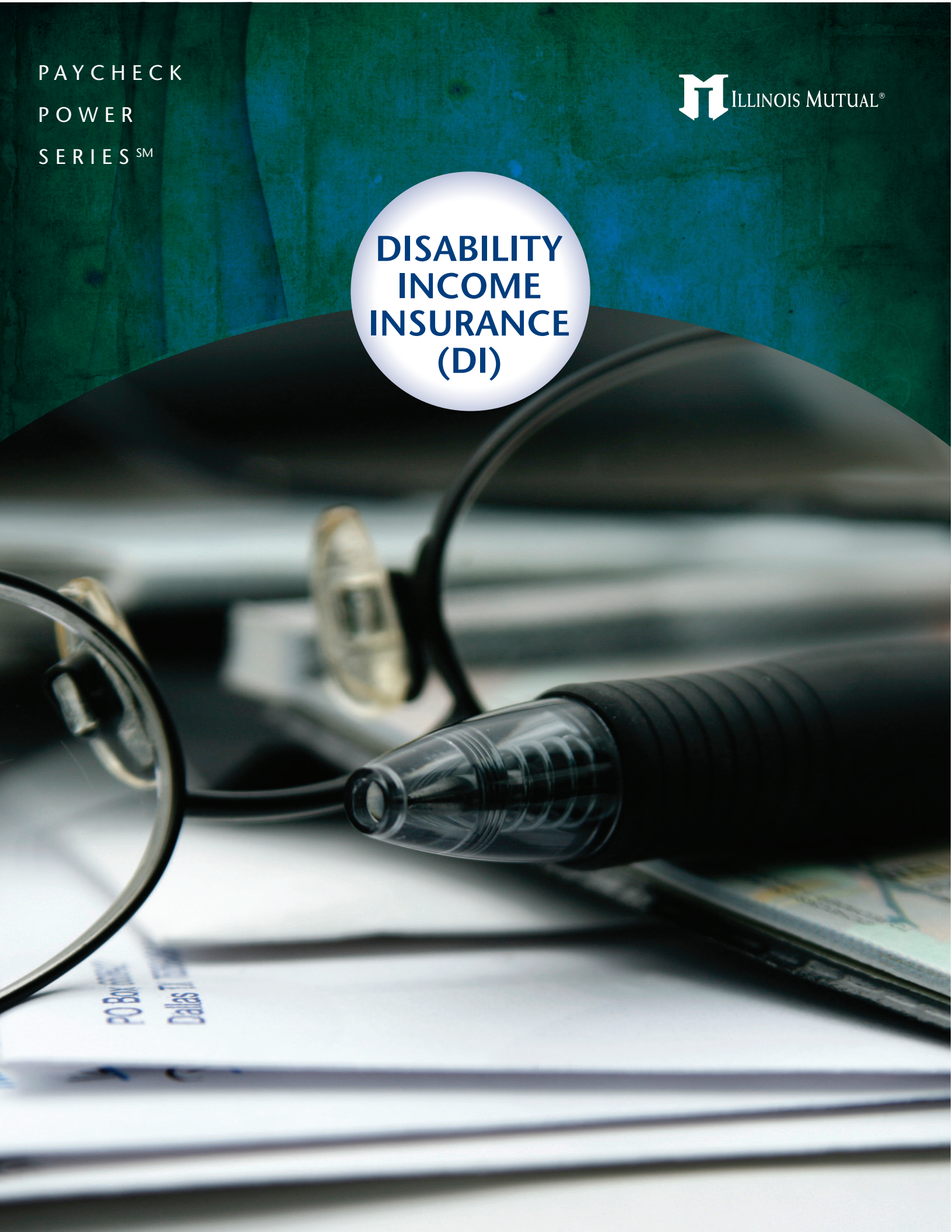


PAYCHECK  
POWER  
SERIES<sup>SM</sup>



**DISABILITY  
INCOME  
INSURANCE  
(DI)**





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## AGENT INTRODUCTION

***This guide is for agent use only. Please note product availability and features may vary by state. The actual policy language is the ultimate authority; refer to the policy and riders for complete details, limitations, exceptions and reductions.***

Thank you for choosing Illinois Mutual as your disability income insurance carrier. Since 1910, we have been dedicated to providing quality insurance products because we understand the way you work. No one understands America's diverse needs better than Illinois Mutual; that's why we provide you with one source for all of your disability income insurance needs. Our Paycheck Power<sup>SM</sup> Series offers Personal Paycheck Power<sup>SM</sup>, an individual disability income insurance plan and Business Expense Power<sup>SM</sup>, a business expense disability income insurance plan.

This Guide is designed to assist you in selling our products and to provide you with comprehensive information about Illinois Mutual's services.

By reading this guide, you have taken a great first step on your path to selling important disability income insurance to your clients.

## ILLINOIS MUTUAL'S GROWTH

Our focus on growth is important because of the commitments made to our customers. Our areas of growth allow us to help more hard-working Americans get the security and peace of mind they need.

Our areas of growth include financial strength, product developments, technology enhancements, and an online presence that allows our agents and customers to interact with us. Please visit our corporate website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com).

