may determine that, in an underwriter’s judgment, a repeat blood profile or urine specimen may be required.

Paramedical Exams Paramedical exams are generally acceptable up to one year from the date the exam was completed. However, medical history or other factors may warrant a repeat paramedical exam requested by the underwriter.

If the exam was done for another company or the exam was completed more than 90 days ago, the non-medical Part II portion of the application needs to be completed.

Height and Weight Guidelines 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.

Individuals above the uninsurable weight are not eligible for coverage. Individuals who are significantly underweight will be given individual consideration.

For any weight loss within the last 12 months, add half of the loss to the total weight before using the chart.

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.

- 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 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 Ameritas 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.

<i>Abbreviations</i>	APSA	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
	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.

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*

Acute STD

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 angioplasty..... DECL
Due to valvular disease DECL
Due to congenital disorder IC

Carpal Tunnel Syndrome

Surgically correctedSTD-EXCL
Present, not surgically correctedEXCL

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
 SymptomsSTD-EXCL

Drug Abuse HO

Duodenal Ulcer – See Ulcer

Ear Disorder

Deafness
 One ear U STD
 Both earsEXCL
 Eardrum Perforation
 Present.....EXCL
 ResolvedSTD
 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*
 AcuteSTD
 Chronic U STD
 Otosclerosis – APS (1)
 UnoperatedEXCL/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 yrsLR
 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 yrsLR-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 controlEXCL
 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 yrsIC
 - 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***Fibromyalgia** DECL**Fistula-In-Ano** – APS (1)

- Unoperated.....STD-LR
- Operated, complete recovery.....STD

Floating Kidney – See *Kidney Disorder***Fractures**

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

Gallbladder

- Cholecystectomy – *Gallbladder removed*STD
- Cholecystitis – *Inflammation of the gallbladder* – APS (1)
 - Unoperated
 - Single episodeU STD
 - Recurrent.....STD-LR
 - Operated.....STD
- Cholelithiasis – *Gallstones* – APS (1)
 - Unoperated
 - Single episodeU 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, occasionalU 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 murmurIC
- Mitral Stenosis – Apical diastolic murmurDECL
- Aortic Stenosis, Regurgitation or
 - Insufficiency – APSIC/U DECL

Hematuria – See *Kidney Disorder***Hemophilia** – *Genetic blood coagulation disease*.....IC**Hemorrhage** – *Bleeding disorders*

- Cerebral hemorrhage (stroke).....DECL
 - 0 - 3 yrsDECL
 - 3+ yrs.....IC
- Gastro intestinal hemorrhage – APS (5)LR-HR/EXCL
- Retinal hemorrhage – APS (3)
 - Operated.....EXCL
 - UnoperatedEXCL/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 medication U STD
 Uncontrolled, newly discovered, untreated.....LR-DECL

Hives – APS (1)
 Present – Mild U STD
 Present – Disabling or severe EXCL/DECL

Hodgkin’s Disease – APS (5)
 0 – 10 yrs since full recovery DECL
 10+ yrs since full recovery HR/EXCL

Hydrocele/Varicocele – *Fluid sack surrounding the testicle*
 U 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 episodes U STD
 Severe or frequent episodes DECL

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 symptomsSTD-LR
 Others EXCL/DECL
 In history
 No residuals..... U STD
 OthersEXCL
 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 historySTD-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
 RecurrentLR-DECL
 Pyuria – *Presence of white blood cells in urine* – APS (2)
 Depending on current labsSTD-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*

LeukemiaU 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
 AbnormalLR-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 <i>Tumors</i>	
Mastitis – See <i>Breast Disorders</i>	
Mastoiditis – See <i>Ear Disorder</i>	
Melanoma – See <i>Tumors</i>	
Meniere’s Disease – See <i>Ear Disorder</i>	
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 <i>Uterus Disorders</i>	
Menstrual Disorders – See <i>Uterus Disorders</i>	
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 <i>Headache</i>	
Miscarriage – See <i>Pregnancy</i>	
Mitral Stenosis, Insufficiency or Regurgitation –	
See <i>Heart Murmur</i>	
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
Multiple Sclerosis	DECL
Murmur – See <i>Heart Murmur</i>	
Muscular Dystrophy	DECL
Myocardial Infarction – See <i>Coronary Artery Disease</i>	
Neck Disorder – See <i>Spine Disorders</i>	
Nephrectomy – See <i>Kidney Disorder</i>	
Nephrosis – See <i>Kidney Disorder</i>	
Neurosis – See <i>Mental/Nervous Disorder</i>	
Osteoporosis	LR-HR
Otitis Media – See <i>Ear Disorder</i>	
Otosclerosis – See <i>Ear Disorder</i>	
Ovarian Cysts – See <i>Uterus/Ovary Disorders</i>	
Overweight – See <i>page 24 for Weight Chart</i>	STD-DECL
Pacemaker	IC
Palpitations – See <i>Arrhythmias</i>	
Pancreatitis – APS (5)	
One episode	LR-DECL
Chronic.....	DECL
Panic Disorder – See <i>Mental/Nervous Disorders</i>	
Paralysis	HO
Parkinson’s Disease	DECL
Peptic Ulcer – See <i>Ulcers</i>	
Pericarditis –	
Inflammation of the lining around the heart – APS (5)	
Within 1 yr.....	DECL
1+ yrs – no residuals.....	U STD
Pernicious Anemia – See <i>Anemia</i>	
Petit Mal Seizure – See <i>Epilepsy</i>	
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 episodesSTD-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
PresentEXCL
Removed U STD

