



**USAbled**

**Voluntary Long Term Disability Product Manual**

Includes:

Brochure  
Field Reference Manual  
Specimen Policy  
Forms



GROUP INSURANCE  
SERVICES





# Voluntary Long Term Disability Program

## ***Why do I need disability insurance?***

If a disability left you unable to earn your current salary, would you be able to make payments on your home or keep your family financially secure? Most Americans would not. Voluntary Long Term Disability (VLTD) protection is a high priority for anyone needing their paycheck.

USable Life's VLTD plan is one of the finest available. It offers affordable protection against lost earnings on a voluntary basis, which can help to secure the future for you and your family. Through the ease of payroll deduction, you can protect your ability to earn an income in the event you suffer a disabling illness or accidental injury.

## ***Who is eligible?***

This insurance is available to employees who:

- Are currently employed; and
- Work full time (at least 20 hours/week); and
- Satisfy the waiting period set by your employer, to be not less than 30 days.

No director or officer of the employer will be considered an employee unless the above conditions are met.

Retirees, non-employee directors, part-time or seasonal employees are not eligible for coverage.

## ***How does VLTD pay?***

The plan pays *directly to you* the benefit you select up to 60% of your monthly earnings with a maximum of \$5,000 per month. You select your benefit in \$100 increments. Disability benefits begin on the day following your completion of the elimination period specified in the master policy and are paid monthly as long as you are disabled according to the terms and provisions of the master policy.

## ***Will I still receive the benefits if I receive income from another source?***

Your monthly VLTD benefits may be substantially reduced by disability or retirement benefits received from Primary and Family Social Security, Workers' Compensation, any compulsory law, sick leave payments, any mandatory "no fault" automobile insurance policy, any amount earned from any form of employment, and other group disability or retirement income plans as defined in the master policy. \*\*Regardless of these offsets, if you are eligible for benefits you will never receive

less than \$50 per month or 10% of your gross monthly benefit (whichever is less) under the plan. \*\* A Social Security cost of living adjustment received after your monthly benefit becomes payable will not reduce your monthly benefit.

\*\*Benefit offsets and minimum benefit may vary to meet requirements of the state of issue. Read your certificate carefully.

Successive periods of disability separated by less than three months will be considered a continuation of the prior disability unless the subsequent disability is due to causes unrelated to the previous disability.

## ***If I am disabled, do I still have to pay premiums?***

If you suffer total or partial disability your premium payments are waived during the period you are receiving benefits.

## ***What is meant by "total disability"??***

You are considered totally disabled and eligible to receive benefits if, during your elimination period and the next 24 months of disability, you cannot perform your regular occupation. After 24 months of benefits have been paid, as long as you are unable to perform the material duties of any occupation for which you are or become reasonably fitted by training, experience, age, education, and physical and mental capacity, you are considered totally disabled.

## ***What is meant by "partial disability"??***

Partial disability is designed to allow individuals who are able to work, but only in a part-time capacity, to qualify for a partial disability benefit. Your part-time earnings may not exceed 80% of your pre-disability income.

Your partial disability benefit is the monthly benefit you select reduced by other income sources. However, your partial disability benefit will not be reduced by earnings from partial disability employment unless the sum of your VLTD benefit, income from your work, and other disability income benefits exceed 100% of your pre-disability income.

Progressive partial disability is a feature of VLTD that allows you to satisfy the elimination period with a combination of total disability and partial disability.

\*The definitions and policy provisions governing "total, partial, and progressive partial disability" may vary to meet the requirements of the state of issue.

Voluntary Long Term Disability insurance is being offered to you by USABLE Life and your employer as a convenient and flexible way for you to protect you and your family with solid, affordable insurance coverage.

### ***Are there any disabilities which are not covered?***

Disabilities which arise from intentionally self-inflicted injuries, war or participation in a riot, or occur while committing a felony are excluded from coverage.

### ***Does VLTD cover “pre-existing conditions”?***

VLTD does not cover pre-existing conditions. A pre-existing condition is a diagnosed sickness or injury for which you received treatment within 12 months prior to your effective date. If a disability occurs as the result of a pre-existing condition during the first 24 months (may vary by state of issue) following the original effective date of your insurance coverage, you will not be eligible for benefits for that disability, unless you have not received treatment for the disabling condition for at least six consecutive months (12 months for human organ transplant benefit) after your insurance effective date. In some states, regulations may shorten or alter the pre-existing period.

### ***What other benefits are provided?***

- The human organ transplant benefit pays you a lump sum of \$50,000 in the event of a qualifying organ transplant.
- The survivor benefit pays your eligible survivor a lump sum benefit equal to three times your last monthly benefit if you die after having been disabled for a minimum of 180 days and while receiving benefits.
- If a disability is due to mental illness, alcohol abuse or drug abuse, monthly benefits are payable for a maximum of 24 months unless you are hospitalized or institutionalized at the time 24 months of benefits have been paid.

### ***Are the disability benefits taxable?***

When VLTD benefits are paid to you, your benefits are *not* taxable *if* you paid all your premiums with after-tax dollars.

### ***How do I apply ?***

Applying is quick and easy. Simply complete the application, answering **all** questions and indicate the amount of coverage you want.

### ***How do I pay for VLTD?***

The plan is contributory — which means you pay all or part of the cost of this protection. Your monthly premiums are processed by your employer through convenient payroll deduction. Premiums are based on age and will increase on the group anniversary following the date you advance to the next age bracket.

***Limitations may vary to meet the requirements of the state of issue.  
Read your certificate carefully.***

This brochure briefly describes the main provisions of the plan that you may select, payable through payroll deduction. This is not the contract and is for informational purposes only. All statements are limited by the terms of the Master Policy.

### **USABLE Life is rated “A” (Excellent) by the A.M. Best Company.**

A rating and analysis from A.M. Best Company represents an independent opinion from the leading provider of insurer ratings of a company’s financial strength and ability to meet its obligations to policyholders. Upon completion of evaluations, A.M. Best assigns the following Best’s Ratings according to the following scale: Secure Best’s Ratings: A++ and A+ (Superior); A and A- (Excellent); B++ and B+ (Very Good); Vulnerable Best’s Ratings: B and B- (Fair); C++ and C+ (Marginal); C and C- (Weak); D (Poor); E (Under Regulatory Supervision); F (In Liquidation); S (Rating Suspended).

### **USABLE Life is rated “A” (Strong) by Standard & Poor’s.**

Standard & Poor’s Insurer Financial Strength Ratings provide powerful decision-making tools for anyone interested in buying insurance. Standard & Poor’s ratings are prospective evaluations of an insurer’s financial security to its policyholders. Standard & Poor’s Insurer Financial Strength Ratings range from “AAA” to “CC”. An insurer rated “BBB” and higher (“A”, “AA”, “AAA”) is regarded as having financial security characteristics that outweigh any vulnerabilities and is highly likely to have the ability to meet financial commitments. An insurer rated “BB” or lower is in the “vulnerable” range and is regarded as having vulnerable characteristics that may outweigh its strengths. “BB” indicates the least degree of vulnerability within the range. “CC” the highest degree of vulnerability.

**USABLE Life**

***You’ll Choose Us For Life***

HOME OFFICE: PO Box 1650 • Little Rock, AR 72203  
(501) 375-7200 • (800) 648-0271 • FAX (501) 378-3333  
[www.usablelife.com](http://www.usablelife.com)

For more information, or if you have questions concerning this product, contact your Employee Benefits Department or call USABLE Life at (501) 375- 7200 or 1-800-648-0271.



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## Voluntary Product Information

### VOLUNTARY BENEFITS

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#### Voluntary Portable Term Life

- Two lives minimum participation requirement \$10,000 up to \$300,000 available.
- Same amounts available on spouse (spouse may purchase more than employee).
- Dependent children coverage available at \$5,000 and \$10,000 levels.
- Portability option.
- Accidental death & dismemberment: \$10,000 up to \$300,000 coverage available (Spouse and Child benefits also available).
- Guaranteed issue available for groups with six (6) or more employees and at least 25% participation (minimum of six enrolled).

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#### Voluntary Cancer Plan

- Minimum of three applicants and \$50 monthly premiums.
- Three levels of inpatient and outpatient benefits.
- Coverage for wellness benefit: Up to \$75 per year, per insured for specific preventative diagnostic tests.
- Covers family lodging and transportation, Hospice, bone marrow donor, radiation treatment, and chemotherapy.
- Age does not increase premium levels.

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#### Voluntary Short Term Disability

- Available down to two (2) lives.
- **Guarantee issue:** No underwriting required.
- Pre-existing limitation 12/12.
- With census can provide personalized illustration.
- Protect up to 70% of weekly paycheck.
- Benefit periods available: 13, 26, or 52 weeks. Benefit begins: 1<sup>st</sup> day of accident and 8<sup>th</sup> day of sickness, 8<sup>th</sup> day of accident and 8<sup>th</sup> day of sickness, 15<sup>th</sup> day of accident and 15<sup>th</sup> day of sickness or 30<sup>th</sup> day of accident and 30<sup>th</sup> day of sickness.
- Pregnancies payable as any other illness.

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#### Voluntary Long Term Disability

- Limited plan benefits available down to ten (10) lives. For groups of 10 or more enrolled with 15% participation, benefit to age 65 available.
- **Guarantee issue:** No underwriting required.
- Pre-existing limitation 12/6/24.
- Protect up to 60% of paycheck (max. \$5,000/month).
- 90 day and 180 day elimination periods available.
- Benefits up to age 65 available for accident or sickness.

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#### Voluntary Dental Plan

- Minimum participation is only two (2) enrolled employees.
- Benefit: Prime Plan - 100/80/50 (full Major Services) and Choice Plan - 100/80/50 (limited Major Services).
- Deductible: \$100 per person lifetime
- Annual maximum: \$1,000 calendar year, \$500 calendar year.
- Orthodontics: \$1,000 lifetime benefit available for dependent children under age 19.
- No network restrictions. Employee can choose their own dentist.
- Dentemax network may be used to reduce out of pocket expenses.
- EPIC Hearing Service Plan

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### **Voluntary Vision Plan**

- Minimum participation is only five (5) enrolled employees.
- Plan Options: 12/12/12 and 12/12/24
- Exam Copay Options: \$0 and \$20
- Broad Provider Network
- Provides coverage for Exam, Eyeglass Lenses, Contact Lenses and Frames.
- No census required unless there are out-of-state employees.

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### **Limited Medical**

- Minimum group size is five (5) enrolled employees or 10% of eligible employees whichever is greater.
- Group must have a minimum of 5 W-2 employees to be a viable company. (not required to participate)
- 2-year rate guarantee with 15% participation
- Target groups are employers with part-time or seasonal employees.
- Perfect for hotels, restaurants, retail, employment agencies, etc.
- 6 standard plans based on monthly or hourly premiums.
- Customizable plans available
- No cost to employers
- Online enrollment available to groups with 100 or more eligible.
- Requires submission 6 weeks prior to effective date.
- Employer can select from payroll deduction or direct bill to employees home.
- GAP Plans available for use with BCBST Comprehensive Medical Plans.

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### **Accident**

- Available with 3 or more applicants
- Benefits payable covering losses as a result of an accidental death or dismemberment
- Coverage includes a lump sum payment in addition to hospital confinement, physical therapy & family lodging
- Coverage available for employee and family members

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### **Critical Illness**

- Available with 3 or more applicants
- Lump sum payments for specified critical illnesses including heart attack and stroke
- Policy face amount available in \$5,000 increments up to \$100,000
- Coverage available for employee and family members

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### **Long Term Care**

- Minimum group size is 2 eligible employees
- Groups 500 or more eligible, participating employees, coverage modified guaranteed issue, one medical question to determine eligibility.
- Groups between 50 - 500 eligible, participating employees, coverage can be written on a simplified issue basis, four medical questions.
- Groups between 2 - 50 eligible employees fully underwritten on an individual basis.
- Enrollment support provided for meeting of 30 or more employees.

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### **Need Sales Support or Customer Support Assistance?**

**Toll-Free:**

**1-888-350-GISI (4474)**

**Internal Ext:**

**5221**

**Email Address:**

**GISProposalRequests @GISBenefits.com**




**GROUP INSURANCE  
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*Making sure your benefits measure up*

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(09/09)



# GROUP PRODUCT GUIDE



## **USABLE LIFE**

### **- Who We Are -**

#### **LICENSED**

USable Life is currently admitted in 48 states and the District of Columbia.

#### **RATED**

The Company is rated A (Excellent) by the A.M. Best Company and A (Strong) by Standard and Poor's.

#### **HOME OFFICE**

Our Home Office is located at 320 West Capitol Avenue, Little Rock, Arkansas 72203. The following toll-free phone numbers are available for the convenience of our policyholders:

USable Life Direct Number: 1-800-648-0271  
Customer Service Call Center 1-800-370-5856 or 501-378-5856  
E-Mail Address: CustServ@usablelife.com  
USable Local Number: 1-501-375-7200

USable Life's Customer Service Call Center is available to answer employer and employee administrative questions between the hours of 8:00 a.m. to 4:30 p.m., Central Time.

#### **WEBSITE**

USable Life's website can be accessed at [www.usablelife.com](http://www.usablelife.com). We invite you to visit the website for more information about the company. There is also a section for frequently asked Questions and Answers (FAQ's).



## **GENERAL INFORMATION**

### **Employee Eligibility**

All full-time employees who work the minimum number of hours, as stated on the group master application, are eligible for benefits. In the event that an employee is not actively at work on the day coverage or an increase in coverage should begin, the benefits or increase will begin on the date he returns to active full-time employment. Part-time employees may be covered with prior approval by USABLE Life.

### **Enrollment**

Once the employer decides to offer benefits to the employees, he must complete the group application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment material to employees; and
- Collect and return enrollment & evidence of insurability forms to USABLE Life; and
- Payroll deduct appropriate premiums (if applicable)

**The effective date of the group's coverage should be the first of the month.**

### **Billing True Group Products**

**Self-Billing:** USABLE Life offers Self-Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and complete employee census, including name, date of birth, class and salary, if applicable, and all enrollment materials. Enrollment forms will be retained by the Policyholder unless otherwise instructed. USABLE Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment.

Self-Billing allows for two different billing options:

- A summary premium invoice by line of business; or
- E-billing

Self-Billing requires the benefit administrator to maintain all records regarding employee enrollment, the original enrollment applications and any subsequent changes. USABLE Life will require a copy of the original enrollment application and any subsequent changes if a claim is filed.

**List Billing:** USABLE Life offers List Billing for the Group Policyholder. Upon completion of the initial enrollment, the group will submit a group application and an individual application for each participating employee. Enrollment forms will be retained by USABLE Life. USABLE Life will prepare the initial premium statement and forward it, along with an administration kit to the group administrator or affiliate. The administration kit includes administrative instructions and a supply of forms. If initial premium statements are to be forwarded to the broker, it must be indicated with the initial enrollment. Groups which are list billed by the insurer will reflect premium increases due to the insured's birth date on the first of the month following the birthday. Reductions, if applicable, will occur on the

insured's birth date. It is not required but encouraged that the group keep a copy of enrollment forms and changes in the employee file.

### **Contribution**

Employer Contribution - If the employer chooses to pay the entire cost of benefits, 100% of all eligible employees must enroll in the plan. This is known as a "Non-Contributory" plan.

Employee Contribution - If the employee contributes to the cost of benefits, at least 75% of the eligible employees must enroll. This is known as a "Contributory" plan.

(This does not apply to Supplemental Life or Voluntary payroll deducted products).

### **Conformity with State Statutes**

The policy will comply with the statutory requirements of the state in which the policy is issued.

### **Schedule of Insurance**

Classes may be determined according to job classification, annual salary, or a flat amount for all employees. Life and Accidental Death & Dismemberment (AD&D) benefits are subject to age reductions and termination at retirement, in most cases. Some schedules may be determined discriminatory under federal regulations. If the employer has questions, it is recommended that he seek the advice of legal counsel. No class may have a benefit of more than 2 1/2 times the next lower class without Home Office approval.

### **Evidence of Insurability**

The completion of a medical evidence of insurability form is required for:

1. amounts of insurance in excess of the guarantee issue amount for that group;  
or
2. late enrollees under a contributory plan; or
3. enrollees under a supplemental life program which does not meet minimum participation requirements.

### **W-2 Issuance**

USable Life will maintain records for FICA and federal income taxes. Employers have the option of receiving a report to prepare W-2's or USable Life can provide completed W-2 forms. In order for USable Life to provide W-2 forms the employer must complete and sign a W-2 Agreement form.

### **Form 5500 Schedule A**

The Employment Retirement Income Security Act of 1974 (ERISA) requires all employers to report certain data about their employees pension and /or welfare plans to the Internal Revenue Service and the United States Department of Labor. USable Life will provide information to complete Schedule "A" of form 5500 to the Employer within 120 days after the end of the plan year period. All required forms, schedules and attachments must be filed by the last day of the 7<sup>th</sup> calendar month after the end of the plan year.

## **Renewals**

Renewal rates for true group products are calculated at the end of the first policy period and annually thereafter, based on current enrollment and utilization data. The employer receives notification of renewal rates within 45 to 60 days prior to the policy anniversary date. Voluntary benefits are designed to be a “shelf” product with standard rates being charged to all eligible groups. However, USAble reserves the right to revise rates when necessary on individual cases.

## **VOLUNTARY LONG TERM DISABILITY (VLTD)**

Voluntary Long Term Disability is designed to pay an employee a benefit in the event of a qualifying disability, after the elimination period. VLTD can be offered to groups of 10 or more, provided they have been in business for at least one year and do not have a basic LTD program in place. Employee acceptance for VLTD coverage is guaranteed. Applicants do not have to complete a health questionnaire. Due to various state requirements, please check with your marketing representative for state availability.

**Definition of Disability:** An insured will be considered disabled if he is unable to perform the duties of his own occupation for the first two years of disability. After two years, an insured will be considered to be disabled if he is unable to perform the material duties of any occupation for which he is or may become reasonably fitted by training, education, experience, age, and physical and mental capacity.

### **Eligibility**

VLTD is available to employees who:

- Are currently employed;
- Work full time (at least 20 hours/week);
- Are Under age 65; and
- Satisfy the waiting period set by the employer, but not less than 30 days.

Retirees, non-employee directors, part-time or seasonal employees are not eligible for coverage.

### **Enrollment**

Once the employer decides to offer the benefit to the employees, he must complete an Employer Application, and choose an effective date and enrollment period. The employer must then:

- Distribute enrollment materials to all eligible employees
- Collect and return employee applications

### **Enrollment Steps:**

1. The employee and/or the spouse decide what benefits they want, complete the application in full (including the medical questionnaire), and return it within the enrollment period.
2. The group will submit all enrollment materials to USABLE Life. During the 30 days following the initial enrollment period, USABLE Life will notify the group of approved employees and dependents and the amount to payroll deduct.

## **VOLUNTARY LONG TERM DISABILITY (VLTD)**

### **Billing Methods**

**List Billed:** A list bill will be provided each month by USABLE Life. The initial premium statement for a list billed group will be prepared by USABLE Life and forwarded, along with an administration kit, to the group administrator. Groups which are list billed by the insurer will reflect premium increases if an employee attains an age that qualifies him/her to be in the next higher age bracket of the age-rated premium chart. The effective date of the rate increase will be the next anniversary date corresponding with or next following the attainment of the age. The month before the change is effective we will send you a roster listing each employee whose premium is changing with both the old and new changed premiums.

**EBilling Solutions:** If EBilling is preferred USABLE Life will send an email notification each month when the group's statement is ready to view and finalize. EBilling will enable the group to access, make changes and authorize payments of their bills.

A comprehensive online manual is available for your use as well as an EBilling Solutions demonstration.

### **Benefit**

**Total Disability Benefit:** Voluntary LTD pays a benefit equal to 60% of an employee's monthly earnings to a maximum of \$5,000 (subject to coordination with other income benefits). The minimum monthly benefit is \$100. The maximum monthly covered earnings are \$8,333. Benefits begin on the date he completes the elimination period and are paid on a monthly basis. With the USABLE Life Benefits Program, he can receive benefits for both total and partial disability.

Successive periods of disability separated by less than three months will be considered a continuation of the prior disability unless the subsequent disability is due to causes unrelated to the previous disability.

**Maximum Benefit Duration:** Employers may select one of three benefit plans and from two elimination periods, 90 or 180 days. VLTD benefits are payable after a 90 or 180 day elimination period. All plans with a reducing benefit duration (RBD) are in compliance with the ADEA.