At Illinois Mutual, we are always interested in understanding our agents better and offering the service and support they need to succeed.

## WHY SELL DISABILITY INCOME INSURANCE?

Disability Income Insurance (DI) is often overlooked when individuals consider their insurance needs. However, protecting their biggest asset—the ability to earn a living—is the most important thing they can do. Together, you and Illinois Mutual can help prevent financial disasters.

### **Working together, underwriting can be fast.**

Illinois Mutual wants to move business through underwriting just as quickly as you do. That's why 70% of all applications have a decision within 30 days. If that's not short enough, take advantage of our Streamlined Underwriting Program. By following this program, you'll have a decision within 2 days after the Personal History Interview.

- Contact your regional DI sales team before you take the application to run through the details.
- Communicate with your underwriter regarding your case – he or she is just a call or e-mail away. They want to work with you!
- Sign up to receive underwriting communications by e-mail. Just go to [www.IllinoisMutual.com](http://www.IllinoisMutual.com), click on "Agents" and follow the registration instructions for the Agent Forum.

### **DI is affordable.**

With products specifically designed for a budget-conscious market, Illinois Mutual's products are among the most affordable available. Plus, you can pick and choose options and benefits that will fit your client's needs and budget.

### **What can you do to make a plan affordable for a client?**

- Identify a monthly amount they are willing to spend, then design a plan to meet that budget. If you need assistance, your regional DI sales team will be more than happy to help you.
- Zero in on 2 or 3 monthly expenses they will need to pay during a disability, and write a benefit amount that matches it.
- Remember, some coverage is better than none. While you may want your client to have the ultimate policy, their budget might not allow for it. You can still offer your client a solid disability insurance plan to meet key needs without exceeding their budget.



**Start selling today.** If you're not actively selling DI to your clients, then who are you referring that business opportunity to? Studies show that the more products your clients purchase from you, the more loyal they are and the less likely you will lose their business to a competitor. So, instead of giving the business away or letting someone take it from you, start talking to your clients about protecting their paycheck.

### **What can you do to start selling?**

- Start talking and start asking. Talk to your clients about their monthly expenses and ask how these would be covered if they became sick or hurt and unable to earn a paycheck.
- If your clients depend on their income to pay bills, including their life insurance, auto or home owners premium, you need to tell them about the need for income protection.
- Illinois Mutual makes it easy with our regional DI sales team ready to help you prepare illustrations, answer your questions and get you the information and forms you need.

### **Diversify your business and increase your sales.**

In the world of insurance sales there's a lot of opportunity to add a new product revenue source. By selling DI, you not only will better protect your client base by offering more products, but you're meeting a need that is all too often overlooked. So while selling DI might not be your main business focus, it fills a need and more importantly, it's a product your clients need.

### **How can I make more money by selling DI?**

- By selling just a handful of DI policies a year, you can increase your commission income by 10% or more.
- Illinois Mutual offers additional cash and prize incentives throughout the year, which increases your earning opportunity even more!

### **Our products fit your market.**

Illinois Mutual's DI products target incomes up to \$100,000, which encompasses nearly 95% of the American workforce. Many know Illinois Mutual as a "blue collar" DI company, but the fact is we encompass a whole lot more than blue collar occupations.

Forget about the market you have "heard" we excel at. Give us a chance on all of your DI business. Like many other agents across the country, you will be pleasantly surprised at the diverse number of clients you can write with us.

From truck drivers to office managers to dentists and computer programmers, we understand the vast range of occupations in the American workforce and can fit just about any agent's market.

## **REGISTER FOR THE AGENT FORUM**

The Agent Forum is open to all agents licensed with Illinois Mutual, or those who have contact with the Home Office but are not appointed. Sign up for the Agent Forum on our website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com), by clicking on the "Agents" link and following the directions.

In just three simple registration steps, you have immediate access to the Agent Forum and can get started on the following:

1. Create customized illustrations with fully integrated capabilities to our extensive Resource Library.
2. Synchronize your POWERPitch® 5G data so you can access your information from any computer.
3. View a comprehensive snapshot of your business activity on your personalized dashboard.
4. Grant administrative assistants the right to generate quotes, access client data and more.
5. Access hundreds of successful sales ideas, powerful marketing tools and more than 500 electronic forms that can help you increase your business.
6. Receive immediate Notices of Underwriting Actions (NUA)s by e-mail for the fastest possible notification of underwriting status.
7. Check your commission statements and learn how you can earn even more.
8. Review your clients' in force policies to ensure they are up-to-date with the products they need.
9. Access key Company updates, announcements and important information.



Not only are our disability income insurance solutions better than ever, so is our technology offering.

## **POWERPitch® 5G SOFTWARE HIGHLIGHTS**

- Provides you with everything you need to sell our leading disability income insurance and life insurance products.
- Runs on Microsoft Windows® platforms and major web browsers through our web-based Agent Forum.
- Allows for local, office and Internet-based data sharing and synchronization.
- Utilizes a modern, highly intuitive, tab-based user interface with interactive controls.
- Enables you to easily include others you work with in the selling process.