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

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

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 Esophagal 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 ISTD-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 yearU DECL
 - In past – APS (2)
 - 1 episode U STD
 - 2 or 3 episodes
 - 0 – 2 years.....U DECL
 - 2+ yearsSTD-LR
 - More than 3 episodesU DECL
- Syphilis
 - Present to 1 yr.....U DECL
 - In past – APS (3)
 - PrimaryLR
 - SecondaryHR-DECL
 - Tertiary..... DECL

Shingles – APS (2)

- Present DECL
- Recovered, no residuals.....STD

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 treatmentSTD
- 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 yearsEXCL
 - 2+ years.....STD
- Whiplash
 - Within 3 yearsEXCL
 - 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, operatedSTD-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
 - MelanomaU 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 yrsU DECL
 - 2 – 5 yrs LR
 - 5+ yrs..... U STD

Undescended Testicle

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

Urinary Bladder Disorders

Infections, benign disordersSTD
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, benignSTD
Unoperated U EXCL
Menstrual Disorders
Amenorrhea, Dysmenorrhea, Menorrhagia,

Metrorrhagia

Single episode, resolvedSTD
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 yrsSTD-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 knownRate for cause
Cause unknownU DECL
Dietary loss IC

Whiplash – See Spine Disorders

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.
- Class 3A* Managerial or self-employed individuals whose regular duties exclude manual or machine operations.
- Class 2A* Includes managers, supervisors or self-employed individuals whose regular duties require limited physical activity.
- Class A* 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.
- Class B* 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.
- No* 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 Medical

- “M” classes are for individuals who are in the health care industry. These professionals include, but are not limited to physicians, dentists, nurses, etc.**
- Class 6M* 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 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 and Midwives 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

The business owner upgrade is a program designed to allow eligible business owners the opportunity to upgrade their occupational class by one or two classes, resulting in cost savings.

Business Owner Upgrade: One Class

A business owner client may be eligible for a one class upgrade if:

- The original occupational class is 4A, 3A, 2A, or A on individual DI contracts or;
- The original occupational class is a 4A, 3A, 2A on BOE contracts and;
- He/She owns at least 20% of a stable, financially successful business for the last two years (supported by appropriate financial documentation)

Business Owner Upgrade: Two Classes

A business owner client may be eligible for a two class upgrade if:

- The original occupation class is 3A, 2A or A* and;
- He/She owns at least 20% of a stable, financially successful business for the last two years (supported by appropriate financial documentation)
- If manual duties exceed 25%, the Managerial Duties Endorsement may be required

All upgrades must be approved by underwriting.

**The two class upgrade is not available for BOE contracts with an A occupational class.*

Business Owner Income Enhancer

The Business Owner Income Enhancer is a feature that allows an increase of insurable income by an additional 20 percent to help business owners cover the loss of company perks. The criteria for this feature are as follows:

- Occupational class is 6A, 5A, 4A, 3A, 2A and A
- He/She has owned at least 20% of a stable, financially successful business for the last two years (supported by appropriate financial documentation);
- The calculation is determined by using the following formula:
(insurable income x 1.20 = new, income amount)
- For income amounts over \$500,000, you will need to confirm the benefit amount (driven from the enhancer calculation above) does not exceed \$2,000 monthly benefit; The total of all DI coverage in force and applied for (including the benefit driven from the enhancer calculation) 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 (DI and/or BOE) and is not working in any occupation for wage or profit (DI). In addition, the Enhanced Residual Disability Rider (DI) and the Extended Residual Rider (BOE) is not available when the MDE is used. Only the Basic Residual Disability Rider is available.

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.

* Not available in all states and state variations may apply. Please refer to State Variations section for more information.