<b><u>Benefit Plans</u></b>	<b>Duration</b>	
	<b><u>Sickness</u></b>	<b><u>Accident</u></b>
Plan 1	2 Years	5 Years
Plan 2	5 Years	5 Years
Plan 3	To Age 65 w/RBD	To Age 65 w/RBD

## **VOLUNTARY LONG TERM DISABILITY (VLTD)**

### **POLICY PROVISIONS**

#### **Effective Date**

In no event will coverage become effective prior to the group effective date. Coverage will become effective on the later of the date the enrollment form is signed or the group effective date, provided the employee is actively at work on that date and has completed any waiting period. If the employee is not actively at work on that date, coverage will become effective upon the employee's return to active employment.

#### **Full Family Integration**

VLTD benefits will be reduced by disability or retirement benefits received from Primary and Family Social Security, Worker's Compensation, any compulsory law, sick leave payments, any mandatory "no fault" automobile insurance policy (except in Tennessee), any amount earned from any form of employment, and other group disability or retirement income plans as defined in the master policy. Regardless of these offsets, disabled employees will never receive less than \$50 per month or 10% of their gross monthly benefit (whichever is less) under the plan. A Social Security cost of living adjustment received after the monthly benefit becomes payable will not reduce the monthly benefit.

Benefit offsets and minimum benefit may vary to meet requirements of the State of issue.

#### **Human Organ Transplant**

This benefit pays a lump sum of \$50,000 in the event of a qualifying organ transplant.

#### **Limitations & Exclusions**

**General Exclusions** No benefits are payable for disabilities which result from war or acts of war, intentionally self-inflicted injuries, active participation in a riot or the insured's commission of or attempt to commit a felony.

**Mental Illness, Alcohol or Drug Abuse:** Benefits will be paid for a maximum of 24 months unless you are hospitalized or institutionalized at the time 24 months of benefits have been paid.

**Pre-Existing Condition Exclusion 12/6/24\*:** Benefits will not be paid for disabilities resulting from conditions for which the insured received treatment within 12 months prior to his effective date of coverage. This exclusion does not apply to a disability which begins more than 24 months after his effective date. This exclusion does not apply if the insured has been treatment free for 6 months after his effective date of coverage.

\*May vary to meet requirements of the State of issue.

## **VOLUNTARY LONG TERM DISABILITY (VLTD)**

### **POLICY PROVISIONS**

#### **Progressive Partial Disability Benefit:**

This provision allows for periods of total or partial disability, or a combination of the two to satisfy the elimination period. The insured does not have to be totally disabled during the elimination period to receive a progressive partial disability benefit. To qualify for progressive partial disability the insured must meet the elimination period with any combination of total and/or partial disability and earn less than 80% of pre-disability income.

#### **Replacement Coverage**

If a group has a voluntary LTD plan in force and would like replacement coverage, it should be indicated in the appropriate place on the group application. A copy of the prior carrier's policy is required.

#### **Survivor Benefit**

This pays eligible survivors a lump sum benefit equal to three times the last monthly benefit if death occurs after having been disabled for a minimum of 180 days and while receiving benefits

#### **Underwriting Guidelines**

Sole proprietorships are not eligible for voluntary LTD.

There must be an employer/employee relationship for a group to be eligible for voluntary LTD.

All Voluntary LTD benefits will be **paid on a monthly** basis.

#### **W-2 Issuance**

US Able Life will maintain records for FICA and federal income taxes. US Able Life does not routinely prepare W-2 forms as it is the employer's responsibility, therefore the employer will be responsible for supplying claimants W-2 forms from the information furnished by US Able Life.

**Important Note:** Voluntary Long Term Disability may not be available in all states. Please contact your marketing representative for availability in your state.

#### **Industry Classification**

Please see the SIC Industry Classification Index on page 48.

<b>Guaranteed Issue Guidelines</b>			
	<b>VIP</b>	<b>VLTD</b>	<b>VGTL</b>
<b>New Groups</b>	All eligible participants for new groups may be issued Guaranteed Issue up to the amount for which they qualify* during the initial enrollment. The initial enrollment must be completed within 30 days following the Issue Date of the Group Policy.		
<b>New Hires</b>	Applying within their Eligibility Period (31 days following their employer's Waiting Period) may be issued Guaranteed Issue up to the GI amount for which their group qualifies according to the rules on the previous pages.		
<b>Late Entrants</b>	May have Guaranteed Issue up to the amount for which they qualify, ONLY IF they apply during their group's annual enrollment, as defined below.	May have Guaranteed Issue, up to the amount for which their group qualified, ONLY IF they apply during their group's annual enrollment, as defined below AND IF their date of hire is less than 12 months from the date of their application and they did not apply when first eligible.	May have Guaranteed Issue, up to the amount for which their group qualified, ONLY IF they apply during their group's annual enrollment, as defined below AND IF their date of hire is less than 12 months from the date of their application.
<b>Lapse In Coverage</b>	The employee may re-apply subject to the conditions for Late Entrants.		
<b>Current Participants</b>	May have Guaranteed Issue on an increase in coverage up to the amount for which they qualify, ONLY IF they apply during their group's annual enrollment, as defined below.	May have Guaranteed Issue on an increase in coverage of <b>one unit (\$100)</b> , total may not exceed the amount for which they qualify, and ONLY IF they apply during their group's annual enrollment.	May have Guaranteed Issue on an increase in coverage of <b>\$10,000</b> , total may not exceed the amount of Guaranteed Issue for which their group qualified, and ONLY IF they apply during their group's annual enrollment.
<b>Annual Enrollment</b>	Defined as the 60 days before to the 30 days after the Group Policy Anniversary. Any exceptions to this enrollment period must be approved by USable Life.		
<b>Note</b>	12/12 pre-existing limitation applies to all new coverage AND the amount of an increase in coverage.	Although there is 12/6/24 Pre-Ex* on VLTD, the coverage amounts and benefit durations are so much higher than VIP that we don't allow GI to Late Entrants.	VGTL is group life insurance. Therefore, there is no pre-existing limitation and rules regarding guaranteed issue will be strictly adhered to.

\*VLTD 12/6/24 Pre-Ex may vary to meet requirements of the State of issue



## SIC Industry Classification Index (VIP and VLTD)

SIC Code	Category	VIP	VLTD Class
0110 - 0190	Agriculture Production - Crops	Restricted	D
0210 - 0290	Agricultural Productions - Livestock and Animal Specialties	Restricted	D
0710 - 0720	Agricultural Services - Soil Preparation, Crops Services	Restricted	D
0740	Agricultural Services - Veterinary Services	Standard/Non-restricted	B
0750 - 0780	Agricultural Services - Animal Services (except Veterinary), Farm Labor and Management, Landscape and Horticulture	Restricted	D
0810 - 0850	Forestry	Restricted	D
0910 - 0970	Fishing, Hunting, and Trapping	Home Office	D
1010 - 1095	Metal Mining	Home Office	E
1222 - 1245	Coal Mining	Home Office	E
1310 - 1320	Oil & Gas Extraction - Crude Petroleum, Natural Gas (No Offshore)	Home Office	E
1380	Oil & Gas Extraction - Oil and Gas Field Services	Restricted	E
1410	Mining & Quarrying of Nonmetallic Mineral, except Fuels - Dimension Stone	Restricted	E
1420 - 1499	Mining & Quarrying of Nonmetallic Mineral, except Fuels	Home Office	E
1520 - 1540	Building Construction--General Contractors and Operative Builders	Standard/Non-restricted	D
1610 - 1620	Heavy Construction other than Building Construction--Contractors	Standard/Non-restricted	D
1710 - 1780	Construction--Special Trade Contractors	Standard/Non-restricted	C
1790	Construction--Special Trade Contractors (Miscellaneous Special Trade)	Standard/Non-restricted	D
2010	Manufacturing--Food and Kindred Products (Meat Products)	Restricted	C
2020 - 2090	Manufacturing--Food and Kindred Products	Standard/Non-restricted	C
2110 - 2140	Manufacturing--Tobacco Products	Restricted	C
2210 - 2290	Manufacturing--Textile Mill Products	Standard/Non-restricted	C
2310 - 2390	Manufacturing--Apparel and Other Finished Products (Fabric and Similar)	Standard/Non-restricted	D
2410 - 2420	Manufacturing--Lumber and Wood Products, Except Furniture (Logging, Sawmills and Planing Mills)	Home Office	E
2430	Manufacturing--Lumber and Wood Products, Except Furniture (Millwork, Veneer, Plywood, Structural)	Home Office	C
2440 - 2490	Manufacturing--Lumber and Wood Products, Except Furniture	Standard/Non-restricted	C
2510 - 2590	Manufacturing--Furniture and Fixtures	Standard/Non-restricted	C
2610 - 2630	Manufacturing--Paper and Allied Products (Pulp, Paper, and Paperboard Mills)	Restricted	D
2650 - 2670	Manufacturing--Paper and Allied Products (Paperboard Containers and Boxes, Converted Paper and Paperboard)	Restricted	C
2710 - 2790	Manufacturing--Printing, Publishing and Allied Industries	Standard/Non-restricted	B
2810 - 2830	Manufacturing--Chemical and Allied Products (Industrial and Inorganic Chemicals, Plastics, Other Manmade Fibers, and Drugs)	Standard/Non-restricted	B
2840 - 2870	Manufacturing--Chemical and Allied Products	Standard/Non-restricted	C
2890	Manufacturing--Chemical and Allied Products (Miscellaneous Chemical Products)	Restricted	C
2910 - 2990	Manufacturing--Petroleum Refining and Related Industries	Standard/Non-restricted	C
3010 - 3080	Manufacturing--Rubber and Miscellaneous Plastics Products	Standard/Non-restricted	B
3110 - 3190	Manufacturing--Leather and Leather Products	Standard/Non-restricted	C
3210 - 3280	Manufacturing--Stone, Clay, Glass and Concrete Products	Standard/Non-restricted	B

<b>SIC Code</b>	<b>Category</b>	<b>VIP</b>	<b>VLTD Class</b>
<b>3290</b>	Manufacturing--Stone, Clay, Glass and Concrete Products (Abrasive, Asbestos, Miscellaneous)	Home Office	E
<b>3310 - 3390</b>	Manufacturing--Primary Metal Industries	Standard/Non-restricted	C
<b>3410 - 3490</b>	Manufacturing--Fabricated Metal Products (Except Machinery, Transportation)	Standard/Non-restricted	C
<b>3510 - 3590</b>	Manufacturing--Industrial and Commercial Machinery and Computer Equipment	Standard/Non-restricted	B
<b>3610 - 3640</b>	Manufacturing--Electronic and Other Electrical Equipment (Except Computer)	Standard/Non-restricted	B
<b>3650 - 3670</b>	Manufacturing--Electronic and Other Electrical Equipment (Household Audio and Video, Communications Equipment, Electronic Components and Accessories - Except Computer)	Standard/Non-restricted	A
<b>3690</b>	Manufacturing--Electronic and Other Electrical Equipment (Miscellaneous Electrical Machinery - Except Computer)	Standard/Non-restricted	B
<b>3710 - 3750</b>	Manufacturing--Transportation Equipment	Standard/Non-restricted	C
<b>3760</b>	Manufacturing--Transportation Equipment (Guided Missiles and Space Vehicles)	Standard/Non-restricted	B
<b>3790</b>	Manufacturing--Transportation Equipment (Miscellaneous Transportation)	Standard/Non-restricted	C
<b>3810 - 3820</b>	Manufacturing--Instruments; Photographic, Medical, Optical Goods; Watches (Search, Detection, Navigation, Laboratory Apparatus and Instruments)	Standard/Non-restricted	A
<b>3840 - 3870</b>	Manufacturing--Instruments; Photographic, Medical, Optical Goods; Watches	Standard/Non-restricted	B
<b>3910 - 3990</b>	Manufacturing--Miscellaneous Manufacturing Industries	Standard/Non-restricted	C
<b>4010</b>	Railroad Transportation	Home Office	E
<b>4110 - 4170</b>	Local and Suburban transit; Interurban Highway Passenger Transportation	Home Office	B
<b>4210</b>	Motor Freight Transportation and Warehousing	Restricted	B
<b>4220 - 4230</b>	Motor Freight Transportation and Warehousing (Public Warehousing, Storage, Terminal and Service Facilities)	Restricted	C
<b>4310</b>	United States Postal Service	Restricted	B
<b>4410 - 4490</b>	Water Transportation	Home Office	E
<b>4510 - 4580</b>	Air Transportation	Standard/Non-restricted	E
<b>4610</b>	Pipelines, Except Natural Gas	Standard/Non-restricted	C
<b>4720 - 4780</b>	Transportation Services	Home Office	B
<b>4810 - 4890</b>	Communications	Standard/Non-restricted	B
<b>4910 - 4940</b>	Electric, Gas and Sanitary Services	Standard/Non-restricted	C
<b>4950</b>	Electric, Gas and Sanitary Services (Sanitary Services)	Restricted	C
<b>4960 - 4970</b>	Electric, Gas and Sanitary Services (Steam and Air-Conditioning Supply, and Irrigation Services)	Standard/Non-restricted	C
<b>5010 - 5090</b>	Wholesale Trade--Durable Goods	Standard/Non-restricted	B
<b>5093</b>	Wholesale Trade--Durable Goods (Scrap and waste materials, wholesale)	Restricted	A
<b>5110 - 5130</b>	Wholesale Trade--Nondurable Goods	Standard/Non-restricted	B
<b>5140 - 5180</b>	Wholesale Trade--Nondurable Goods (Groceries, Farm-Product Raw Materials, Chemicals and Allied Products, Petroleum and Petroleum Products, and Alcoholic Beverages)	Standard/Non-restricted	C
<b>5190</b>	Wholesale Trade--Nondurable Goods (Miscellaneous)	Standard/Non-restricted	B
<b>5210 - 5270</b>	Retail Trade--Building Materials, Hardware, Garden Supply and Mobile Home Dealer	Standard/Non-restricted	C
<b>5310 - 5390</b>	Retail Trade--General Merchandise Stores	Standard/Non-restricted	D
<b>5410 - 5490</b>	Retail Trade--Food Stores	Standard/Non-restricted	D

<b>SIC Code</b>	<b>Category</b>	<b>VIP</b>	<b>VLTD Class</b>
<b>5510</b>	Retail Trade--Automotive Dealers and Gasoline Service Stations (New and Used)	Standard/Non-restricted	E
<b>5520</b>	Retail Trade--Automotive Dealers and Gasoline Service Stations (Used Only)	Restricted	E
<b>5530 - 5570</b>	Retail Trade--Automotive Dealers and Gasoline Service Stations (Auto and Home Supply, Gasoline Service Stations, Boat and RV Dealers, Motorcycle Dealers)	Standard/Non-restricted	E
<b>5590</b>	Retail Trade--Automotive Dealers and Gasoline Service Stations (Other Automotive Dealers)	Restricted	E
<b>5610 - 5690</b>	Retail Trade--Apparel and Accessory Stores	Standard/Non-restricted	C
<b>5710 - 5730</b>	Retail Trade--Home Furniture, Furnishings and Equipment Stores	Standard/Non-restricted	C
<b>5810</b>	Retail Trade--Eating and Drinking Places	Restricted	D
<b>5910</b>	Retail Trade--Miscellaneous Retail (Drug Stores and Proprietary Stores)	Standard/Non-restricted	D
<b>5920</b>	Retail Trade--Miscellaneous Retail (Liquor Stores)	Home Office	D
<b>5930 - 5990</b>	Retail Trade--Miscellaneous Retail (Used Merchandise, Miscellaneous Shopping Goods, Nonstore Retailers, Fuel Dealers, Other Retail Stores)	Standard/Non-restricted	D
<b>6010 - 6090</b>	Depository Institutions	Standard/Non-restricted	A
<b>6110 - 6160</b>	Nondepository Credit Institutions	Standard/Non-restricted	B
<b>6210 - 6280</b>	Security and Commodity Brokers, Dealers, Exchanges, and Services	Standard/Non-restricted	B
<b>6310 - 6410</b>	Insurance Carriers, Agents, Brokers and Service	Standard/Non-restricted	A
<b>6510</b>	Real Estate--Real Estate Operators (except Developers) and Lessors	Restricted	C
<b>6530</b>	Real Estate--Real Estate Agents and Managers	Restricted	B
<b>6540</b>	Real Estate--Title Abstract Offices	Standard/Non-restricted	B
<b>6550</b>	Real Estate--Land Subdividers and Developers	Restricted	B
<b>6710 - 6790</b>	Holding and Other Investment Offices	Standard/Non-restricted	A
<b>7010 - 7040</b>	Services--Hotels, Rooming Houses, Camps, Other Lodging Places	Restricted	B
<b>7210 - 7220</b>	Services--Personal Services (Laundry, Cleaning Services, Photographic Studios, Portrait)	Standard/Non-restricted	B
<b>7230 - 7240</b>	Services--Personal Services (Beauty Shops and Barber Shops)	Restricted	B
<b>7250 - 7291</b>	Services--Personal Services (Shoe Repairs, Shoeshine Parlors, Funeral Services and Crematories, Miscellaneous Personal Services, Tax Return Preparation Services)	Standard/Non-restricted	B
<b>7310</b>	Services--Business Services (Advertising)	Standard/Non-restricted	A
<b>7320</b>	Services--Business Services (Consumer Credit Reporting and Collection Agencies)	Standard/Non-restricted	C
<b>7330</b>	Services--Business Services (Mailing, Commercial)	Standard/Non-restricted	B
<b>7340 - 7341</b>	Services--Business Services (Services to Dwellings and Buildings, Window Cleaning)	Restricted	C
<b>7350</b>	Services--Business Services (Miscellaneous Equipment Rental and Leasing)	Standard/Non-restricted	B
<b>7360 - 7370</b>	Services--Business Services (Personnel Supply Services, Computer Programming and data Processing Services)	Standard/Non-restricted	A
<b>7380</b>	Services--Business Services (Miscellaneous Business Services)	Standard/Non-restricted	D
<b>7381</b>	Services--Business Services (Security Police)	Restricted	D
<b>7510 - 7540</b>	Services--Automotive Repair, Services, and Parking	Restricted	C
<b>7620 - 7630</b>	Services--Miscellaneous Repair Services (Electrical Repair Shops, Watch, Clock, and Jewelry Repair)	Standard/Non-restricted	B
<b>7640 - 7690</b>	Services--Miscellaneous Repair Services	Standard/Non-restricted	C

SIC Code	Category	VIP	VLTD Class
7810	Services--Motion Pictures (Motion Picture Production, Distribution and Allied Service)	Restricted	A
7830	Services--Motion Pictures (Motion Picture Theaters)	Standard/Non-restricted	D
7840	Services--Motion Pictures (Video Tape Rental)	Standard/Non-restricted	C
7910 - 7990	Services--Amusement and Recreation Services	Restricted	D
8010 - 8060	Services--Health Services	Medical	C
8070	Services--Health Services (Medical and Dental Laboratories)	Medical	B
8080	Services--Health Services (Home Health Care Services)	Medical	A
8090	Services--Health Services (Other Health and Allied Services)	Medical	B
8110	Services--Legal Services	Standard/Non-restricted	A
8210 - 8220	Services--Educational Services (Elementary and Secondary Schools, Colleges, Universities, Professional Schools)	Standard/Non-restricted	A
8230 - 8290	Services--Educational Services (Libraries, Vocational Schools, Other Schools and Educational Services)	Standard/Non-restricted	B
8320 - 8390	Services--Social Services	Standard/Non-restricted	D
8410 - 8420	Services--Museums, Art Galleries, and Botanical and Zoological Gardens	Standard/Non-restricted	C
8610 - 8620	Services--Membership Organizations (Business Associations and Professional Membership Organizations)	Home Office	B
8630	Services--Membership Organizations (Labor Unions and Similar Organizations)	Home Office	C
8640	Services--Membership Organizations (Civic, Social, and Fraternal Associations, Political Organizations)	Home Office	B
8660	Services--Membership Organizations (Religious Organizations)	Home Office	C
8690	Services--Membership Organizations (Other Membership Organizations)	Home Office	B
8710 - 8720	Services--Engineering, Accounting, Research, Management and Related Services (Engineering, Architectural, and Surveying, Accounting, Auditing, and Bookkeeping)	Standard/Non-restricted	A
8730	Services--Engineering, Accounting, Research, Management and Related Services (Research, Development, and Testing)	Standard/Non-restricted	B
8740	Services--Engineering, Accounting, Research, Management and Related Services (Management and Public Relations Services)	Standard/Non-restricted	A
*8810	*Services--Private Households	*Home Office	*Home Office
8990	Services--Not Elsewhere Classified	Home Office	D
9110 - 9190	Public Administration--Executive, Legislative, and General Government	Municipal	C
9210	Public Administration--Justice, Public Order and Safety (Courts)	Municipal	C
9220 - 9224	Public Administration--Justice, Public Order and Safety (Public Order and Safety, Fire Protection)	Municipal	E
9310	Public Administration--Public Finance, Taxation, and Monetary Policy	Municipal	B
9410	Public Administration--Human Resource Programs (Educational Programs)	Municipal	B
9430 - 9450	Public Administration--Human Resource Programs (Public Health Programs, Social, Human Resource, Income Maintenance, Veterans' Affairs - Except Health and Insurance)	Municipal	C
9510	Public Administration--Environmental Quality and Housing (Environmental Quality)	Municipal	B
9530	Public Administration--Environmental Quality and Housing (Housing and Urban Development)	Municipal	C
9610	Public Administration--Economic Programs (General Economic Programs)	Municipal	B

<b>SIC Code</b>	<b>Category</b>	<b>VIP</b>	<b>VLTD Class</b>
<b>9620 - 9660</b>	Public Administration--Economic Programs	Municipal	C
<b>9710 - 9720</b>	Public Administration--National Security, International Affairs	Municipal	C
<b>9990</b>	Nonclassifiable Establishments	Home Office	D

\*Important Note – SIC Industry 8810 Services-Private Households is an ineligible industry.



320 W. Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650  
(501) 375-7200

**GROUP LONG TERM DISABILITY POLICY**

**POLICYHOLDER:**  
[ABC SCHOOL]

**PREMIUM DUE DATE:**  
[FIRST DAY OF EACH MONTH]

**POLICY NUMBER:**  
[1234-100]

**RENEWAL DATE:**  
[JANUARY 1, 2005 AND EACH  
SUCCEEDING JANUARY 1]

**EFFECTIVE DATE:**  
[JANUARY 1, 2004]

**STATE OF DELIVERY:**  
[NEBRASKA]

**MONTHLY PREMIUM:** [Rates vary based on each insured's age]

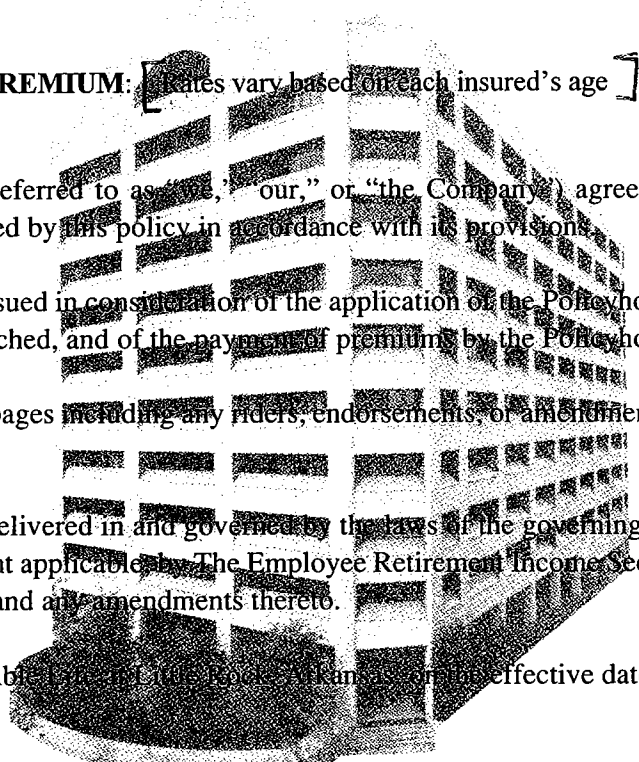
US Able Life (referred to as "we," "our," or "the Company") agrees to pay the benefits provided by this policy in accordance with its provisions.

The policy is issued in consideration of the application of the Policyholder, a copy of which is attached, and of the payment of premiums by the Policyholder.

The following pages including any riders, endorsements, or amendments are a part of this policy.

This policy is delivered in and governed by the laws of the governing jurisdiction and, to the extent applicable by The Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto.

Signed for US Able Life in Little Rock, Arkansas, on the effective date.



*James B. House*  
President

A STOCK COMPANY

Nonparticipating  
Renewable

**GROUP LONG TERM DISABILITY POLICY**

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**Addendum No. 001 to be attached to and made part of the Group Insurance Application, VI-MAPP-ED**

**Application  
By:** \_\_\_\_\_

**Effective:** \_\_\_\_\_

**VOLUNTARY GROUP LONG TERM DISABILITY**

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which is subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

<b>Plan</b>	<b>Monthly Salary*</b>		<b>Monthly Benefit</b>	<b>Plan</b>	<b>Monthly Salary*</b>		<b>Monthly Benefit</b>
				1600	\$2,401 –	\$2,550	\$1,600
200	\$301 –	\$450	\$200	1700	\$2,551 –	\$2,700	\$1,700
300	\$451 –	\$600	\$300	1800	\$2,701 –	\$2,850	\$1,800
400	\$601 –	\$750	\$400	1900	\$2,851 –	\$3,000	\$1,900
500	\$751 –	\$900	\$500	2000	\$3,001 –	\$3,150	\$2,000
600	\$901 –	\$1,050	\$600	2100	\$3,151 –	\$3,300	\$2,100
700	\$1,051 –	\$1,200	\$700	2200	\$3,301 –	\$3,450	\$2,200
800	\$1,201 –	\$1,350	\$800	2300	\$3,451 –	\$3,600	\$2,300
900	\$1,351 –	\$1,500	\$900	2400	\$3,601 –	\$3,750	\$2,400
1000	\$1,501 –	\$1,650	\$1,000	2500	\$3,751 –	\$3,900	\$2,500
1100	\$1,651 –	\$1,800	\$1,100	2600	\$3,901 –	\$4,050	\$2,600
1200	\$1,801 –	\$1,950	\$1,200	2700	\$4,051 –	\$4,200	\$2,700
1300	\$1,951 –	\$2,100	\$1,300	2800	\$4,201 –	\$4,350	\$2,800
1400	\$2,101 –	\$2,250	\$1,400	2900	\$4,351 –	\$4,500	\$2,900
1500	\$2,251 –	\$2,400	\$1,500	3000	\$4,501 &	Over	\$3,000

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

**ELIMINATION PERIOD:** Plan I or Plan II as selected by the employee.

**Plan I**  
Accident - 0 days  
Sickness - 3 days

**Plan II**  
Accident - 60 days  
Sickness - 60 days

**HUMAN ORGAN TRANSPLANT BENEFIT:** \$50,000

**PRE-EXISTING CONDITIONS EXCLUSIONS/LIMITATIONS:** 3/12

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Addendum No. 001 to be attached to and made part of the Group Insurance Application, VI-MAPP-ED**

**Application  
By:** \_\_\_\_\_

**Effective:** \_\_\_\_\_

**VOLUNTARY GROUP LONG TERM DISABILITY**

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which is subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

<b>Plan</b>	<b>Monthly Salary*</b>	<b>Accidental Death Benefit</b>	<b>Monthly Disability Benefit</b>	<b>Monthly Disability while Hospitalized</b>
200	Up to – \$ 450.99	\$ 2,000	\$ 200	\$ 400
300	\$ 451 – 600.99	3,000	300	600
400	601 – 750.99	4,000	400	800
500	751 – 900.99	5,000	500	1,000
600	901 – 1,050.99	6,000	600	1,200
700	1,051 – 1,200.99	7,000	700	1,400
800	1,201 – 1,350.99	8,000	800	1,600
900	1,351 – 1,500.99	9,000	900	1,800
1000	1,501 – 1,650.99	10,000	1,000	2,000
1100	1,651 – 1,800.99	11,000	1,100	2,200
1200	1,801 – 1,950.99	12,000	1,200	2,400
1300	1,951 – 2,100.99	13,000	1,300	2,600
1400	2,101 – 2,250.99	14,000	1,400	2,800
1500	2,251 – 2,400.99	15,000	1,500	3,000
1600	2,401 – 2,550.99	16,000	1,600	3,200
1700	2,551 – 2,700.99	17,000	1,700	3,400
1800	2,701 – 2,850.99	18,000	1,800	3,600
1900	2,851 – 3,000.99	19,000	1,900	3,800
2000	3,001 – 3,150.00	20,000	2,000	4,000
2100	3,151 – 3,300.00	21,000	2,100	4,200
2200	3,301 – 3,450.00	22,000	2,200	4,400
2300	3,451 – 3,600.00	23,000	2,300	4,600
2400	3,601 – 3,750.00	24,000	2,400	4,800
2500	3,751 – 3,900.00	25,000	2,500	5,000
2600	3,901 – 4,050.00	26,000	2,600	5,200
2700	4,051 – 4,200.00	27,000	2,700	5,400
2800	4,201 – 4,350.00	28,000	2,800	5,600
2900	4,351 – 4,500.00	29,000	2,900	5,800
3000	4,501 & Over	30,000	3,000	6,000

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

**ELIMINATION PERIOD:** Accident - 0 days    Sickness - 3 days

**DOCTOR BILL BENEFITS:**

**On Accidents:** Pays doctor bills up to \$75 on non-disabling injuries, if no other benefits are paid under this plan.

**On Illnesses:** Pays doctor bills up to \$25 if disabled at least one full day and the Insured sees the doctor on the day disabled, if no other benefits are paid under this plan.

**HUMAN ORGAN TRANSPLANT BENEFIT:** \$50,000

**PRE-EXISTING CONDITIONS EXCLUSIONS/LIMITATIONS:** 3/12

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Addendum No. 001 to be attached to and made part of the Group Insurance Application, VI-MAPP-ED**

**Application  
By:**

**Effective:**

**VOLUNTARY GROUP LONG TERM DISABILITY**

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which is subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

<b>Plan</b>	<b>Monthly Salary*</b>		<b>Accidental Death Benefit</b>	<b>Monthly Disability Benefit</b>	<b>Monthly Disability while Hospitalized</b>
330	\$ 500	–	\$ 665.99	\$ 330	\$ 600
440	666	–	832.99	440	800
550	833	–	999.99	550	1,000
660	1,000	–	1,165.99	660	1,200
770	1,166	–	1,332.99	770	1,400
880	1,333	–	1,499.99	880	1,600
990	1,500	–	1,665.99	990	1,800
1100	1,666	–	1,832.99	1,100	2,000
1210	1,833	–	1,999.99	1,210	2,200
1320	2,000	–	2,165.99	1,320	2,400
1430	2,166	–	2,332.99	1,430	2,600
1540	2,333	–	2,499.99	1,540	2,800
1650	2,500	–	2,665.99	1,650	3,000
1760	2,666	–	2,832.99	1,760	3,200
1870	2,833	–	2,999.99	1,870	3,400
1980	3,000	–	3,165.99	1,980	3,600
2090	3,166	–	3,332.99	2,090	3,800
2200	3,333	–	3,499.99	2,200	4,000
2310	3,500	–	3,665.99	2,310	4,200
2420	3,666	–	3,832.99	2,420	4,400
2530	3,833	–	3,999.99	2,530	4,600
2640	4,000	–	4,165.99	2,640	4,800
2750	4,166	–	4,332.99	2,750	5,000
2860	4,333	–	4,499.99	2,860	5,200
2970	4,500	–	4,665.99	2,970	5,400
3080	4,666	&	Over	3,080	5,600

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.



**ELIMINATION PERIOD:** Accident - 0 days    Sickness - 3 days    Hospitalization - 0 days

**DOCTOR BILL BENEFITS:**

**On Accidents:** Pays doctor bills up to \$50 on non-disabling injuries, if no other benefits are paid under this plan.

**On Illnesses:** Pays doctor bills up to \$25 if disabled at least one full day and the Insured sees the doctor on the day disabled, if no other benefits are paid under this plan.

**HUMAN ORGAN TRANSPLANT BENEFIT:** \$50,000

**PRE-EXISTING CONDITIONS EXCLUSIONS/LIMITATIONS:** 12/3/12

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Signature

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Date

**Addendum No. 001 to be attached to and made part of the Group Insurance Application, VI-MAPP**

**Application By:** \_\_\_\_\_ **Effective:** \_\_\_\_\_

**VOLUNTARY GROUP LONG TERM DISABILITY**

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which is subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

Plan	Monthly Salary*	Monthly Benefit	Plan	Monthly Salary*	Monthly Benefit
200	\$333 – \$499	\$200	3200	\$5,333 - \$5,499	\$3,200
300	\$500 - \$666	\$300	3300	\$5,500 - \$5,666	\$3,300
400	\$667 – \$832	\$400	3400	\$5,667 - \$5,832	\$3,400
500	\$833 – \$999	\$500	3500	\$5,833 - \$5,999	\$3,500
600	\$1,000 – \$1,166	\$600	3600	\$6,000 - \$6,166	\$3,600
700	\$1,167 – \$1,332	\$700	3700	\$6,167 - \$6,332	\$3,700
800	\$1,333 – \$1,499	\$800	3800	\$6,333 - \$6,499	\$3,800
900	\$1,500 – \$1,666	\$900	3900	\$6,500 - \$6,666	\$3,900
1000	\$1,667 – \$1,832	\$1,000	4000	\$6,667 - \$6,832	\$4,000
1100	\$1,833 – \$1,999	\$1,100	4100	\$6,833 - \$6,999	\$4,100
1200	\$2,000 – \$2,166	\$1,200	4200	\$7,000 - \$7,166	\$4,200
1300	\$2,167– \$2,332	\$1,300	4300	\$7,167 - \$7,332	\$4,300
1400	\$2,333 – \$2,499	\$1,400	4400	\$7,333 - \$7,499	\$4,400
1500	\$2,500 - \$2,666	\$1,500	4500	\$7,500 - \$7,666	\$4,500
1600	\$2,667 - \$2,832	\$1,600	4600	\$7,667 - \$7,832	\$4,600
1700	\$2,833 - \$2,999	\$1,700	4700	\$7,833 - \$7,999	\$4,700
1800	\$3,000 - \$3,166	\$1,800	4800	\$8,000 - \$8,166	\$4,800
1900	\$3,167 - \$3,332	\$1,900	4900	\$8,167 - \$8,332	\$4,900
2000	\$3,333 - \$3,499	\$2,000	5000	\$8,333 - \$8,499	\$5,000
2100	\$3,500 - \$3,666	\$2,100	5100	\$8,500 - \$8,666	\$5,100
2200	\$3,667 - \$3,832	\$2,200	5200	\$8,667 - \$8,832	\$5,200
2300	\$3,833 - \$3,999	\$2,300	5300	\$8,833 - \$8,999	\$5,300
2400	\$4,000 - \$4,166	\$2,400	5400	\$9,000 - \$9,166	\$5,400
2500	\$4,167 - \$4,332	\$2,500	5500	\$9,167 - \$9,332	\$5,500
2600	\$4,333 - \$4,499	\$2,600	5600	\$9,333 - \$9,499	\$5,600
2700	\$4,500 - \$4,666	\$2,700	5700	\$9,500 - \$9,666	\$5,700
2800	\$4,667 - \$4,832	\$2,800	5800	\$9,667 - \$9,832	\$5,800
2900	\$4,833 - \$4,999	\$2,900	5900	\$9,833 - \$9,999	\$5,900
3000	\$5,000 - \$5,166	\$3,000	6000	\$10,000 & over	\$6,000
3100	\$5,167 - \$5,332	\$3,100			

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

**HUMAN ORGAN TRANSPLANT BENEFIT: \$50,000**

**PRE-EXISTING CONDITIONS EXCLUSIONS/LIMITATIONS: 12/6/24**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Addendum No. 001 to be attached to and made part of the Group Insurance Application, VI-MAPP-ED**

**Application By:** \_\_\_\_\_ **Effective:** \_\_\_\_\_

**VOLUNTARY GROUP LONG TERM DISABILITY**

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which is subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

<b>Plan</b>	<b>Monthly Salary*</b>	<b>Accidental Death Benefit</b>	<b>Monthly Disability Benefit</b>	<b>Monthly Hospital Confinement Benefit</b>
200	\$ 450.99 and under	\$ 2,000	\$ 200	\$ 400
300	451 - 600.99	3,000	300	600
400	601 - 750.99	4,000	400	800
500	751 - 900.99	5,000	500	1,000
600	901 - 1,050.99	6,000	600	1,200
700	1,051 - 1,200.99	7,000	700	1,400
800	1,201 - 1,350.99	8,000	800	1,600
900	1,351 - 1,500.99	9,000	900	1,800
1000	1,501 - 1,650.99	10,000	1,000	2,000
1100	1,651 - 1,800.99	11,000	1,100	2,200
1200	1,801 - 1,950.99	12,000	1,200	2,400
1300	1,951 - 2,100.99	13,000	1,300	2,600
1400	2,101 - 2,250.99	14,000	1,400	2,800
1500	2,251 - 2,400.99	15,000	1,500	3,000
1600	2,401 - 2,550.99	16,000	1,600	3,200
1700	2,551 - 2,700.99	17,000	1,700	3,400
1800	2,701 - 2,850.99	18,000	1,800	3,600
1900	2,851 - 3,000.99	19,000	1,900	3,800
2000	3,001 or Over	20,000	2,000	4,000

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

**ELIMINATION PERIOD:** As Selected By the Employee.

- Option 1: Accident - 0 days                      Sickness - 3 days
- Option 2: Accident - 14 days                      Sickness - 14 days
- Option 3: Accident - 30 days                      Sickness - 30 days
- Option 4: Accident - 60 days                      Sickness - 60 days

**DOCTOR BILL BENEFITS:**

- Accident:** Pays the amount charged up to \$100
- Sickness:** Pays the amount charged up to \$50
- Maximum Payment:** \$200 per insured employee per calendar year

**HUMAN ORGAN TRANSPLANT BENEFIT:** \$50,000

**PRE-EXISTING CONDITIONS EXCLUSIONS/LIMITATIONS:** 12/12

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION I SCHEDULE OF INSURANCE

**AMOUNT OF INSURANCE:**

The employee's amount of insurance, which may be subject to our approval, is shown in the schedule below next to the Plan he selected. At time of claim, this amount may be reduced by other income benefits received as shown on page 14. The employee is eligible for any Plan up to, but not exceeding, the Plan shown for his monthly salary range at time of application.

Plan	Monthly Salary*	Monthly Benefit	Plan	Monthly Salary*	Monthly Benefit
200	\$333 – \$499	\$200	2700	\$4,500 – \$4,666	\$2,700
300	\$500 – \$666	\$300	2800	\$4,667 – \$4,832	\$2,800
400	\$667 – \$832	\$400	2900	\$4,833 – \$4,999	\$2,900
500	\$833 – \$999	\$500	3000	\$5,000 – \$5,166	\$3,000
600	\$1,000 – \$1,166	\$600	3100	\$5,167 – \$5,332	\$3,100
700	\$1,167 – \$1,332	\$700	3200	\$5,333 – \$5,499	\$3,200
800	\$1,333 – \$1,499	\$800	3300	\$5,500 – \$5,666	\$3,300
900	\$1,500 – \$1,666	\$900	3400	\$5,667 – \$5,832	\$3,400
1000	\$1,667 – \$1,832	\$1,000	3500	\$5,833 – \$5,999	\$3,500
1100	\$1,833 – \$1,999	\$1,100	3600	\$6,000 – \$6,166	\$3,600
1200	\$2,000 – \$2,166	\$1,200	3700	\$6,167 – \$6,332	\$3,700
1300	\$2,167 – \$2,332	\$1,300	3800	\$6,333 – \$6,499	\$3,800
1400	\$2,333 – \$2,499	\$1,400	3900	\$6,500 – \$6,666	\$3,900
1500	\$2,500 – \$2,666	\$1,500	4000	\$6,667 – \$6,832	\$4,000
1600	\$2,667 – \$2,832	\$1,600	4100	\$6,833 – \$6,999	\$4,100
1700	\$2,833 – \$2,999	\$1,700	4200	\$7,000 – \$7,166	\$4,200
1800	\$3,000 – \$3,166	\$1,800	4300	\$7,167 – \$7,332	\$4,300
1900	\$3,167 – \$3,332	\$1,900	4400	\$7,333 – \$7,499	\$4,400
2000	\$3,333 – \$3,499	\$2,000	4500	\$7,500 – \$7,666	\$4,500
2100	\$3,500 – \$3,666	\$2,100	4600	\$7,667 – \$7,832	\$4,600
2200	\$3,667 – \$3,832	\$2,200	4700	\$7,833 – \$7,999	\$4,700
2300	\$3,833 – \$3,999	\$2,300	4800	\$8,000 – \$8,166	\$4,800
2400	\$4,000 – \$4,166	\$2,400	4900	\$8,167 – \$8,332	\$4,900
2500	\$4,167 – \$4,332	\$2,500	5000	\$8,333 & over	\$5,000
2600	\$4,333 – \$4,499	\$2,600			

\*If there is a reduction or misstatement of salary that results in the employee being ineligible for the plan selected, the benefit will be reduced to the highest level the employee is eligible for. Any unearned premium will be refunded.