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 Owner Upgrade Program	
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 > \$75,000	6A
Four year degree, income < \$75,000	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 > \$75,000 office and consulting duties only;	6A
Five years experience with well-established, financially sound company; income < \$75,000 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

General Business

Account Collectors	
Office duties only	2A
Others	A

Accountant, Auditors, Comptrollers - also see **Corporate Executives** above

Certified Public Accountant (CPA)	6A
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	6A
Others	4A

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	5A		
Commodity, Filling	No		
Others	3A		
Financial Analyst - stocks and securities Minimum of five years experience, income > \$75,000 prior two years.	5A		
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	6A		
Others with designation	5A		
Without designation, including students	5A		
Adjuster, Appraiser, Surveyor			
Office duties only	4A		
Some field work, not fire or marine	3A		
Agent			
Minimum five years in business, earned first-year income > \$75,000 prior two years	5A		
Minimum of three years in business, earned first-year income > \$30,000	4A		
Others	3A		
Investigator			
Salaried, unarmed	2A		
Others	B		
2.4 Real Estate			
Appraiser	4A		
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 > \$40,000		3A	
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	2A
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 (minimum 5 years experience, income \$100,000)	5A
Others	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	Foresters, Forest Rangers, Wardens (Fire, Fish, Game)	No
Professional Sports		Others	No
Athletes - baseball, basketball, billiards, bowling, boxers & trainers, football, golf, hockey, polo, rodeo performers, skiers, skin divers, sky divers, soccer, tennis players, wrestlers	No	Hotels, Motels, And Inns - first class establishments	
Coaches, Athletic Instructors - Full time, salaried	2A	Owners, Managers	4A
Managers, Scouts – not participating in any sport	2A	Desk clerk, Concierge	3A
Umpires, Referees	No	Food service - see Restaurants in Section 9.1	
Riding Schools		FOOD SERVICE	
Owners, Managers – supervising duties only	2A	Others	No
Instructors	A		
Stablemen, Rodeo performers	No	6.0 GOVERNMENT	
Skating Rinks		6.1 Government	Occ Class
Owners, Managers – supervising duties only, full-time employment	A	Fire Departments	
Seasonal employees & others	No	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

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)	5A
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	3A
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

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	6M
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
Dermatologic Surgery	6M
Emergency Room Physicians	4M
Endocrinologists	6M
Family Practice Physicians	6M

Gastroenterologists	6M
Genetic Physicians	6M
Gynecologist - see Obstetrics and Gynecology below	
Hematologists	6M
Hemoncologist	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	6M
Nephrologists	6M
Neurologist	6M
Neurosurgeon	5M
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	6M
Ophthalmologists, M.D.	6M
Optometrists	
No selling duties	6A
Orthopedic Surgeons	5M
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
Proctologist	6M
Psychiatrist, M.D.,	6M
Psychologist, A.P.A.	
PhD	6M
Master's degree	5M
Pulmonary/Respiratory MD Specialists	6M
Radiologist	6M
Rheumatologists	6M
Sports Medicine Physicians	
no surgical duties	6M
with surgical duties	5M
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
Vascular Surgeons	5M
Urologist	5M
Veterinarians – DVM	
Small animals	6M
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)

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 – admin/ofc	2A
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

10.0 PROFESSIONAL AND RELATED SERVICES

10.1 Architectural and Engineering Services Occ Class

Architectural

Architects - office and consulting duties only	
Minimum three years experience, income > \$60,000	6A
Other Architects	5A
Draftsmen - office away from home only	4A

Engineering

Engineers	
Technical graduates (4-year degree), income > \$60,000, office and consulting duties only, no lab or field work	6A
Technical graduates (4-year degree), income < \$60,000, 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	6A
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 > \$60,000	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	6A
Masters Degree - office and consulting duties; minimal lab work; no field work	5A
Others with office and consulting duties; minimal lab work; no field work	4A
Field work, lab work, non hazardous duties	3A

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/General Manager	
New vehicles only, income > \$75,000	6A
New vehicles only, income < \$75,000	5A
Used vehicles	2A
Finance & Sales Mgmt	4A
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	



In approved states, DInamic Foundation (forms 4501NC, 4502GR and 4503NCBOE) is issued by Ameritas Life Insurance Corp. In New York, DInamic Foundation (forms 5501-NC, 5502-GR and 5503-NCBOE) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

This information is provided by Ameritas®, which is a marketing name for subsidiaries of Ameritas Mutual Holding Company, including, but not limited to, Ameritas Life Insurance Corp., located at 5900 O Street, Lincoln, NE 68510, Ameritas Life Insurance Corp. of New York, located at 1350 Broadway, Suite 2201, New York, New York 10018 and Ameritas Investment Corp, member FINRA/SIPC. Ameritas Life Insurance Corp. of New York is licensed in New York. Each company is solely responsible for its own financial condition and contractual obligations. For more information about Ameritas®, visit ameritas.com.

Ameritas® and the bison design are registered service marks of Ameritas Life Insurance Corp. Fulfilling life® is a registered service mark of affiliate Ameritas Holding Company.

© 2015 Ameritas Mutual Holding Company

For Producer use only. Not for use with clients.