**SECTION I - SCHEDULE OF INSURANCE (continued)**

**MAXIMUM BENEFIT PERIOD FOR TOTAL DISABILITY**

<b>Age at Disability</b>	<b>Maximum Benefit Period</b>	
	<b>For Sickness</b>	<b>For Accident</b>
Less Than Age 65	2 Years	5 Years
65 - 68	2 Years	To Age 70
69 and over	1 Year	1 Year

**HUMAN ORGAN TRANSPLANT BENEFIT: \$50,000**

**SECTION I - SCHEDULE OF INSURANCE (continued)**

**MAXIMUM BENEFIT PERIOD FOR TOTAL DISABILITY**

<b>Age at Disability</b>	<b>Maximum Benefit Period</b>
Less Than Age 65	5 Years
65 - 68	To Age 70
69 and over	1 Year

**HUMAN ORGAN TRANSPLANT BENEFIT: \$50,000**

**SECTION I - SCHEDULE OF INSURANCE (continued)**

**MAXIMUM BENEFIT PERIOD FOR TOTAL DISABILITY**

Accident & Sickness - To Age 65 with the Reducing Benefit Duration shown below:

<b>Age at Disability</b>	<b>Maximum Benefit Period</b>
Less Than Age 60	To Age 65
60	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and older	12 Months

**HUMAN ORGAN TRANSPLANT BENEFIT: \$50,000**



## SECTION II DEFINITIONS

For the purpose of this policy:

**ACTIVE EMPLOYMENT** means the employee must be working:

1. for the employer on a full-time active basis and paid regular earnings;
2. at least the minimum number of hours shown in the application;
3. at the employer's usual place of business; or
4. at a location to which the employer's business requires the employee to travel.

**ACCIDENT** means bodily injury caused by an accident occurring while this Policy is in force and is the direct cause, independent of disease or bodily infirmity, of the loss sustained by the Insured while his insurance coverage is in force.

**ANNUAL SALARY** means the insured's earnings in effect from the employer for the twelve month period immediately prior to the date total disability begins. Annual salary includes earnings from the insured's primary occupation, as specified in his application, before any reductions. It does not include bonuses, overtime pay, and extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date total disability begins.

**ANY OCCUPATION** - See definition of Total Disability or Totally Disabled.

**APPLICATION** is the document showing the eligible classes, the amounts of insurance and other relevant information pertaining to the plan of insurance applied for by the policyholder. This document, designated Section I, is attached to and is part of this policy.

**BASIC MONTHLY EARNINGS or PRE-DISABILITY EARNINGS** means the insured's monthly rate of earnings from the employer in effect immediately prior to the date total disability begins. Basic monthly earnings include earnings from the insured's primary occupation, as specified in his application, before any reductions. It does not include bonuses, overtime pay and extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date total disability begins.

**CERTIFICATE** means a written statement prepared by the Company including all amendments, riders and supplements, if any, setting forth a summary of:

1. the insurance benefits to which an employee is entitled;
2. to whom the benefits are payable; and
3. limitations or requirements that may apply.

**COMPANY, WE, OUR, or US** means US Able Life, Little Rock, Arkansas.

**CONCURRENT DISABILITY** means if total disability results from more than one cause at the same time, it will be considered the same disability, and the insured will be entitled to only one monthly disability benefit.

## **SECTION II DEFINITIONS**

For the purpose of this policy:

**ACTIVE EMPLOYMENT** means the employee must be working:

1. for the employer on a full-time active basis and paid regular earnings;
2. at least the minimum number of hours shown in the application;
3. at the employer's usual place of business; or
4. at a location to which the employer's business requires the employee to travel.

**ACCIDENT** means bodily injury caused by an accident occurring while this Policy is in force and is the direct cause, independent of disease or bodily infirmity, of the loss sustained by the Insured while his insurance coverage is in force.

**ANNUAL SALARY** means the insured's earnings in effect from the employer for the twelve month period immediately prior to the date disability begins. Annual salary includes all earnings before any reductions. It does not include bonuses, overtime pay, and extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

**ANY OCCUPATION** - See definition of Total Disability or Totally Disabled.

**APPLICATION** is the document showing the eligible classes, the amounts of insurance and other relevant information pertaining to the plan of insurance applied for by the policyholder. This document, designated Section I, is attached to and is part of this policy.

**BASIC MONTHLY EARNINGS or PRE-DISABILITY EARNINGS** means the insured's monthly rate of earnings from the employer in effect immediately prior to the date disability begins. Basic monthly earnings include all earnings before any reductions. It does not include bonuses, overtime pay and extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

**CERTIFICATE** means a written statement prepared by the Company including all amendments, riders and supplements, if any, setting forth a summary of:

1. the insurance benefits to which an employee is entitled;
2. to whom the benefits are payable; and
3. limitations or requirements that may apply.

**COMPANY, WE, OUR, or US** means US Able Life, Little Rock, Arkansas.

**CONCURRENT DISABILITY** means if disability results from more than one cause at the same time, it will be considered the same disability, and the insured will be entitled to only one monthly disability benefit.

## **SECTION II - DEFINITIONS (continued)**

**DISABILITY BENEFIT**, when used with the term retirement plan, means money which:

1. is payable under a retirement plan due to disability as defined in that plan; and
2. does not reduce the amount of money which would have been paid as retirement benefits under the plan if the disability had not occurred. (If the payment does cause such a reduction, it will be deemed a retirement benefit as defined in this policy.)

**ELIGIBILITY DATE** means the date an employee becomes eligible for insurance under this policy. Classes are shown in the application. An employee is eligible to apply for coverage during the enrollment period specified by USABLE Life.

**ELIMINATION PERIOD** means a period of consecutive days of total disability for which no benefit is payable. The elimination period is shown in the application and begins on the first day of total disability.

**If the insured returns to work for any 7 or less days during the elimination period and cannot continue, we will count only those days the insured is totally disabled to satisfy the elimination period.**

**EMPLOYEE** means a person in full-time active employment with the employer.

**EMPLOYER** means the policyholder and includes any division, subsidiary or affiliated company named in the application.

**ENROLLMENT PERIOD** is a period of time specified by the Company.

**EVIDENCE OF INSURABILITY** means a statement or proof of an employee's medical history upon which acceptance for insurance will be determined by the Company.

**GRACE PERIOD** is the 31 days following a premium due date during which premium payment may be made. During the grace period the policy shall continue in force, unless the policyholder has given the insurer written notice of discontinuance of the policy.

**GROSS MONTHLY BENEFIT** means the insured employee's monthly benefit before any reduction for other income benefits and earnings.

## **SECTION II - DEFINITIONS (continued)**

**HOME OFFICE** means the principal office of US Able Life in Little Rock, Arkansas.

**SICKNESS** means illness, disease, pregnancy or complications of pregnancy. The sickness must begin while the employee is insured under this policy.

**INJURY** means bodily injury resulting directly from an accident and independently of all other causes. The injury must occur and disability must begin while the employee is insured under this policy.

Exception: Any disability which begins more than 60 days after an injury will be considered a sickness for the purpose of determining benefits under this policy.

**INSURED** means an employee insured under this policy.

**MALE PRONOUN** whenever used includes the female.

**MONTHLY BENEFIT** means the amount payable by the Company to the disabled insured.

**OWN OCCUPATION** - See definition of Total Disability or Totally Disabled.

**PHYSICIAN** means a person who:

1. is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. is legally qualified as a medical practitioner and required to be recognized under this policy for insurance purposes according to the insurance statutes/regulations of the governing jurisdiction; and
3. is not the insured or his spouse, daughter, son, father, mother, sister or brother.

**PLAN** means this group master policy and the certificates of insurance provided for your insured employees.

**PRE-DISABILITY EARNINGS** - See definition of Basic Monthly Earnings.

**RETIREMENT BENEFIT**, when used with the term retirement plan, means money which:

1. is payable under a retirement plan either in a lump sum or in the form of periodic payments;
2. does not represent contributions made by an employee (payments which represent employee contributions are deemed to be received over the employee's expected remaining life regardless of when such payments are actually received); and
3. is payable upon:
  - a. early or normal retirement; or
  - b. disability if the payment reduces the amount of money which would have been paid at the normal retirement age under the plan if the disability had not occurred. (If the payment does not cause such a reduction, it will be deemed a disability benefit as defined in this policy.)

## **SECTION II - DEFINITIONS (continued)**

**RETIREMENT PLAN** means a plan which provides retirement benefits to employees and which is not funded wholly by employee contributions. The term shall not include: a 401(k), profit-sharing plan, thrift plan, informal salary continuation plan, individual retirement account (IRA), tax sheltered annuity (TSA), stock ownership plan, or a non-qualified plan of deferred compensation.

**EMPLOYER'S RETIREMENT PLAN** is deemed to include any retirement plan:

1. which is part of any federal, state, county, municipal or association retirement system; or
2. for which the employee is eligible as a result of employment with the employer or for which the employee is eligible from a union retirement plan.

**TIME EFFECTIVE** means an effective date will start at 12:01 a.m. A termination date will end at 12:00 midnight. Each of these times is Standard Time in the place where the policy is delivered. Insurance under the policy will start and end at these times.

**TOTAL COVERED PAYROLL** is the total amount of basic monthly earnings for which all employees are insured under this policy.

## **SECTION II - DEFINITIONS (continued)**

**RETIREMENT PLAN** means a plan which provides retirement benefits to employees and which is not funded wholly by employee contributions. The term shall not include: a 401(k), profit-sharing plan, thrift plan, informal salary continuation plan, individual retirement account (IRA), tax sheltered annuity (TSA), stock ownership plan, or a non-qualified plan of deferred compensation.

**EMPLOYER'S RETIREMENT PLAN** is deemed to include any retirement plan:

1. which is part of any federal, state, county, municipal or association retirement system; or
2. for which the employee is eligible as a result of employment with the employer or for which the employee is eligible from a union retirement plan.

**TIME EFFECTIVE** means an effective date will start at 12:01 a.m. A termination date will end at 12:00 midnight. Each of these times is Standard Time in the place where the policy is delivered. Insurance under the policy will start and end at these times.

**TOTAL COVERED PAYROLL** is the total amount of basic monthly earnings for which all employees are insured under this policy.

**WAITING PERIOD** as shown in the application means a period of time which must pass before an employee is eligible to enroll in this insurance program.

## SECTION II - DEFINITIONS (continued)

All full-time active employees whose annual salary is \$30,000 or more per year are eligible for a 60 Month Own Occupation Benefit. (See A below under Total Disability or Totally Disabled.)

All other full-time active employees are eligible for a 24 Month Own Occupation Benefit. (See B below under Total Disability or Totally Disabled.)

A. **TOTAL DISABILITY or TOTALLY DISABLED** means during the elimination period and the next 60 consecutive months of disability the insured is:

1. unable to perform all of the material and substantial duties of his occupation on a full-time basis because of a disability:
  - a. caused by injury or sickness;
  - b. that started while insured under this policy; and
2. after 60 months of benefits have been paid, the insured is unable to perform with reasonable continuity all of the material and substantial duties of his own or any other occupation for which he is or becomes reasonably fitted by training, education, experience, age and physical and mental capacity.

B. **TOTAL DISABILITY or TOTALLY DISABLED** means during the elimination period and the next 24 consecutive months of disability the insured is:

1. unable to perform all of the material and substantial duties of his occupation on a full-time basis because of a disability:
  - a. caused by injury or sickness;
  - b. that started while insured under this policy; and
2. after 24 months of benefits have been paid, the insured is unable to perform with reasonable continuity all of the material and substantial duties of his own or any other occupation for which he is or becomes reasonably fitted by training, education, experience, age and physical and mental capacity.

With respect to insureds employed as pilots, co-pilots and crew of aircraft:

"Total disability" or "totally disabled" means because of injury or sickness the insured cannot perform the material duties of any gainful occupation for which he is or becomes reasonably fitted by training, education or experience. The loss of a pilot's license for any reason does not, in itself, constitute total disability.

## SECTION II - DEFINITIONS (continued)

**TOTAL DISABILITY or TOTALLY DISABLED** means during the elimination period and the next 12 consecutive months of disability the insured is:

1. unable to perform all of the material and substantial duties of his occupation on a full-time basis because of a disability:
  - a. caused by injury or sickness;
  - b. that started while insured under this policy; and
2. after 12 months of benefits have been paid, the insured is unable to perform with reasonable continuity all of the material and substantial duties of his own or any other occupation for which he is or may become reasonably fitted by training, education, experience, age and physical and mental capacity.

With respect to insureds employed as pilots, co-pilots and crew of aircraft:

"Total disability" or "totally disabled" means because of injury or sickness the insured cannot perform the material duties of any gainful occupation for which he is or becomes reasonably fitted by training, education or experience. The loss of a pilot's license for any reason does not, in itself, constitute total disability.



## SECTION II - DEFINITIONS (continued)

**TOTAL DISABILITY or TOTALLY DISABLED** means during the elimination period and the next 24 consecutive months of disability the insured is:

1. unable to perform all of the material and substantial duties of his occupation on a full-time basis because of a disability:
  - a. caused by injury or sickness;
  - b. that started while insured under this policy; and
2. after 24 months of benefits have been paid, the insured is unable to perform with reasonable continuity all of the material and substantial duties of his own or any other occupation for which he is or may become reasonably fitted by training, education, experience, age and physical and mental capacity.

With respect to insureds employed as pilots, co-pilots and crew of aircraft:

"Total disability" or "totally disabled" means because of injury or sickness the insured cannot perform the material duties of any gainful occupation for which he is or becomes reasonably fitted by training, education or experience. The loss of a pilot's license for any reason does not, in itself, constitute total disability.

## **SECTION III ELIGIBILITY AND EFFECTIVE DATES**

### **A. ELIGIBLE CLASSES**

The classes eligible for insurance are shown in the application.

### **B. ELIGIBILITY DATE**

An employee in an eligible class will qualify for insurance on the later of:

1. the policy effective date; or
2. during the enrollment period specified by US Able Life.

### **C. EFFECTIVE DATES OF INSURANCE**

An employee's insurance or increase in insurance will be effective at 12:01 a.m. on the latest of the following dates:

1. the policy effective date; or
2. the first day of the policy month following the date the application is approved by us; or
3. the first day of the policy month selected by the employer.

An employee must use forms provided by us when applying for insurance.

The Company may require evidence of insurability with respect to each employee.

An employee's insurance will not be effective unless:

1. a certificate has been issued to the employee;
2. the first premium has been paid; and
3. there has been no change between the date of the application and the effective date of the employee's certificate in the health of the employee as stated in the application.

Delayed Effective Date of Insurance - The effective date of any initial, increased or additional insurance will be delayed for an employee if he is not in active employment because of a disability. The initial, increased or additional insurance will start on the date that the employee returns to full-time active employment.

## **SECTION III ELIGIBILITY AND EFFECTIVE DATES**

### **A. ELIGIBLE CLASSES**

The classes eligible for insurance are shown in the application.

### **B. ELIGIBILITY DATE**

An employee in an eligible class will qualify for insurance on the later of:

1. the policy effective date;
2. the end of the specified waiting period;
3. the date this policy is changed to include the employee's class; or
4. the date the employee becomes a member of a class eligible for insurance.

If the employee does not apply for coverage within 31 days of the date he first becomes eligible, he must wait until the next enrollment period specified by USABLE Life to apply for coverage. Once insured, an employee must wait until the next enrollment period to apply for an increase in coverage.

### **C. EFFECTIVE DATES OF INSURANCE**

An employee's insurance or increase in insurance will be effective at 12:01 a.m. on the latest of the following dates:

1. the policy effective date; or
2. the first day of the policy month following the date the application is approved by us; or
3. the first day of the policy month selected by the employer.

An employee must use forms provided by us when applying for insurance.

The Company may require evidence of insurability with respect to each employee.

An employee's insurance will not be effective unless:

1. a certificate has been issued to the employee;
2. the first premium has been paid; and
3. there has been no change between the date of the application and the effective date of the employee's certificate in the health of the employee as stated in the application.

Delayed Effective Date of Insurance - The effective date of any initial, increased or additional insurance will be delayed for an employee if he is not in active employment because of a disability. The initial, increased or additional insurance will start on the date that the employee returns to full-time active employment.

## **SECTION III ELIGIBILITY AND EFFECTIVE DATES**

### **A. ELIGIBLE CLASSES**

The classes eligible for insurance are shown in the application.

### **B. ELIGIBILITY DATE**

An employee in an eligible class will qualify for insurance on the later of:

1. the policy effective date;
2. the end of the specified waiting period;
3. the date this policy is changed to include the employee's class; or
4. the date the employee becomes a member of a class eligible for insurance.

If an employee was insured under this policy, and his insurance terminated due to termination of employment or eligibility, and he again becomes an eligible employee within 12 months, there is no waiting period.

### **C. EFFECTIVE DATES OF INSURANCE**

An employee must use forms provided by us when applying for insurance.

1. The employee's insurance will be effective at 12:01 a.m. on the first day of the policy month following his eligibility date if he makes application within 31 days after the date he first became eligible.
2. An employee must furnish evidence of insurability at his expense if:
  - a. he does not apply for insurance within 31 days after the date he first became eligible;
  - b. he has previously terminated his insurance while in an eligible class; or
  - c. he is applying for an increase in his insurance amount.

If the employee is required to submit evidence of insurability, his effective date will be the later of the following dates:

- a. the first day of the policy month following the date the application is approved by us; or
- b. the first day of the policy month selected by the employer.

An employee's insurance that was subject to evidence of insurability will not be effective unless:

- a. a certificate has been issued to the employee;
- b. the first premium has been paid; and
- c. there has been no change between the date of the application and the effective date of the employee's certificate in the health of the employee as stated in the application.

Delayed Effective Date of Insurance - The effective date of any initial, increased or additional insurance will be delayed for an employee if he is not in active employment because of a disability. The initial, increased or additional insurance will start on the date that the employee returns to full-time active employment.

## SECTION IV BENEFITS

**PARTIAL DISABILITY or PARTIALLY DISABLED** means as a result of the sickness or injury which caused total disability, the insured is:

1. able to perform one or more, but not all, of the material and substantial duties of his own or any other occupation on a full-time or a part-time basis; or
2. able to perform all of the material and substantial duties of his own or any other occupation on a part-time basis.

To qualify for a partial disability benefit the insured must be earning less than 80% of his pre-disability earnings at the time partial disability employment begins.

### **PARTIAL DISABILITY**

When proof is received that an insured is partially disabled from a sickness or injury following a period of total disability for which benefits were payable, the Company will pay a partial disability benefit if the insured:

1. is partially disabled within 31 days of the date his total disability benefits cease; and
2. gives to the Company upon request, and at the insured's expense, proof of continued:
  - a. partial disability; and
  - b. regular attendance of a physician.

### **PARTIAL DISABILITY MONTHLY BENEFIT**

To figure the amount of monthly benefit:

Take the lesser of:

- a. The monthly benefit selected by the employee as shown on his application; or
- b. 100% of the insured's pre-disability earnings less other income benefits shown on page 14.

The Partial Disability Benefit will never be less than the minimum monthly benefit shown in the application.

## **SECTION IV BENEFITS**

### **PROOF OF DISABILITY**

When the Company receives proof that an insured is disabled under the terms and provisions of this policy due to sickness or injury and requires the regular attendance of a physician, the Company will pay the insured a monthly benefit after the end of the elimination period. The benefit will be paid for the period of disability if the insured gives to the Company proof of continued:

1. disability; and
2. regular attendance of a physician.

The proof must be given upon request and at the insured's expense.

The monthly benefit will not:

1. exceed the insured's amount of insurance; or
2. be paid for longer than the maximum benefit period.

The amount of insurance and the maximum benefit period are shown in the application.

## **SECTION IV - BENEFITS (continued)**

### **MONTHLY BENEFIT**

The monthly benefit will be the amount of coverage selected by the employee as shown on his application less other income benefits shown on page 14. The monthly benefit for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

The monthly benefit will never be less than the minimum monthly benefit shown in the application.

## **SECTION IV - BENEFITS (continued)**

### **MONTHLY BENEFIT**

The monthly benefit will be the amount of coverage selected by the employee as shown on his application less other income benefits shown on page 14. The monthly benefit for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

The monthly benefit will never be less than the minimum monthly benefit shown in the application.

### **MONTHLY HOSPITAL CONFINEMENT BENEFIT**

If an insured is confined in a hospital, the monthly benefit will be the hospital confinement amount shown on Addendum No. 1 for the plan chosen by the employee, less other income benefits shown on page 14. This increased benefit will cease on the earliest of the following dates: (a) the date of discharge, or (b) the date of death, or (c) after 60 days of payment.

The monthly hospital confinement benefit will be paid on a prorata basis. The rate will be 1/30 per day for any period of hospital confinement that does not extend through a full month. The monthly hospital confinement benefit is paid in lieu of the total disability monthly benefit and counts toward the exhaustion of the maximum benefit period for total disability monthly benefits.

**CONFINED or CONFINEMENT** means a medically necessary confinement as a resident inpatient because of a covered sickness or injury. It must be for a period of at least 24 hours in the same facility and occur during a day of total disability. A physician must recommend and supervise the confinement.



## **SECTION IV - BENEFITS (continued)**

### **MONTHLY BENEFIT**

The monthly benefit will be the amount of coverage selected by the employee as shown on his application less other income benefits shown on page 14. The monthly benefit for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

The monthly benefit will never be less than the minimum monthly benefit shown in the application.

### **MONTHLY HOSPITAL CONFINEMENT BENEFIT**

If an insured is confined in a hospital, the monthly benefit will be the hospital confinement amount shown on Addendum No. 1 for the plan chosen by the employee, less other income benefits shown on page 14. This increased benefit:

1. will begin on the first day of confinement during any period for which benefits are payable, and
2. will cease (a) on the date of discharge, or (b) on the date of death, or (c) after 60 days of payment, whichever occurs first.

The monthly hospital confinement benefit will be paid on a prorata basis. The rate will be 1/30 per day for any period of hospital confinement that does not extend through a full month. The monthly hospital confinement benefit is paid in lieu of the total disability monthly benefit and counts toward the exhaustion of the maximum benefit period for total disability monthly benefits.

**CONFINED or CONFINEMENT** means a medically necessary confinement as a resident inpatient because of a covered sickness or injury. It must be for a period of at least 24 hours in the same facility and occur during a day of total disability. A physician must recommend and supervise the confinement.

## **SECTION IV - BENEFITS (continued)**

### **MONTHLY BENEFIT**

The monthly benefit will be the amount of coverage selected by the employee as shown on his application less other income benefits shown on page 14. The monthly benefit for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

The monthly benefit will never be less than the minimum monthly benefit shown in the application.

### **MONTHLY HOSPITAL CONFINEMENT BENEFIT**

If an insured is confined in a hospital, the monthly benefit will be the hospital confinement amount shown on Addendum No. 1 for the plan chosen by the employee, less other income benefits shown on page 14. This increased benefit:

1. will begin on the first day of confinement during any period for which benefits are payable, and
2. will cease (a) on the date of discharge, or (b) on the date of death, or (c) after 90 days of payment, whichever occurs first.

The monthly hospital confinement benefit will be paid on a prorata basis. The rate will be 1/30 per day for any period of hospital confinement that does not extend through a full month. The monthly hospital confinement benefit is paid in lieu of the total disability monthly benefit and counts toward the exhaustion of the maximum benefit period for total disability monthly benefits.

**CONFINED or CONFINEMENT** means a medically necessary confinement as a resident inpatient because of a covered sickness or injury. It must be for a period of at least 24 hours in the same facility and occur during a day of total disability. A physician must recommend and supervise the confinement.

## SECTION IV - BENEFITS (continued)

### OTHER INCOME BENEFITS

Other income benefits mean those benefits shown below:

1. The amount of temporary and/or permanent benefits/awards for which the insured is eligible under:
  - a. Workers' or Workmen's Compensation Law;
  - b. occupational disease law; or
  - c. any other act or law of like intent.
2. The amount of any disability income benefits for which the insured is eligible to receive under any compulsory benefit act or law.
3. The amount of any disability income benefits for which the insured is eligible to receive under:
  - a. any other group insurance plan of the employer; or
  - b. any governmental retirement system as a result of his job with the employer.
4. The amount of benefits from the employer's retirement plan the insured:
  - a. receives as disability benefits;
  - b. voluntarily elects to receive as retirement benefits; and/or
  - c. receives as retirement benefits when the insured reaches the greater of age 62 or normal retirement age, as defined in the retirement plan.

As used here, "receives" does not include any amount rolled over or transferred to any eligible retirement plan as that term is defined in §402 of the Internal Revenue Code of 1986 and any future amendments to §402 which affect the definition of an eligible retirement plan.

5. The amount of disability or retirement benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, or any similar plan or act, as follows:
  - a. disability or unreduced retirement benefits for which:
    - i. the insured is eligible; and
    - ii. his spouse, child or children are eligible because of his disability; or
    - iii. his spouse, child or children are eligible because of his eligibility for unreduced retirement benefits; or
  - b. reduced retirement benefits received by:
    - i. the insured; and
    - ii. his spouse, child or children because of his receipt of the reduced retirement benefits.
6. The amount of earnings the insured receives from any sick leave or formal salary continuation plan paid by the employer.
7. The amount of earnings the insured earns or receives from any form of employment.

These other income benefits, except retirement benefits, must be payable as a result of the same disability for which we pay a benefit.

## SECTION IV - BENEFITS (continued)

### OTHER INCOME BENEFITS

Other income benefits mean those benefits shown below:

1. The amount of temporary and/or permanent benefits/awards for which the insured is eligible under:
  - a. Workers' or Workmen's Compensation Law;
  - b. occupational disease law; or
  - c. any other act or law of like intent.
2. The amount of any disability income benefits for which the insured is eligible to receive under any compulsory benefit act or law.
3. The amount of any disability income benefits for which the insured is eligible to receive under:
  - a. any other group insurance plan of the employer; or
  - b. any governmental retirement system as a result of his job with the employer.
4. The amount of benefits from the employer's retirement plan the insured:
  - a. receives as disability benefits;
  - b. voluntarily elects to receive as retirement benefits; and/or
  - c. receives as retirement benefits when the insured reaches the greater of age 62 or normal retirement age, as defined in the retirement plan.

As used here, "receives" does not include any amount rolled over or transferred to any eligible retirement plan as that term is defined in §402 of the Internal Revenue Code of 1986 and any future amendments to §402 which affect the definition of an eligible retirement plan.
5. The amount of disability or retirement benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, or any similar plan or act, as follows:
  - a. disability or unreduced retirement benefits for which:
    - i. the insured is eligible; and
    - ii. his spouse, child or children are eligible because of his disability; or
    - iii. his spouse, child or children are eligible because of his eligibility for unreduced retirement benefits; or
  - b. reduced retirement benefits received by:
    - i. the insured; and
    - ii. his spouse, child or children because of his receipt of the reduced retirement benefits.

For the purposes of this provision, the Company will estimate an amount equal to the amount the insured and his dependents would receive under the United States Social Security Act. This amount will reduce his monthly benefit beginning after five full months of disability. This reduction will continue unless the insured submits proof to the Company that he has applied for benefits under such Act, but he is not eligible to receive such benefits after completing the application and appeals processes with the Social Security Administration. Any lump sum payment received by the insured shall be deducted immediately from monthly disability benefits payable to such insured.

6. The amount of earnings the insured receives from any sick leave or formal salary continuation plan paid by the employer which extends beyond sixty (60) days from the date disability commenced.
7. The amount of earnings the insured earns or receives from any form of employment.

These other income benefits, except retirement benefits, must be payable as a result of the same disability for which we pay a benefit.

## SECTION IV - BENEFITS (continued)

### OTHER INCOME BENEFITS

Other income benefits mean those benefits shown below:

1. The amount of temporary and/or permanent benefits/awards for which the insured is eligible under:
  - a. Workers' or Workmen's Compensation Law;
  - b. occupational disease law; or
  - c. any other act or law of like intent.
2. The amount of any disability income benefits for which the insured is eligible to receive under any compulsory benefit act or law.
3. The amount of any disability income benefits for which the insured is eligible to receive under:
  - a. any other group insurance plan of the employer; or
  - b. any governmental retirement system as a result of his job with the employer.
4. The amount of benefits from the employer's retirement plan the insured:
  - a. receives as disability benefits;
  - b. voluntarily elects to receive as retirement benefits; and/or
  - c. receives as retirement benefits when the insured reaches the greater of age 62 or normal retirement age, as defined in the retirement plan.

As used here, "receives" does not include any amount rolled over or transferred to any eligible retirement plan as that term is defined in §402 of the Internal Revenue Code of 1986 and any future amendments to §402 which affect the definition of an eligible retirement plan.

5. The amount of disability or retirement benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, or any similar plan or act, as follows:
  - a. disability or unreduced retirement benefits for which:
    - i. the insured is eligible; and
    - ii. his spouse, child or children are eligible because of his disability; or
    - iii. his spouse, child or children are eligible because of his eligibility for unreduced retirement benefits; or
  - b. reduced retirement benefits received by:
    - i. the insured; and
    - ii. his spouse, child or children because of his receipt of the reduced retirement benefits.

For the purposes of this provision, the Company will estimate an amount equal to the amount the insured and his dependents would receive under the United States Social Security Act. This amount will reduce his monthly benefit beginning after five full months of disability. This reduction will continue unless the insured submits proof to the Company that he has applied for benefits under such Act, but he is not eligible to receive such benefits after completing the application and appeals processes with the Social Security Administration. Any lump sum payment received by the insured shall be deducted immediately from monthly disability benefits payable to such insured.

6. The amount of earnings the insured earns or receives from any form of employment.

These other income benefits, except retirement benefits, must be payable as a result of the same disability for which we pay a benefit.

## SECTION IV - BENEFITS (continued)

### OTHER INCOME BENEFITS

Other income benefits mean those benefits shown below:

1. The amount of temporary and/or permanent benefits/awards for which the insured is eligible under:
  - a. Workers' or Workmen's Compensation Law;
  - b. occupational disease law; or
  - c. any other act or law of like intent.
2. The amount of any disability income benefits for which the insured is eligible to receive under any compulsory benefit act or law.
3. The amount of any disability income benefits for which the insured is eligible to receive under:
  - a. any other group insurance plan of the employer; or
  - b. any governmental retirement system as a result of his job with the employer.
4. The amount of benefits from the employer's retirement plan the insured:
  - a. receives as disability benefits;
  - b. voluntarily elects to receive as retirement benefits; and/or
  - c. receives as retirement benefits when the insured reaches the greater of age 62 or normal retirement age, as defined in the retirement plan.

As used here, "receives" does not include any amount rolled over or transferred to any eligible retirement plan as that term is defined in §402 of the Internal Revenue Code of 1986 and any future amendments to §402 which affect the definition of an eligible retirement plan.
5. The amount of disability or retirement benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, or any similar plan or act, as follows:
  - a. disability or unreduced retirement benefits for which:
    - i. the insured is eligible; and
    - ii. his spouse, child or children are eligible because of his disability; or
    - iii. his spouse, child or children are eligible because of his eligibility for unreduced retirement benefits; or
  - b. reduced retirement benefits received by:
    - i. the insured; and
    - ii. his spouse, child or children because of his receipt of the reduced retirement benefits.
6. The amount of earnings the insured earns or receives from any form of employment.

These other income benefits, except retirement benefits, must be payable as a result of the same disability for which we pay a benefit.

## SECTION IV - BENEFITS (continued)

### OTHER INCOME BENEFITS

Other income benefits mean those benefits shown below. The monthly benefit will be reduced immediately by items 1 and 2. After the insured has received monthly benefit payments for 2 years, his monthly benefit will also be reduced by the other income sources listed in items 3 through 9.

1. The amount of temporary and/or permanent benefits/awards for which the insured is eligible under:
  - a. Workers' or Workmen's Compensation Law;
  - b. occupational disease law; or
  - c. any other act or law of like intent.
2. The amount of earnings the insured received from the employer's sabbatical leave plan or similar leave of absence plan, less the cost of paying a substitute teacher, if the insured is required to do so.
3. The amount of any disability income benefits for which the insured is eligible to receive under any compulsory benefit act or law.
4. The amount of any disability income benefits for which the insured is eligible to receive under:
  - a. any other group insurance plan of the employer; or
  - b. any governmental retirement system as a result of his job with the employer.
5. The amount of benefits from the employer's retirement plan the insured:
  - a. receives as disability benefits;
  - b. voluntarily elects to receive as retirement benefits; and/or
  - c. receives as retirement benefits when the insured reaches the greater of age 62 or normal retirement age, as defined in the retirement plan.

As used here, "receives" does not include any amount rolled over or transferred to any eligible retirement plan as that term is defined in §402 of the Internal Revenue Code of 1986 and any future amendments to §402 which affect the definition of an eligible retirement plan.

6. The amount of disability or retirement benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, or any similar plan or act, as follows:
  - a. disability or unreduced retirement benefits for which:
    - i. the insured is eligible; and
    - ii. his spouse, child or children are eligible because of his disability; or
    - iii. his spouse, child or children are eligible because of his eligibility for unreduced retirement benefits; or
  - b. reduced retirement benefits received by:
    - i. the insured; and
    - ii. his spouse, child or children because of his receipt of the reduced retirement benefits.

For the purposes of this provision, the Company will estimate an amount equal to the amount the insured and his dependents would receive under the United States Social Security Act. This amount will reduce his monthly benefit beginning after 24 full months of disability. This reduction will continue unless the insured submits proof to the Company that he has applied for benefits under such Act, but he is not eligible to receive such benefits after completing the application and appeals processes with the Social Security Administration. Any lump sum payment received by the insured for a period commencing after 24 months of total disability shall be deducted immediately from monthly disability benefits payable to such insured.

**SECTION IV - BENEFITS (continued)**

**Other Income Benefits (continued)**

7. The amount of earnings the insured earns or receives from any form of employment.

These other income benefits, except retirement benefits, must be payable as a result of the same disability for which we pay a benefit.



## **SECTION IV - BENEFITS (continued)**

### **COST OF LIVING FREEZE**

After the first deduction for each of the other income benefits, the monthly benefit will not be further reduced due to any cost of living increases payable under these other income benefits. This provision does not apply to increases received from any form of employment.

### **LUMP SUM PAYMENTS**

Other income benefits which are paid in a lump sum will be prorated on a monthly basis over the time period for which the sum is given. If no time period is stated, the sum will be prorated on a monthly basis over the expected lifetime of the insured. In each case, the amount to be prorated will be calculated by an actuary, based on a morbidity table, with interest, or a mortality table, with interest, depending on the source of the lump sum.

### **TERMINATION OF DISABILITY BENEFITS**

The monthly benefit will cease on the earliest of:

1. the date the insured is no longer disabled under the terms and provisions of this policy; or
2. the date the insured dies; or
3. the end of the maximum benefit period; or
4. the date the insured's current earnings exceed 85% of his pre-disability earnings.

**NOTE:** Because the insured's current earnings may fluctuate, the Company may average earnings over three (3) consecutive months rather than immediately terminating his/her benefit once 85% of pre-disability earnings has been reached.

### **BENEFIT PERIOD EXTENSION**

The maximum benefit period is shown in the application. However, benefits will be extended beyond the end of the maximum benefit period if a disabled employee attains the age specified in the benefit duration and has not received twelve monthly benefit payments. In this event, the benefit period will be extended during the continuance of disability until twelve monthly payments have been paid.

#### **SECTION IV - BENEFITS (continued)**

**RECURRENT DISABILITY** means a disability which is related or due to the same cause(s) as a prior disability for which a monthly benefit was payable.

A recurrent disability will be treated as part of the prior disability if, after receiving disability benefits under this policy, an insured:

1. returns to his regular occupation on a full-time basis for less than three months; and
2. performs all the material duties of his occupation.

To qualify for a recurrent disability benefit, the insured must experience more than a 20% loss of pre-disability earnings.

Benefit payments will be subject to the terms of this policy for the prior disability.

If an insured returns to his regular occupation on a full-time basis for three months or more, a recurrent disability will be treated as a new period of disability. The insured must complete another elimination period.

If an insured becomes eligible for coverage under any other group long term disability policy, this recurrent disability section will cease to apply to that insured.

## **SECTION IV - BENEFITS (continued)**

### **THREE MONTH SURVIVOR BENEFIT**

The Company will pay a lump sum benefit to the eligible survivor when proof is received that an insured died:

1. after disability had continued for 180 or more consecutive days; and
2. while receiving a monthly benefit.

The lump sum benefit will be an amount equal to three times the insured's last monthly benefit.

If payment becomes due to the insured's children, payment will be made to:

1. the children; or
2. a person named by the Company to receive payments on the children's behalf. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

**LAST MONTHLY BENEFIT** means the monthly benefit paid to the insured immediately prior to his death but not including any reduction for earnings received from employment.

## **SECTION IV - BENEFITS (continued)**

### **THREE MONTH SURVIVOR BENEFIT**

The Company will pay a lump sum benefit to the eligible survivor when proof is received that an insured died:

1. after disability had continued for 180 or more consecutive days; and
2. while receiving a monthly benefit.

The lump sum benefit will be an amount equal to three times the insured's last monthly benefit.

If payment becomes due to the insured's children, payment will be made to:

1. the children; or
2. a person named by the Company to receive payments on the children's behalf. This payment will be valid and effective against all claims by others representing or claiming to represent the children.

### **ACCELERATED SURVIVOR BENEFIT**

The Company will pay an accelerated survivor benefit to a totally disabled insured when proof is received that such insured is also a terminally ill insured.

The accelerated survivor benefit will be paid:

1. after the insured or the insured's legal representative has filed proof acceptable to the company;
2. after total disability has continued for at least 180 consecutive days; and
3. while the insured is receiving or is eligible to receive a monthly benefit under this policy.

The accelerated survivor benefit will be 3 times the insured's last monthly benefit. The accelerated survivor benefit is payable once in a lump sum to the terminally ill insured while alive and is in lieu of the survivor benefit.

**The accelerated survivor benefit paid under this provision may be taxable. If so, the insured or the insured's beneficiary may incur a tax obligation. As with all tax matters the insured or the insured's beneficiary should consult a personal tax advisor to assess the impact of this accelerated survivor benefit.**

**ELIGIBLE SURVIVOR** means the insured's spouse, if living, otherwise the insured's children under age 25.

**LAST MONTHLY BENEFIT** means the monthly benefit paid to the insured immediately prior to his death, or to his request for benefits under the accelerated survivor benefit provision, but not including any reduction for earnings received from employment.

**TERMINALLY ILL INSURED** means an insured employee who has been examined and diagnosed by a physician as having a medically determinable condition which is expected to result in death within 9 months from the date that a claim for benefits under this policy is received by the Company. The company has the sole right to determine if such proof is acceptable.

## SECTION IV - BENEFITS (continued)

### MENTAL ILLNESS LIMITATION

Benefits for disability due to mental illness will not exceed 24 months of monthly benefit payments unless the insured meets one of these situations:

1. The insured is in a hospital or institution at the end of the 24 month period. The monthly benefit will be paid during the confinement.

If the insured is still disabled when he is discharged, the monthly benefit will be paid for a recovery period up to 90 days.

If the insured becomes reconfined during the recovery period for at least 14 days in a row, benefits will be paid for the confinement and another recovery period up to 90 more days.

2. The insured continues to be disabled and becomes confined:
  - a. after the 24 month period; and
  - b. for at least 14 days in a row.

The monthly benefit will be payable during the confinement.

The monthly benefit will not be payable beyond the maximum benefit period.

**HOSPITAL or INSTITUTION** means a facility licensed to provide care and treatment for the condition causing the insured's disability.

**MENTAL ILLNESS** means disability due to or resulting from psychiatric or psychological conditions, regardless of cause, such as:

1. schizophrenia;
2. depression;
3. manic depressive or bipolar illness;
4. anxiety;
5. personality disorders;
6. adjustment disorders;

or other conditions usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

This limitation does not apply to dementia, if due to:

1. stroke;
2. trauma;
3. viral infection;
4. Alzheimer's disease;

or other such conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other similar modalities.

## SECTION IV - BENEFITS (continued)

### MENTAL ILLNESS, ALCOHOL ABUSE, AND DRUG ABUSE LIMITATION

Benefits for disability due to mental illness, alcohol abuse, or drug abuse will not exceed 24 months of monthly benefit payments unless the insured meets one of these situations:

1. The insured is in a hospital or institution at the end of the 24 month period. The monthly benefit will be paid during the confinement.

If the insured is still disabled when he is discharged, the monthly benefit will be paid for a recovery period up to 90 days.

If the insured becomes reconfined during the recovery period for at least 14 days in a row, benefits will be paid for the confinement and another recovery period up to 90 more days.

2. The insured continues to be disabled and becomes confined:
  - a. after the 24 month period; and
  - b. for at least 14 days in a row.

The monthly benefit will be payable during the confinement.

The monthly benefit will not be payable beyond the maximum benefit period.

**HOSPITAL or INSTITUTION** means a facility licensed to provide care and treatment for the condition causing the insured's disability.

**MENTAL ILLNESS** means disability due to or resulting from psychiatric or psychological conditions, regardless of cause, such as:

1. schizophrenia;
2. depression;
3. manic depressive or bipolar illness;
4. anxiety;
5. personality disorders;
6. adjustment disorders;

or other conditions usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

This limitation does not apply to dementia, if due to:

1. stroke;
2. trauma;
3. viral infection;
4. Alzheimer's disease;

or other such conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other similar modalities.

**ALCOHOL ABUSE** means a condition caused by or as a direct consequence of persistent and/or excessive use of alcohol.

**DRUG ABUSE** means a condition caused by excessive or continued use of habit forming drugs.

## **SECTION IV - BENEFITS (continued)**

### **ALCOHOL AND DRUG ABUSE LIMITATION**

Benefits for Total or Partial Disability due to Alcohol or Drug Abuse will not exceed 15 days during any 12 month period.

**"ALCOHOL ABUSE"** means a condition caused by or as a direct consequence of persistent and/or excessive use of alcohol.

**"DRUG ABUSE"** means a condition caused by excessive or continued use of habit forming drugs.

## **SECTION IV - BENEFITS (continued)**

### **SUBJECTIVE AND SELF-REPORTED DIAGNOSES LIMITATION**

Benefits for disability due to any combination of the following conditions will be payable for a period of 24 months during the insured's lifetime:

1. Musculoskeletal and connective tissue disorders of the neck and back including any disease or disorder of the cervical, thoracic and lumbosacral back and its surrounding soft tissue including herniated or ruptured discs (not requiring surgery) as well as sprains and strains of joints and adjacent muscles, except:
  - a) rheumatoid arthritis and other inflammatory arthritis;
  - b) congenital, empyematic, idiopathic, neuropathic, paralytic and rachitic scoliosis;
  - c) spinal fractures;
  - d) spinal tumors, malignancy, or vascular malformations;
  - e) radiculopathies, documented by electromyogram;
  - f) spondylolisthesis, grade II or higher;
  - g) myelopathies and myelitis;
  - h) demyelinating diseases; or
  - i) traumatic spinal cord necrosis.
2. Carpal Tunnel Syndrome;
3. Chronic Fatigue Syndrome;
4. Environmental Allergic Illness;
5. Fibromyalgia;
6. Myofascial Pain Syndrome;
7. Herniated or Ruptured Discs; or
8. Osteoarthritis and degenerative joint disease.

Any disability benefit for Carpal Tunnel or Herniated or Ruptured Discs which require a surgical procedure to be performed will not be limited to 24 monthly benefits. The plan will continue to pay benefits for up to 24 months after the most recent surgical procedure if disability continues. The surgical procedure must occur during the period of time for which benefits are payable.



## **SECTION IV - BENEFITS (continued)**

### **PROGRESSIVE PARTIAL DISABILITY BENEFIT**

The Company will pay a Progressive Partial Disability Benefit for a disability which is caused by an injury or sickness once an insured has met his Elimination Period. The Elimination Period can be a combination of total and partial disability, or all total, or all partial disability. The insured does not have to be totally disabled prior to receiving a Progressive Partial Disability Benefit.

To receive a Progressive Partial Disability Benefit, the insured must meet his elimination period and is either:

1. able to perform one or more, but not all, of the material and substantial duties of his own or any other occupation on a full-time or part-time basis; or
2. able to perform all of the material and substantial duties of his own or any other occupation on a part-time basis.

To qualify for a Progressive Partial Disability Benefit the insured must be earning less than 80% of his pre-disability earnings at the time partial disability employment begins.

### **PROGRESSIVE PARTIAL DISABILITY MONTHLY BENEFIT**

To figure the amount of monthly benefit:

Take the lesser of:

- a. The monthly benefit selected by the employee as shown on his application; or
- b. 100% of the insured's pre-disability earnings less other income benefits shown on page 14.

The Progressive Partial Disability Benefit will never be less than the minimum monthly benefit shown in the application.

## **SECTION IV - BENEFITS (continued)**

### **DOCTOR BILL BENEFIT**

When, as a result of an accident or sickness, the insured shall require personal treatment by a physician while this policy is in force and if a claim for no other benefit is made under this policy, the Company will pay the expense actually incurred for such treatment, except regular dental care, but not to exceed as the result of any one accident, or as the result of any one period of sickness the aggregate amount shown in Addendum No. 1.

The doctor bill benefit shall be payable for sickness only when expense is incurred during one full day of total disability and when personally seen and treated by a physician. In order to be eligible for payment of the doctor bill benefit for recurrent disabilities, the insured must have returned to active service for at least fourteen (14) consecutive working days.

## **SECTION IV - BENEFITS (continued)**

### **DOCTOR BILL BENEFIT**

When, as a result of an accident or sickness, the insured or the insured's dependent child requires personal treatment by a physician while this policy is in force and if a claim for no other benefit is made under this policy, the Company will pay the expense actually incurred for such treatment, except regular dental care, but not to exceed as the result of any one accident, or as the result of any one period of sickness the amount shown in Addendum No. 1.

If an insured or an insured's dependent child receives treatment for a covered sickness or injury, the company will pay the physician's charges:

1. up to the amount shown in Addendum No. 1 for treatment of an accidental injury for which no other benefits are paid under this policy; or
2. up to the amount shown in Addendum No. 1 for treatment of a sickness, provided no other benefits are paid under this policy. The insured must be absent from work at least one full day, and he or his dependent child must receive treatment and incur the expense on the same day of the absence in order to receive this benefit.

The company will not pay more than the Maximum Payment amount shown in Addendum No. 1 to an insured employee in any calendar year.

In order to be eligible for payment of the doctor bill benefit for recurrent disabilities, the insured must have returned to active service for at least fourteen (14) consecutive working days.

**DEPENDENT CHILD** means:

1. any unmarried child less than 19 years of age;
2. any unmarried child over age 19 but less than age 23, who is:
  - a. not working on a full-time basis, and
  - b. a full-time student in an accredited school, and
  - c. depends upon the insured for more than 50% of his support; or
3. a handicapped child over 19 years of age.

The term "child" also includes a legally adopted child, step-child, foster child, or any child who lives with the employee and depends on him for more than 50% of his support.

The term "handicapped child" means a child who is not capable of self-sustaining employment due to mental retardation or physical handicap, and is chiefly dependent on the insured employee for support and maintenance.

## **SECTION IV - BENEFITS (continued)**

### **ACCIDENTAL DEATH BENEFIT**

If an Insured suffers a loss described below, we will pay the amount of insurance that applies. The Insured's beneficiary, must give us proof that:

1. injury occurred while the insurance was in force under this section;
2. loss occurred within 90 days after the injury; and
3. loss was due to injury independent of all other causes.

### **AMOUNT OF INSURANCE**

We will pay the full benefit shown in Addendum No. 1 next to the plan chosen by the employee for loss of life of the Insured.

In paying this benefit, we will consider only losses sustained while insured under this section of the policy.

### **BENEFICIARY**

The Insured's beneficiary will be the person(s) he names in writing to receive any amount of insurance payable due to his death. The beneficiary's name is on record in our Home Office.

The Insured may name or change a beneficiary by giving us written notice at our Home Office on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it.

If the Insured names more than one beneficiary, those who survive will share equally unless the Insured specifies otherwise. If the Insured failed to name a beneficiary or if no named beneficiary living at his death, we may pay, at our discretion, any benefits due to one of the following classes of survivors: (1) his spouse; (2) his surviving children in equal shares; (3) his mother and/or father; (4) his brother and/or sister; or (5) his estate.

### **ASSIGNMENT**

The Insured has all ownership rights of Accidental Death insurance. He may transfer the rights to someone else by assignment. An assignment will affect us only if it is in writing on a form acceptable to us, and is received at our Home Office. When we record it, the assignment will take effect as of the date the Insured made it. The assignment will not affect any action we may have taken before we record it. We take no responsibility for the validity of the assignment.

## **SECTION IV - BENEFITS (continued)**

### **HUMAN ORGAN TRANSPLANT BENEFIT**

#### **BENEFIT AMOUNT**

The benefit is shown on Addendum No. 1 or the Schedule of Insurance. It is payable in a lump sum only.

#### **TRANSPLANT PROCEDURES**

The following transplant procedures are covered subject to any exclusions, terms, or limitations listed below:

Human Organ Transplants: Heart, Lung (single/double), Heart/Lung, Liver, Pancreas, and Pancreas/Kidney organ transplant procedures. An organ transplant is completely performed if the insured employee receives the human donor organ. Transplants of the Kidney(s) only are not covered. Multiple organ transplant procedures are not covered except for those specified above.

#### **INDEMNITY BENEFIT**

An insured employee shall be paid the Benefit Amount if a covered Transplant Procedure is completely performed on the insured employee while his coverage under the policy is in force.

#### **EXTENDED BENEFIT**

An additional benefit, equal to the Benefit Amount, shall be paid to the insured's beneficiary if the insured employee dies after 30 days but within 365 days from the date of a covered Transplant Procedure for which an Indemnity Benefit is paid if death is due to a transplant related cause.

#### **MAXIMUM BENEFIT**

Payment of the Indemnity Benefit shall not be made more than once to an insured employee in his lifetime, and payment of the Extended Benefit shall not be made more than once, regardless of the number of Transplant Procedures that an insured employee may undergo, or the number of policies he may have with us which include this benefit.

#### **PAYMENT OF BENEFITS**

Any benefits which become payable shall be paid to the insured employee, if living, otherwise to his designated beneficiary or to his estate if no beneficiary is designated.

#### **PRE-EXISTING LIMITATION**

During the first twelve months of any insured employee's coverage, the human organ transplant benefit will not be payable for conditions pre-existing within a twelve month period immediately preceding the insured employee's effective date of insurance. A pre-existing condition means a physician has considered, recommended, approved and/or scheduled transplant within the twelve month period immediately preceding the insured employee's effective date of coverage.

## **SECTION IV - BENEFITS (continued)**

### **CONTINUITY OF COVERAGE UPON TRANSFER OF INSURANCE CARRIERS**

In order to prevent loss of coverage for an employee because of a transfer of insurance carriers, this policy will provide coverage for certain employees as follows.

#### **Disability Due To A Pre-Existing Condition**

Benefits may be payable for a total disability due to a pre-existing condition for an employee who:

1. was insured by the prior carrier at the time of transfer; and
2. was in active employment and insured under this policy on its effective date.

The benefits will be determined according to this policy's benefit schedule if the employee satisfies the pre-existing conditions exclusion under:

1. this policy; or
2. the prior carrier's policy, giving consideration towards continuous time insured under both policies.

The benefit will be determined according to this policy's benefit schedule, but will not exceed the prior carrier's maximum monthly benefit. No benefit will be paid if the employee cannot satisfy the pre-existing condition exclusion of 1 or 2 above.

## **SECTION IV - BENEFITS (continued)**

### **CONTINUATION OF INSURANCE (PORTABILITY)**

The insured may continue his coverage for up to 12 months if his employment with the employer ends. However, to be eligible to continue his insurance he must meet the following requirements on the date his employment ends:

1. he has been insured under the employer's group long term disability program for at least 12 consecutive months just before his employment ends;
2. he is not disabled;
3. he is not on a leave of absence;
4. he is not retired;
5. he is not covered under any other group long term disability plan.

### **APPLICATION AND PREMIUM PAYMENT**

The insured must apply in writing and pay the first premium to us within 31 days after the date his employment with the employer ends.

### **SCHEDULE OF INSURANCE**

The insurance the employee may continue is the insurance in effect on the date his employment with the employer ends.

### **WHEN INSURANCE ENDS**

Insurance continued under this provision ends automatically on the earliest of:

1. the date the last period ends for which the insured made a premium contribution;
2. the date the insured becomes a full-time member of the armed forces of any country;
3. the date the insured retires;
4. the date the insured becomes covered under any other group long term disability plan;
5. the end of the 12 month period during which insurance is continued under this provision;
6. the date this Group Policy terminates.

### **GROUP POLICY PROVISIONS**

Except as provided above, insurance continued under the provision is subject to all other terms of the Group Policy.

## **SECTION IV - BENEFITS (continued)**

### **GENERAL EXCLUSIONS**

This policy will not cover any disability due to:

1. war, declared or undeclared, or any act of war;
2. intentionally self-inflicted injuries;
3. active participation in a riot;
4. the commission or attempted commission of a felony by the insured.

**PARTICIPATION** shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

**RIOT** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.



## **SECTION IV - BENEFITS (continued)**

### **GENERAL EXCLUSIONS**

This policy will not cover any loss, fatal or non-fatal, due to:

1. war, declared or undeclared, or any act of war;
2. suicide or intentionally self-inflicted injuries;
3. active participation in a riot;
4. the commission or attempted commission of a felony by the insured;
5. accident occurring or sickness contracted while in the service of the armed forces of any country;
6. participation in a sport or contest of speed, parachuting or hang gliding;
7. being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
8. accidental injury occurring while the Insured is riding in or descending from any aircraft or other device for air travel, except while riding as a fare-paying passenger on a commercial airline flying on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member nor for the performance of any duty of his occupation connected with such flight;
9. elective or cosmetic surgery;
10. loss of professional license, occupational license or certification.

In addition to the General Exclusions above, the Accidental Death Benefit of this policy will not cover any loss caused directly or indirectly by disease, bodily or mental infirmity, or infection (except bacterial infection of a visible injury).

**INTOXICATED** means that which is determined or defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred.

**PARTICIPATION** in a riot shall include promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but shall not include actions taken in defense of public or private property, or actions taken in defense of the person of the insured, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firemen.

**RIOT** shall include all forms of public violence, disorder or disturbance of the public peace, by three or more persons assembled together, whether or not acting with common intent and whether or not damage to persons or property or unlawful act or acts is the intent or the consequence of such disorder.

## **SECTION IV - BENEFITS (continued)**

### **PRE-EXISTING CONDITION LIMITATION FOR DISABILITY INCOME BENEFITS**

If an insured employee becomes disabled due to a pre-existing condition during the first year after becoming covered and that disability exceeds the elimination period, we will pay the regular monthly benefit for a period not to exceed one month.

If, during the first year following the effective date of an increase in coverage, the insured employee becomes disabled due to a pre-existing condition, our benefit payment will be limited to one month's payment at the increased rate. Benefits extending beyond one month will be limited to the amount of coverage in effect prior to the increase in coverage.

**PRE-EXISTING CONDITION** means a diagnosed sickness or injury for which the insured received treatment within three (3) months prior to the insured's original effective date or the effective date of an increase in coverage. The term "Pre-existing Condition" will also include any condition which is related to any such injury or sickness.

**TREATMENT** means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## **SECTION IV - BENEFITS (continued)**

### **PRE-EXISTING CONDITION LIMITATION FOR DISABILITY INCOME BENEFITS**

If an insured employee becomes disabled due to a pre-existing condition during the first year after becoming covered and that disability exceeds the elimination period, we will pay a limited benefit of one-half of one month's disability benefit.

If, during the first year following the effective date of an increase in coverage, the insured employee becomes disabled due to a pre-existing condition, our benefit payment will be limited to one-half of one month's payment at the increased rate. Benefits extending beyond one-half month will be limited to the amount of coverage in effect prior to the increase in coverage.

**PRE-EXISTING CONDITION** means a diagnosed sickness or injury for which the insured received treatment within six (6) months prior to the insured's original effective date or the effective date of an increase in coverage. The term "Pre-existing Condition" will also include any condition which is related to any such injury or sickness.

**TREATMENT** means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## **SECTION IV - BENEFITS (continued)**

### **PRE-EXISTING CONDITION LIMITATION FOR DISABILITY INCOME BENEFITS**

If an insured employee becomes disabled due to a pre-existing condition during the first year after becoming covered and that disability exceeds the elimination period, we will pay the regular monthly benefit for a period not to exceed one month until such time as the insured has gone three (3) consecutive months treatment free while insured under this plan or has been continuously insured for twelve (12) consecutive months.

If, during the first year following the effective date of an increase in coverage, the insured employee becomes disabled due to a pre-existing condition, our benefit payment will be limited to one month's payment at the increased rate. Benefits extending beyond one month will be limited to the amount of coverage in effect prior to the increase in coverage.

**PRE-EXISTING CONDITION** means a diagnosed sickness or injury for which the insured received treatment within twelve (12) months prior to the insured's original effective date or the effective date of an increase in coverage. The term "Pre-existing Condition" will also include any condition which is related to any such injury or sickness.

**TREATMENT** means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## **SECTION IV - BENEFITS (continued)**

### **PRE-EXISTING CONDITION EXCLUSION FOR DISABILITY INCOME BENEFITS**

This policy will not cover any disability:

1. which is caused or contributed to by, or results from a pre-existing condition; and
2. which begins in the first 24 months after the insured's effective date, unless he received no treatment of the condition for six (6) consecutive months after his effective date.

If, during the first 24 months following the effective date of an increase in coverage, the insured employee becomes disabled due to a pre-existing condition, our payment will be limited to the benefit amount that would have been payable prior to the increase in coverage.

**PRE-EXISTING CONDITION** means a diagnosed sickness or injury for which the insured received treatment within twelve (12) months prior to the insured's original effective date or the effective date of an increase in coverage. The term "Pre-existing Condition" will also include any condition which is related to any such injury or sickness.

**TREATMENT** means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## **SECTION IV - BENEFITS (continued)**

### **PRE-EXISTING CONDITION EXCLUSION FOR DISABILITY INCOME BENEFITS**

This policy will not cover any disability:

1. which is caused or contributed to by, or results from a pre-existing condition; and
2. which begins in the first 12 months after the insured's effective date of coverage.

If, during the first 12 months following the effective date of an increase in coverage, the insured employee becomes disabled due to a pre-existing condition, our benefit payment will be limited to the amount of coverage in effect prior to the increase in coverage.

**PRE-EXISTING CONDITION** means a diagnosed sickness or injury for which the insured received treatment within twelve (12) months prior to the insured's original effective date or the effective date of an increase in coverage. The term "Pre-existing Condition" will also include any condition which is related to any such injury or sickness.

**TREATMENT** means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## **SECTION V TERMINATION PROVISIONS**

### **A. TERMINATION OF EMPLOYEE'S INSURANCE**

An employee will cease to be insured at 12:00 midnight on the earliest of the following dates:

1. the date this policy terminates but without prejudice to any claim originating prior to the time of termination;
2. the date the employee is no longer in an eligible class;
3. the date the employee's class is no longer included for insurance;
4. the last day for which any required employee contribution has been made;
5. the date employment terminates. Cessation of active employment will be deemed termination of employment, except:
  - a. the insurance will be continued for an employee absent due to total disability during:
    - i. the elimination period; and
    - ii. the period during which premium is being waived.
  - b. the employer may choose to continue the employee's insurance by paying the required premium, subject to the following:
    - i. insurance may be continued for employees who are temporarily laid off or given a leave of absence, but not beyond the end of the month following the month the layoff or leave of absence begins;
    - ii. the employer must act so as not to discriminate unfairly among employees in similar situations; and
    - iii. premiums for continuation of coverage must be paid by or through the employer.
6. the date the employee ceases active work due to a labor dispute, including any strike, work slowdown, or lockout.

The Company reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.

# SECTION V TERMINATION PROVISIONS

## A. TERMINATION OF EMPLOYEE'S INSURANCE

An employee will cease to be insured at 12:00 midnight on the earliest of the following dates:

1. the date this policy terminates but without prejudice to any claim originating prior to the time of termination;
2. the date the employee is no longer in an eligible class;
3. the date the employee's class is no longer included for insurance;
4. the last day for which any required employee contribution has been made;
5. the date employment terminates. Cessation of active employment will be deemed termination of employment, except:
  - a. the insurance will be continued for an employee absent due to total disability during:
    - i. the elimination period; and
    - ii. the period during which premium is being waived.
  - b. the employer may choose to continue the employee's insurance by paying the required premium, subject to the following:
    - i. insurance may be continued for employees who are temporarily laid off or given a non-sabbatical leave of absence, but not beyond the end of the month following the month the layoff or leave of absence begins;
    - ii. insurance may continue if the employee is approved by his employer for a sabbatical leave, but not beyond the end of the month following 12 months of employer approved sabbatical leave;
    - iii. the employer must act so as not to discriminate unfairly among employees in similar situations; and
    - iv. premiums for continuation of coverage must be paid by or through the employer.
6. the date the employee ceases active work due to a labor dispute, including any strike, work slowdown, or lockout.

The Company reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.



# SECTION V TERMINATION PROVISIONS

## A. TERMINATION OF EMPLOYEE'S INSURANCE

An employee will cease to be insured at 12:00 midnight on the earliest of the following dates:

1. the date this policy terminates but without prejudice to any claim originating prior to the time of termination;
2. the date the employee is no longer in an eligible class;
3. the date the employee's class is no longer included for insurance;
4. the last day for which any required employee contribution has been made;
5. the date employment terminates. Cessation of active employment will be deemed termination of employment, except:
  - a. the insurance will be continued for an employee absent due to total disability during:
    - i. the elimination period; and
    - ii. the period during which premium is being waived.
  - b. the employer may choose to continue the employee's insurance by paying the required premium, subject to the following:
    - i. insurance may be continued for employees during an employer approved family or medical leave of absence, but not beyond the end of the employer approved leave of absence period;
    - ii. insurance may be continued for employees who are temporarily laid off or given any other leave of absence, but not beyond the end of the month following the month the layoff or leave of absence begins;
    - iii. the employer must act so as not to discriminate unfairly among employees in similar situations; and
    - iv. premiums for continuation of coverage must be paid by or through the employer.
6. the date the employee ceases active work due to a labor dispute, including any strike, work slowdown, or lockout.

The Company reserves the right to review and terminate all classes insured under this policy if any class(es) cease(s) to be covered.

## **SECTION V - TERMINATION PROVISIONS (continued)**

### **B. TERMINATION OF POLICY**

1. Termination of this policy under any conditions will not prejudice any claim which occurs while this policy is in force.
2. If the policyholder fails to pay any premium within the grace period, this policy will terminate at 12:00 midnight of the last day of the grace period. The policyholder may terminate this policy by advance written notice delivered to the Company at least 31 days prior to the termination date. But, this policy will not terminate during any period for which premium has been paid. The policyholder will be liable to the Company for all premiums due and unpaid for the full period for which this policy is in force.
3. The Company may terminate this policy on any premium due date by giving written notice to the policyholder at least 31 days in advance if:
  - a. the number of employees insured is less than ten (10); or
  - b. the policyholder fails:
    - i. to furnish promptly any information which the Company may reasonably require; or
    - ii. to perform any other obligations pertaining to this policy.
4. Termination may take effect on an earlier date when both the policyholder and the Company agree.

## **SECTION V - TERMINATION PROVISIONS (continued)**

### **B. TERMINATION OF POLICY**

1. Termination of this policy under any conditions will not prejudice any claim which occurs while this policy is in force.
2. If the policyholder fails to pay any premium within the grace period, this policy will terminate at 12:00 midnight of the last day of the grace period. The policyholder may terminate this policy by advance written notice delivered to the Company at least 31 days prior to the termination date. But, this policy will not terminate during any period for which premium has been paid. The policyholder will be liable to the Company for all premiums due and unpaid for the full period for which this policy is in force.
3. The Company may terminate this policy on any premium due date by giving written notice to the policyholder at least 31 days in advance if:
  - a. the number of employees insured is less than five (5); or
  - b. less than 20% of the eligible employees are insured; or
  - c. the policyholder fails:
    - i. to furnish promptly any information which the Company may reasonably require; or
    - ii. to perform any other obligations pertaining to this policy.
4. Termination may take effect on an earlier date when both the policyholder and the Company agree.

## **SECTION V - TERMINATION PROVISIONS (continued)**

### **B. TERMINATION OF POLICY**

1. Termination of this policy under any conditions will not prejudice any claim which occurs while this policy is in force.
2. If the policyholder fails to pay any premium within the grace period, this policy will terminate at 12:00 midnight of the last day of the grace period. The policyholder may terminate this policy by advance written notice delivered to the Company at least 31 days prior to the termination date. But, this policy will not terminate during any period for which premium has been paid. The policyholder will be liable to the Company for all premiums due and unpaid for the full period for which this policy is in force.
3. The Company may terminate this policy on any premium due date by giving the policyholder written notice at least 60 days in advance. We may not terminate this policy prior to the first anniversary date of the effective date of this policy except for non-payment of premium or failure to meet continued underwriting standards.
4. Termination may take effect on an earlier date when both the policyholder and the Company agree.

## **SECTION VI GENERAL POLICY PROVISIONS**

### **A. STATEMENTS**

In the absence of fraud, all statements made in any signed application are considered representations and not warranties (absolute guarantees). No representation by:

1. the policyholder in applying for this policy will make it void unless the representation is contained in the signed application; or
2. any employee in applying for insurance under this policy will be used to reduce or deny a claim unless a copy of the application for insurance, signed by the employee, is or has been given to the employee.

### **B. COMPLETE CONTRACT - POLICY CHANGES**

1. This policy is the complete contract. It consists of:
  - a. all of the pages;
  - b. the attached signed application of the policyholder;
  - c. each employee's signed application for insurance (employee retains his own copy).
2. The policy may be amended at any time by written agreement between the policyholder and the Company. Only an officer of the Company can approve a change in the policy.
3. Any other person, including an agent, may not change this policy or waive any part of it.

### **C. EMPLOYEE'S CERTIFICATE**

The Company will provide a certificate to the policyholder for delivery to each insured. It will state the benefits to which the insured is entitled and to whom these benefits are payable. If the terms of a certificate and this policy differ, this policy will govern.

## **SECTION VI - GENERAL POLICY PROVISIONS (continued)**

### **D. FURNISHING OF INFORMATION - ACCESS TO RECORDS**

1. the employer will furnish at regular intervals to the Company:
  - a. information relative to employees:
    - i. who qualify to become insured;
    - ii. whose amounts of insurance change; and/or
    - iii. whose insurance terminates.
  - b. any other information about this policy that may be reasonably required.

The employer's records which, in the opinion of the Company, have a bearing on the insurance will be opened for inspection at any reasonable time.

2. Clerical error or omission will not:
  - a. deprive an employee of insurance;
  - b. affect an employee's amount of insurance; or
  - c. affect or continue an employee's insurance which otherwise would not be in force.

### **E. MISSTATEMENT OF AGE**

If an employee's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon an employee's age, as shown in the Benefit Duration Schedule, the amount of the benefit will be the amount an employee would have been entitled to if his or her correct age were known.

Note: A refund of premium will not be made for a period more than twelve months before the date the Company is advised of the error.

### **F. NOTICE AND PROOF OF CLAIM**

1. Notice
  - a. Written notice of claim must be given to the Company within 30 days of the date of death, the date disability starts, or the date of loss, if that is possible. If that is not possible, the Company must be notified as soon as it is reasonably possible to do so.
  - b. When the Company has the written notice of claim, the Company will send the insured its claim forms. If the forms are not received within 15 days after written notice of claim is sent, the insured can send the Company written proof of claim without waiting for the form.

## **SECTION VI - GENERAL POLICY PROVISIONS (continued)**

### **2. Proof**

- a. Proof of claim must be given to the Company. This must be done no later than 90 days after:
  - i. the end of the elimination period for disability claims; or
  - ii. the date of the insured's death for accidental death claims; or
  - iii. the date of loss for doctor bill, accidental dismemberment, and human organ transplant claims.
- b. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof within such time. Such proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.
- c. Proof of continued disability and regular attendance of a physician must be given to the Company within 30 days of the request for the proof.
- d. The proof must cover:
  - i. the date disability started;
  - ii. the cause of disability; and
  - iii. the degree of disability.

### **G. PHYSICAL EXAMINATION AND AUTOPSY**

The Company, at its own expense, will have the right and opportunity to have an employee, whose injury or sickness is the basis of a claim, examined by a physician, vocational expert, or other representative of its choice. This right may be used as often as reasonably required. We may also have an autopsy made in case of death, unless not allowed by law. (Mississippi does not allow autopsy.)

### **H. LEGAL PROCEEDINGS**

A claimant or the claimant's authorized representative cannot start any legal action:

1. until 60 days after proof of claim has been given; or
2. more than 3 years (5 years in Kansas and Tennessee) after the time proof of claim is required.

### **I. TIME OF PAYMENT OF CLAIMS**

When the Company receives satisfactory proof of a disability income claim, benefits payable under this policy will be paid monthly during any period for which the Company is liable. Any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

When we receive proof of any other loss, we will pay all benefits due.

## **SECTION VI - GENERAL POLICY PROVISIONS (continued)**

### **J. PAYMENT OF CLAIMS**

All benefits are payable to the employee. Any benefits unpaid at the time of the employee's death will be paid to one of the following classes of survivors: (1) his spouse; (2) his surviving children in equal shares; (3) his mother and/or father; (4) his brother and/or sister; or (5) his estate.

If a benefit is payable to an employee's estate, an employee who is a minor, or an employee who is not competent, the Company has the right to pay up to \$500 to any of the employee's relatives whom the Company considers entitled. If the Company pays benefits in good faith to a relative, the Company will not have to pay such benefits again.

The monthly benefits for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

### **K. ASSIGNMENT**

No assignment of benefits will affect us unless it is in writing on a form acceptable to us and a copy is given to us at our Home Office. We take no responsibility for the validity of any assignment.

### **L. CLAIM REVIEW**

If a claim is denied, the employee will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. his right to ask for a review of his claim; and
4. any additional information that might allow us to change our decision.

**The following applies only when the interpretation of this Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:**

USable Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of USable Life with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

USable Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of USable Life's sole discretion. If the employee does not agree with our interpretation, he still has a right to legal action as described in the Legal Actions provision below.

The employee may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for his use.

### **M. APPEALS PROCEDURE**

Prior to filing any lawsuit and within 60 days after denial of a claim, the insured employee or his beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office in Little Rock, Arkansas.

### **N. RIGHT OF RECOVERY**

If LTD benefits have been overpaid on any claim, it will be required that reimbursement be made to USable Life within 60 days, or USable Life has the right to reduce future benefits until such reimbursement is received. USable Life also has the right to recover such overpayment from the insured or his estate. If the overpayment was due to an error made by USable Life, we must request reimbursement of the overpayment during the 15-month period following the date the overpayment was made.



## **SECTION VI - GENERAL POLICY PROVISIONS (continued)**

### **O. WORKERS' or WORKMEN'S COMPENSATION**

This policy is not in lieu of, and does not affect, any requirement for coverage by Workers' or Workmen's Compensation Insurance.

### **J. PAYMENT OF CLAIMS**

Disability Income, Doctor Bill, Human Organ Transplant, and Accelerated Survivor benefits will be paid to the insured. Accidental Death benefits will be paid to the person(s) named by the Insured to receive them. If the Insured failed to name a beneficiary or if no named beneficiary is living at his death, we may pay, at our discretion, any benefits due to one of the following classes of survivors: (1) his spouse; (2) his surviving children in equal shares; (3) his mother and/or father; (4) his brother and/or sister; or (5) his estate.

At our option, up to \$2,000 (\$1,000 in Louisiana and Pennsylvania, \$5,000 in North Dakota, or \$500 in Tennessee) may be paid to any person who had incurred funeral or other expenses related to the last illness or death of the insured; and if the Company pays benefits in good faith to a person who incurred expenses, we will not have to pay such benefits again.

The monthly benefits for this policy will be paid on a prorata basis. The rate will be 1/30 per day for any period of disability that does not extend through a full month.

### **K. ASSIGNMENT**

No assignment of Disability Income, Doctor Bill, or Human Organ Transplant benefits will affect us unless it is in writing on a form acceptable to us and a copy is given to us at our Home Office. We take no responsibility for the validity of any assignment.

### **L. CLAIM REVIEW**

If a claim is denied, the employee will be given written notice of:

1. the reason for the denial; and
2. the policy provision that relates to the denial; and
3. his right to ask for a review of his claim; and
4. any additional information that might allow us to change our decision.

**The following applies only when the interpretation of this Policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:**

USABLE Life shall have authority and full discretion to determine all questions arising in connection with the Plan benefits, including but not limited to eligibility, beneficiaries, interpretation of Plan language, and findings of fact with regard to any such questions. The actions, determinations, and interpretations of USABLE Life with respect to all such matters shall be conclusive and binding. This means that should there be any question concerning how the Plan applies:

1. to any claim for benefits;
2. concerning an employee's eligibility for Plan benefits;
3. concerning the determination of beneficiaries; or
4. to any other question or issue, whether one of fact or one of Plan interpretation;

USABLE Life is deemed to have the exclusive right and authority to resolve all such questions in the exercise of USABLE Life's sole discretion. If the employee does not agree with our interpretation, he still has a right to legal action as described in the Legal Actions provision below.

The employee may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for his use.

### **M. APPEALS PROCEDURE**

Prior to filing any lawsuit and within 60 days after denial of a claim, the insured employee or his beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial, directed to "Appeals Coordinator," at our Home Office in Little Rock, Arkansas.

## **SECTION VI - GENERAL POLICY PROVISIONS (continued)**

### **N. RIGHT OF RECOVERY**

If LTD benefits have been overpaid on any claim, it will be required that reimbursement be made to USABLE Life within 60 days, or USABLE Life has the right to reduce future benefits until such reimbursement is received. USABLE Life also has the right to recover such overpayment from the insured or his estate. If the overpayment was due to an error made by USABLE Life, we must request reimbursement of the overpayment during the 15-month period following the date the overpayment was made.

### **O. WORKERS' or WORKMEN'S COMPENSATION**

This policy is not in lieu of, and does not affect, any requirement for coverage by Workers' or Workmen's Compensation Insurance.

### **P. AGENCY**

For all purposes of this policy, the policyholder acts on its own behalf or as agent of the employee. Under no circumstances will the policyholder be deemed the agent of the Company without a written authorization.

### **Q. CONFORMITY WITH LOCAL STATUTES**

Any provision of this policy which, on its Effective Date, is in conflict with the statutes of the jurisdiction in which this policy was delivered is hereby amended to conform to the minimum requirements of such statute.

### **R. INCONTESTABILITY**

The validity of the policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the date of issue. The validity of the policy shall not be contested on the basis of a statement made relating to insurability by any person covered under the policy after such insurance has been in force for two years during such person's lifetime, and shall not be contested unless the statement is contained in a written instrument signed by the person making such statement.

### **S. INSURANCE FRAUD**

Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information may be guilty of insurance fraud and prosecuted.

We may terminate the coverage of any insured person if that person has filed a fraudulent claim or statement with us.

We may terminate the group policy if the policyholder or his administrator has filed or assisted with the filing of a fraudulent claim with us.

# SECTION VII PREMIUMS

## A. PREMIUM RATES

The initial premium is determined on the basis of the rates shown on the policy face page.

The Company may establish new rates for all future premiums as well as the one then due:

1. when the terms of this policy are changed;
2. when a division, subsidiary, or affiliated company is added to this policy; or
3. when the number of Insured Persons changes by 25% or more from the number insured on the Policy Effective Date; or
4. for reasons other than 1., 2., or 3. above, such as, but not limited to a change in factors bearing on the risk assumed. But, the rates may not be changed within the first 12 months following the policy effective date.

No premium may be increased unless the Company notifies the employer at least 31 days in advance. Premium increases may take effect on an earlier date when both the Company and the employer agree.

## B. PAYMENT OF PREMIUMS

1. Premium payment calculations will be based on the coverage provided under this policy. Both are determined by the definition of basic monthly earnings.
2. All premiums due under this policy, including adjustments, if any, are payable by the employer on or before their due dates at the Company's home office. The due dates are specified on the first page of this policy.
3. Premiums payable to the Company will be paid in United States dollars.
4. If premiums are payable on a monthly basis, premiums for additional or increased insurance becoming effective during a policy month will be charged from the next premium due date.
5. The premium charge for insurance terminated during a policy month will cease at the end of the policy month in which such insurance terminates. This manner of charging premium is for accounting purposes only. It will not extend insurance coverage beyond a date it would have otherwise terminated as shown in the "Termination of Employee's Insurance" section of this policy.

## **SECTION VII - PREMIUMS (continued)**

6. If premiums are payable on other than a monthly basis, premiums for additional, increased, reduced or terminated insurance will cause a prorata adjustment on the next premium due date.
7. Except for fraud — premium adjustments, refunds or charges will be made only for:
  - a. the current policy year; and
  - b. the prior policy year.

### **C. WAIVER OF PREMIUM**

Premium payments are waived during any period for which benefits are payable. If coverage is to be continued, premium payments may be resumed following a period during which they were waived.

**SECTION I. GROUP INFORMATION**

1. Legal Name of Policyholder	2. Taxpayer ID#
-------------------------------	-----------------

3. Type of Company:  Corporation  LLC  PC  S-Corp  Sole Proprietor  Partnership  Government

4. Mailing Address of Policyholder City State Zip+4

5. Street Address of Policyholder (if different from above) City State Zip+4

6. Contact Information at Company:  
 Benefits Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Billing Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

7. Name of Subsidiary or Affiliate Companies to be Covered 8. Nature of Business 9. SIC Code

10. Do you have any employees located in states other than the Policyholder's main address? If yes, please list states below.  Yes  No

11. Number of eligible Employees

12. Billing Method:  
 Self Administration  Billed by Blue Plan  
 Benefit Focus  List Bill

13. Changes in Benefits will Become Effective on:  
 First day of the following month  The next anniversary date  The date of change

14. Do you allow Domestic Partner Coverage under the existing Blue Cross Blue Shield Medical Plan?  Yes  No

15. Eligibility Waiting Period (Should an employee enter another class, he will not be eligible for any additional benefits until he has completed a 30-day waiting period and has been actively at work one full day in the new class.)  
 First of Policy Month following: (a)  completion of \_\_\_\_\_ days of continuous active work, or (b)  hire date  
 Day following: (a)  completion of \_\_\_\_\_ days of continuous active work, or (b)  hire date  
 Does Waiting Period apply to employees rehired within 12 months of their termination date?  Yes  No

16. Eligibility Waiting Period Applies to:  
 Future Employees only  Present & Future Employees

17. Minimum hours worked per week to be eligible:  
 Basic benefits: \_\_\_\_\_ Voluntary benefits: \_\_\_\_\_

18. Annual Enrollment date for Voluntary Coverage: \_\_\_\_\_

19. Class Definitions (if more than one class, definitions must be specific)  
 (The insurer reserves the right to review and terminate all classes insured under this policy if any class ceases to be covered.)

Class	Description of Class	Waiting Period, if Different
1		
2		
3		
4		

Employees working less than the minimum hours per week are not eligible for coverage unless otherwise noted in class description above and approved by us. If more than four classes, use a separate sheet.

**SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT**

This application is made for the following coverages. Check only those boxes that apply.

Coverage	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic Life				
<input type="checkbox"/> Basic AD&D*				
<input type="checkbox"/> Supplemental Life*				
<input type="checkbox"/> Supplemental AD&D*				
<input type="checkbox"/> Dependent Life* (Option 1)				
<input type="checkbox"/> Dependent Life* (Option 2)				
<input type="checkbox"/> Voluntary Life				
<input type="checkbox"/> Voluntary AD&D				

\*Cannot be purchased as stand alone coverage.

Multiple of salary benefits will be rounded to the  nearest  lower  higher \$ \_\_\_\_\_, if not already a multiple

**SECTION II. LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT CONTINUED**

**Basic Life and/or AD&D**

Class	Flat Amount ■	Multiple of Salary ■	(Complete if Multiple of Salary)	
			Min Amount of Coverage	Max Amount of Coverage
1				
2				
3				
4				

**Supplemental Life and/or AD&D**

Class	Flat Amount ■	Multiple of Salary ■	Elected in Increments of ■	(Complete if Multiple of Salary or Increments)	
				Min Amount of Coverage	Max Amount of Coverage
1					
2					
3					
4					

**Voluntary Life and/or AD&D**

Employee and Spouse coverage elected in \$10,000 increments: \$10,000 min \$ \_\_\_\_\_ Max  
 Employee coverage elected as multiple of salary schedule: \_\_\_\_\_ times annual salary \$ \_\_\_\_\_ Maximum.  
 Spouse coverage 50% of employee amount.  
 Are Voluntary Life rates smoker distinct rates:  Yes  No      Children - \$5,000 and \$10,000 only

**Dependent Life**

Class	Option 1			Option 2 (if available)		
	Spouse Amount	Child Amount	Reduced Infant Amount	Spouse Amount	Child Amount	Reduced Infant Amount
1						
2						
3						
4						

Infant Ages:  from live birth to 6 months     from 15 days to 6 months  
 Child Ages:  6 months to 25 years     6 months to age \_\_\_\_\_

AD&D Riders	Reductions & Termination				
	Benefit reduction due to age will be effective on the employee's birthday*				
	Reduction at Age of Employee				
		65	70	75	80
Standard Riders*	<input checked="" type="checkbox"/>				
Special Education	<input type="checkbox"/>	<input type="checkbox"/>	66 2/3%	33 1/3%	N/A
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	65%	50%	N/A
Common Carrier	<input type="checkbox"/>	<input type="checkbox"/>	65%	50%	25%
Felonious Assault	<input type="checkbox"/>	<input type="checkbox"/>			
Child Care Center	<input type="checkbox"/>	*Employee benefits terminate at retirement, unless termination age is noted. Termination age _____. Spouse benefits terminate at employee's retirement or spouse age 65, whichever is earlier. All reductions apply to the pre-age 65 amount.			
Spouse Training	<input type="checkbox"/>				
HIV	<input type="checkbox"/>				

\*AD&D Standard Riders: Seat Belt/Air Bag, Coma, Repatriation, Exposure and Disappearance

**Portability:**

Voluntary Life     Basic Life (Underwriting approval and rate adjustment required)

**Replacement:** Are any of the following a replacement of similar coverage?

Yes	No		If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	Basic Life		
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Life		
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Life		

If prior coverage, include a copy of the prior carrier's plan.

**SECTION III. SHORT TERM DISABILITY**

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic/Core STD				
<input type="checkbox"/> Buy Up STD*				
<input type="checkbox"/> Voluntary STD (VIP)				

\*Cannot be purchased as stand alone coverage.

**SECTION III. SHORT TERM DISABILITY CONTINUED**

**Basic Short Term Disability**

Class	Core/Buy Up	Flat Amount	Percent of Salary	Max. benefit	Benefit Plan*
1	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
2	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
3	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				
4	<input type="checkbox"/> Core				
	<input type="checkbox"/> Buy Up				

\*Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration.

**Voluntary STD Income Protection (VIP)**

Amount of insurance selected by the employee in increments of \$10 not to exceed \_\_\_\_\_% of weekly earnings.

Minimum: \$100 Maximum:  \$750  \_\_\_\_\_

Benefit Plan\*: \_\_\_\_\_ Industry Class: \_\_\_\_\_

Reduction & Termination: Benefit reduction due to age will be effective on the anniversary following the insured's birthday. Benefits reduce to 66 2/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.

Are premiums sheltered under a Section 125 Cafeteria plan?  Yes  No

\*Example of a Benefit Plan: 1-8-13; This means disabilities due to accidents begin on the first day. Disabilities due to sickness begin on the eighth day. Benefits will be paid for a 13 week duration

**Replacement:** Is VIP a Replacement from Another Carrier?  Yes  No

Previous Carrier \_\_\_\_\_ Termination Date \_\_\_\_\_

If prior coverage, include a copy of the prior carrier's plan.

**SECTION IV. LONG TERM DISABILITY**

This application is made for the following coverages. Check only those boxes that apply.

	Employer Contribution	Enrolled Employees	Effective Date	Renewal Date
<input type="checkbox"/> Basic LTD				
<input type="checkbox"/> Buy Up LTD*				
<input type="checkbox"/> Voluntary LTD				

\*Cannot be purchased as stand alone coverage.

**Basic and Buy Up Features**

Class	Elimination Period	Own Occupation Monthly Period	Salary Includes		SS Integration		Benefit Calculation	
			Bonuses	Commissions	Primary Only	Primary/Family	Direct	70% all Sources
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Class	Basic		Buy Up	
	% of Salary	Monthly Max	% of Salary	Monthly Max
1				
2				
3				
4				

Maximum Benefit Period	Class			
	1	2	3	4
Reducing Benefit Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS Normal Retirement Age (SSNRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Year benefit (ADEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Minimum Monthly Benefit**

Flat amount \$ \_\_\_\_\_; or  Flat amount of \$ \_\_\_\_\_ or 10%, whichever is greater

**Optional LTD Riders**

Education Benefit  Medical and COBRA Premium \$ \_\_\_\_\_  Cost of Living Adjustment \_\_\_\_\_ # of Adjustments \_\_\_\_\_ %  
 Activities of Daily Living  Accidental Dismemberment

Legal Name of Policyholder	Taxpayer ID#
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**SECTION IV. LONG TERM DISABILITY CONTINUED**

**Disability Definition:**  Earnings & Occupation Test     Occupation Test Only  
 Earnings, Occupation, and Contagious Disease (Only available for Medical Groups)

**Pre-Existing Condition Exclusion**  
 3/3/12     3/6/12     12/6/24     6/12     6/6/12     12/12     \_\_\_\_\_

**Voluntary Long Term Disability (VLTD)**  
Industry Class: \_\_\_\_\_ Elimination Period:  90 Days     180 Days  
Maximum Benefit Period:  
 2 years Sickness or Accident     5 years Sickness or Accident     SSNRA Sickness or Accident  
a. Amount of Insurance: Selected by the employee in increments of \$100 not to exceed 60% of monthly salary.  
b. Pre-existing Condition Exclusion: 12/6/24 (unless state law requires otherwise)  
c. The Minimum Monthly Benefit is \$ 50.00 or 10% of the Monthly Disability Benefit, whichever is less (unless state law requires otherwise)  
d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Waiver of Premium  
• 24 Month Special Conditions Limitation • Primary and Family Social Security Integration  
e. Are premiums sheltered under a Section 125 Cafeteria plan?  Yes  No

**Replacement:** Are any of the following a replacement of similar coverage?

Yes	No	If yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	LTD	
<input type="checkbox"/>	<input type="checkbox"/>	VLTD	

*If prior coverage, include a copy of the prior carrier's plan.*

**W-2 Service Options for LTD:**  
 Option 1: Withhold federal income taxes and the employee's portion of FICA. Prepare and file W-2 Forms.  
 Option 2: Withhold federal income taxes and the employee's portion of FICA. Policyholder waives W-2 Forms services.  
A detailed description of the W-2 services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

**SECTION V. AUTHORIZATION**

REMARKS OR SPECIAL PROVISIONS:

The undersigned employer and/or authorized representative hereby request that it be approved for insurance coverage through USAble Life and agrees to comply with all terms and provisions of the Group Policy(ies) issued in response to this application.  
It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.  
**Warning:** It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.

_____	_____	_____
Dated at (City, State)	Date	Signature of Policyholder and Title
_____	_____	_____
Signature of Marketing Representative	Signature of Marketing Manager	Signature of Broker, if applicable



<input type="checkbox"/> <b>New Enrollee</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Decline coverage</b>	<b>Group #:</b>
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**Employer:** If Evidence of Insurability (EOI) is required, please submit the Evidence of Insurability form along with this enrollment form to us.

Employer's Name

**SECTION I. EMPLOYEE INFORMATION**

Employee's Legal Name (First, MI, Last)			Social Security No.	
Home Address	City	State	Zip	Telephone No.
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salary \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Occupation (Be Exact)		Dept/Location		
Hours Worked Weekly		Date Employed Full-time		

**PLAN INFORMATION:** Ask your employer for the details about the cost, if any, and whether you will be required to complete Evidence of Insurability (EOI). If you are a late applicant or if you are applying for an increase in coverage, you will be required to submit Evidence of Insurability.

**SECTION II. VOLUNTARY COVERAGE**

**Evidence of Insurability may be required when applying for this coverage.**

I hereby apply for a Weekly Benefit of: \$ \_\_\_\_\_ Premium (to be completed by employer): \$ \_\_\_\_\_  
*(Instructions: If you are changing your benefit amount, list the new amount of coverage)*

Your weekly benefit may not exceed the benefit percentage stated in the policy.

Are you actively at work on the date of this application?  Yes  No

Do you presently have other disability coverage?  Yes  No If yes, give monthly amount \$ \_\_\_\_\_

Do you intend to replace existing coverage with this policy?  Yes  No

**PRE-EXISTING CONDITIONS**

- New Voluntary LTD plans and benefit increases: During the first 2 years of your coverage, benefits will not be paid on any condition for which you received medical treatment or advice within 12 months before your effective date of coverage, unless you go 6 consecutive months treatment free. Your Voluntary LTD monthly benefit may not exceed 60% of you basic monthly income (excluding bonus, overtime, or any extra compensation other than commissions).

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For coverage I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

**Warning:** It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received - Home Office

**USAbLe Life**

P.O. Box 1650 • Little Rock, Arkansas 72203

**EVIDENCE OF INSURABILITY (Please Print)**

*A completed Enrollment Form must accompany this form.*

**SECTION 1 – Completed By Employer**

Group Name	Date of Hire	Telephone # (include area code)	Group Number
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Amount of Insurance Applying for: Employee Life: \$ _____ Dependent Life \$ _____ Disability \$ _____ Other: _____	Employee's Annual Salary
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**SECTION 2 – Completed by Employee**     Vol. Group Term Life     Amount over Guarantee Issue     Late Enrollee

Name (First, MI, Last)	Social Security No.
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Home Address	City	State	Zip	County
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Date of Birth	Birth State or Country	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (ft-in.)	Weight (lbs.)	Work Phone	Home Phone
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**Spouse & Children Information – Complete if Applying for Dependent's Coverage.**

Person Proposed for Insurance Show first, middle, last name	Occupation	Date of Birth & Place				Height	Weight	Marital Status	Sex
		Month	Day	Year	State or Country				
(Spouse)									
(Child)									
(Child)									
(Child)									

Spouse's Social Security No.:	Spouse's Work Telephone #:
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**SECTION 3 – Insurability Questionnaire**

	Yes	No																								
1. Has anyone to be covered used any tobacco products in the past year?	<input type="checkbox"/>	<input type="checkbox"/>																								
2. Does anyone to be covered have any condition for which consultation or treatment is contemplated or has been advised?	<input type="checkbox"/>	<input type="checkbox"/>																								
3. Has anyone to be covered been hospitalized for any reason during the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>																								
4. Has anyone to be covered consulted a physician in the past one (1) year for any reason?	<input type="checkbox"/>	<input type="checkbox"/>																								
5. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for:																										
<table style="width:100%; border:none;"> <tr> <td style="width:45%;"></td> <td style="text-align:center;">Yes No</td> <td style="width:10%;"></td> <td style="text-align:center;">Yes No</td> </tr> <tr> <td>a. Cancer, cancer related disease or benign tumor?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> <td>f. Emotional, nervous system, eating disorder, or mental health problems?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>b. Disease of the heart or blood vessels, or had a stroke?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> <td>g. Ulcer, stomach or digestive disorder?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>c. Kidney disease or diabetes?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> <td>h. Arthritis, back, bones or joint disorder?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>d. Alcohol or drug abuse?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> <td>i. Bladder, urinary system or reproductive organs disorder?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>e. Lung, asthma, liver or blood disorder?</td> <td style="text-align:center;"><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Yes No		Yes No	a. Cancer, cancer related disease or benign tumor?	<input type="checkbox"/> <input type="checkbox"/>	f. Emotional, nervous system, eating disorder, or mental health problems?	<input type="checkbox"/> <input type="checkbox"/>	b. Disease of the heart or blood vessels, or had a stroke?	<input type="checkbox"/> <input type="checkbox"/>	g. Ulcer, stomach or digestive disorder?	<input type="checkbox"/> <input type="checkbox"/>	c. Kidney disease or diabetes?	<input type="checkbox"/> <input type="checkbox"/>	h. Arthritis, back, bones or joint disorder?	<input type="checkbox"/> <input type="checkbox"/>	d. Alcohol or drug abuse?	<input type="checkbox"/> <input type="checkbox"/>	i. Bladder, urinary system or reproductive organs disorder?	<input type="checkbox"/> <input type="checkbox"/>	e. Lung, asthma, liver or blood disorder?	<input type="checkbox"/> <input type="checkbox"/>				
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6. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for: Acquired Immunodeficiency Syndrome ("AIDS") or AIDS Related Complex, or Human Immunodeficiency Virus ("HIV")?	<input type="checkbox"/>	<input type="checkbox"/>																								
7. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession for hypertension (high blood pressure) or high cholesterol? If yes, list name of person(s), medications taken, medication dosage, last two blood pressure readings, and/or last two cholesterol readings in Section 4.	<input type="checkbox"/>	<input type="checkbox"/>																								
8. Is anyone to be covered currently taking medication(s)? If yes, list name of person, reasons, medications and dosage in Section 4.	<input type="checkbox"/>	<input type="checkbox"/>																								
9. Has anyone to be covered ever had any impairments, diseases or illnesses not covered in questions 2 – 8?	<input type="checkbox"/>	<input type="checkbox"/>																								
10a. Are you now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>																								
10b. Have you ever had an ectopic pregnancy, a problem pregnancy, a miscarriage, a problem delivery, a therapeutic abortion, or a Cesarean section?	<input type="checkbox"/>	<input type="checkbox"/>																								
11. Are you actively at work on the date of this application and have you been actively at work for the 31 days prior to such date? If No, give full details in Section 4.	<input type="checkbox"/>	<input type="checkbox"/>																								
12. Names, addresses, and phone numbers of the personal physicians of all applicants:																										

**SECTION 4 – Give Details to "Yes" answers to questions 2 through 10 include dates of treatment:  Separate Sheet Attached**

Ques. No. & Individual	Illness/Reason for Checkup or Medication & Dosage or Doctor's Treatment/Consultation	Date & Duration	Full Name, Complete Address and Telephone Number of Doctors & Hospitals

**Be Sure to Read the Important Disclosures and sign on Page 2/Reverse**

Employee's Name (First, MI, Last)	Social Security #	Employer Name
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## NOTICE FOR PROPOSED INSURED

### IMPORTANT NOTICE FOR DISABILITY COVERAGE

Acceptance of your application for disability income insurance will be based upon the information contained in the Evidence of Insurability, including the medical information disclosed and information obtained from your medical providers. **Your insurance coverage may not be issued as applied for.** If not, an "Exclusion of Coverage Amendment" will be attached to your certificate of coverage.

**PLEASE READ YOUR CERTIFICATE OF COVERAGE CAREFULLY UPON ITS RECEIPT.**

### IMPORTANT NOTICE CONCERNING YOUR EFFECTIVE DATE

1. Insurance will not be effective until the application is approved by USABLE Life.
2. Insurance will not be effective if there has been a change in the health of the proposed insured(s) after the date of the application and prior to the effective date.
3. For benefits sheltered under a Section 125 Cafeteria plan: To satisfy premium deduction requirements of your employer and dating requirements of the Section 125 Plan, your coverage will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) of the Section 125 agreement or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy.

In signing below, I: (a) represent that the statements and answers given in this application, are true, complete and correctly recorded; (b) understand that the insurance applied for is not effective until the application is approved by USABLE Life; (c) authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance or reinsurance company, or MIB, Inc., formerly known as Medical Information Bureau, Inc., having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USABLE Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the date the authorization is signed; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge I have read and understand all disclosures on this form; and (h) acknowledge receipt of written notification describing the use of the MIB as required by the Fair Credit Reporting Act and the Notice of Information Practices. I have read and understand the above statements and agreements.

**Insurance Fraud Warning** – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Signed at: _____	Date of Application _____
City and State	Month, Day, Year
X _____	X _____
Agent's Signature	Employee's Signature

**Date Received Home Office**



P.O. Box 1650  
Little Rock, AR 72203

## **NOTICE FOR PROPOSED INSURED**

### **Notice of Insurance Information Practices**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

### **Federal Fair Credit Reporting Act Notice**

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

### **Medical Information Bureau Disclosure Notice**

Information regarding your insurability will be treated as confidential. US Able Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

US Able Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).



Attention: Claims Department  
 P.O. Box 1650  
 Little Rock, Arkansas 72203-1650  
 Telephone (800) 370-5856  
 Fax (501) 235-8417

## Statement of Claim Disability Income Benefits

For H.O. Use Only	
Eff	
PTD	
Benefits	

### Instructions

- 1. Please type or print in blue or black ink.**
- 2. Please make sure all questions on Employee's Statement are completed in full.**
- 3. Authorization must be signed and currently dated.**
- 4. Employer's & Physician's Statements on Page 2 (reverse side) must be completed.**
- 5. Fax or mail the completed form to US Able Life.**

EMPLOYEE'S STATEMENT			
Full Name (Last, First)		Social Security Number	
Street Address		Date of Birth	
City, State, Zip Code		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Numbers		Home	
Claim is for <input type="checkbox"/> Accident <input type="checkbox"/> Sickness <input type="checkbox"/> Pregnancy		Work	
Date of 1st Treatment		Nature of Accident or Sickness	
Physician or Hospital First Treated By		First Full Day of Disability	
If accident, how did the accident occur? _____			
Accident Date _____ Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.   Place _____			
Names and addresses of all doctors consulted for <b>this</b> condition (Use separate sheet if necessary):			
Physician	Date Treated/Consulted	Address, City, State and Zip Code	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Have you ever had this or similar condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, give particulars:   Date _____			
Describe _____			
Names and addresses of all doctors seen for <b>any</b> condition in the past five years (Use separate sheet if necessary):			
Physician	Date Treated/Consulted	Address, City, State and Zip Code	Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Authorization to Obtain Information</b>			
In signing below, I represent that the statements and answers given are true, complete and correctly recorded. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, health maintenance organization, the Medical Information Bureau (MIB), government entity (federal, state, or local), reinsurer, or other organization, institution or person that has information, records or knowledge of me or my health, past or present, to furnish such information to US Able Life (the "Company"), or its agents. I understand that the Company may disclose the information to MIB, other insurance carriers, reinsurers, claim management/investigation firms, agents, employees and others who have a legitimate business interest in obtaining the information in connection with underwriting or claim processing. A photostatic copy of this Authorization shall be as valid as the original. I acknowledge I have a right to a copy of this authorization upon request.			
<b>FRAUD WARNING:</b> Except as noted in separate Fraud Notice, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.			
_____		_____	
Date		Employee's Signature	

**Please have your Employer and Attending Physician complete page 2 (reverse side).**

**ATTENDING PHYSICIAN'S STATEMENT (APS)**

**\*\* Neither the Employee nor the Employer should complete or alter any part of the APS. \*\***

Patient's Full Name _____		Date of Birth _____
Diagnosis & Concurrent Conditions 1. _____ 2. _____		ICD Codes 1. _____ 2. _____
Disability is due to <input type="checkbox"/> Accident <input type="checkbox"/> Sickness <input type="checkbox"/> Pregnancy If accident, provide how, when and where accident occurred _____ _____ _____ If Pregnancy, _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Delivery Date _____ Type of Delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section _____ Date Symptoms First Appeared _____ Date Patient First Consulted You _____ Dates & Surgical Procedures (if any) _____ _____ _____ If hospitalized, <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Date Admitted _____ Date Discharged _____ Full Name of Hospital _____ Address _____ City, State, Zip Code _____ _____ Telephone # of Hospital _____		Did disability arise from patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How long was or will patient be unable to work due to disability? From _____ Through _____ Can return to work on _____ Please list all treatment dates during the month in which the disability began _____ _____ _____ Date of next doctor's appointment _____ _____ List Restrictions and Limitations _____ _____ _____ _____ Has patient ever had same or similar condition? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Describe any circumstances causing disability to be prolonged:

Physician's Signature _____		Date _____
Physician's Name (Please Print/Type) _____		Degree _____
Address _____		Telephone _____
City _____	State _____	Zip Code _____ Fax _____

**FRAUD WARNING: Except as noted in separate Fraud Notice, it is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.**

**EMPLOYER'S STATEMENT**

Group Policy Number _____	Employee Social Security Number _____	Date of Hire _____	Coverage Effective Date _____	Annual Salary _____
Last Day Worked Date _____ # of Hours _____	Date Returned to Work: <input type="checkbox"/> Full-Time _____ <input type="checkbox"/> Part-Time _____	Employee Regularly Works _____ Hours Per Week Employee Regularly Works Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee eligible for any of the following?				
1. Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	Effective Date _____	Termination Date _____
2. Social Security Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	_____	_____
3. Social Security Retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	_____	_____
4. Employer's Retirement Plan	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	_____	_____
5. Any Other Disability Plan	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	_____	_____
6. Sick Pay	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$ _____ per Month	_____	_____
Employer Name _____		Tax ID # _____	Date _____	
Signature _____		Title _____		
Name (Please print or Type) _____			Telephone _____	
Street Address _____	City _____	State _____	Zip _____	Fax _____

## **FRAUD NOTICE**

For your protection, the laws of some states may require us to furnish you with the following notice:

Except as otherwise noted below, it is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

### **Arizona**

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **New Jersey**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **Pennsylvania**

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 and subjects such person to criminal and civil penalties.

Retain for your records.