## **5G QUOTE<sup>SM</sup>**

- Use your iPhone or Android-based smartphone with Internet connectivity to run quotes and e-mail them to your prospects anytime, anywhere.
- Run a 5G QUOTE<sup>SM</sup> not only for our individual disability income insurance product – Personal Paycheck Power<sup>SM</sup>, but also our traditional life insurance products – Term Life, Return of Premium Term, ValueLife Protector Universal Life and Life Foundations Whole Life.
- Review and follow up on your previous quotes.

## **Fillable PDF Application**

- With the click of a button, transfer information inputted in an illustration directly to a pre-populated PDF.
- Speeds up sales process by eliminating manual completion of an entire application.

## **MARKETING MATERIALS**

Illinois Mutual offers a variety of ways you can market DI insurance to your clients. From sales ideas, brochures and handouts to custom sales presentations, you have access to a variety of tools both online through the Agent Forum of our website at [www.IllinoisMutual.com](http://www.IllinoisMutual.com) or through our Supply Department. Please see Form 543-PPS for a list of our most popular items.



## **SALES AND UNDERWRITING TEAMS**

Our dedicated regional DI sales teams are here to help you with every aspect of your DI sale. Contact them for product or sales-related questions, proposals, forms, marketing materials or to find out how we compare to the competition.

Our underwriters are just a phone call away, too. Contact the underwriter working on your pending case or call them to discuss a potential case. They are fast, friendly and fair.

Both Sales and Underwriting Teams can be reached at (800) 437-7355.

A great tool for you to use is our **DI Quote Request**, Form 9230. By completing this information prior to calling us, we can expedite your quote that much faster.

## **AGENT RESPONSIBILITY AND LIMIT OF AUTHORITY**

Each Agent's contract provides that you shall observe the instructions set forth in this DI Guide and any additional instructions that may be provided.

As an Agent, you are not authorized to make either verbal or written statements that might be construed as binding the Company, unless they are actually stated in the Company's contracts.

All circulars or advertisements promoting Illinois Mutual or Illinois Mutual's products which have not been prepared by the Home Office must first have written Home Office approval prior to printing.

Any matters involving legal questions or state insurance departments' actions must be referred to the Home Office Legal Department immediately.

The Company pays its claims as promptly as possible. Unless specifically authorized in writing by the Company, you must not settle a claim or make any promises in reference to a claim.

## **REBATES AND MISREPRESENTATION**

You are prohibited from making or giving any:

- Statements misrepresenting the terms, benefits or advantages of any policy;
- Misleading representations as to the financial condition of any company;
- Misleading or incomplete comparison of the policies of any company;
- Rebate of the premiums as expressed in the policy or;
- Valuable consideration as an inducement for the purchase of the policy.

## **MARKET CONDUCT**

Your long-term success in the insurance industry depends on a reputation for fair dealing and integrity. That's why making sure your clients understand what they are buying is so important.

Here are some tips to help you maintain successful market conduct:

1. Maintain regular contact with your clients.
2. Respond promptly to business inquiries.
3. Keep detailed records specifying what products were recommended and why.
4. Keep copies of all correspondence.
5. Have written acknowledgment of all forms and proposals used.

# Agent Introduction

## Licensing Procedures



Insurance Department regulations dictate under what circumstances Illinois Mutual, as an insurer, may accept business. As the Agent, you must currently be licensed in the state in which you are writing the application. Illinois Mutual is unable to accept business from any agent until the proper licensing and appointment requirements are met.

Every agent must submit an Illinois Mutual Agent's Application and Form SD-274, **Notification/Release of Information**, along with a copy of the resident state license and any non-resident state license in which the agent intends to conduct business.

The following guidelines are established to comply with Insurance Department regulations and to ensure quality field underwriting:

1. Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
2. Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
3. Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
4. In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.

### ILLINOIS MUTUAL LICENSED STATES

Illinois Mutual is licensed to do business in the states listed. Applications are not acceptable if the applications are taken in states where Illinois Mutual is not licensed.

Applications from residents of states where Illinois Mutual is not licensed will be considered only if the agent certifies that the application was taken and the policy will be delivered in a state where Illinois Mutual is licensed.

### LICENSE AND APPOINTMENT GUIDE

This information is current as of 5-1-11 and is subject to change.

Please furnish us with a copy of your life and health/disability insurance license in all states.

1. The agent application and a copy of your current license can be submitted with the first policy application from qualified<sup>^</sup> agents in the following states. We use "just in time" appointment practices and appoint upon receipt of the agent's 1st piece of business in these states.

Alabama	Kansas	Nevada	Tennessee
Arizona	Kentucky	New Hampshire	Texas
Arkansas	Louisiana	New Jersey	Utah
Colorado	Maine	New Mexico	Vermont
Connecticut	Maryland	North Carolina	Virginia
Delaware	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Idaho	Mississippi	Oregon	Wyoming
Illinois	Missouri	Rhode Island	
Indiana	Montana	South Carolina	
Iowa	Nebraska	South Dakota	

<sup>^</sup> Qualified: agent is licensed in the state and the agent application and a copy of your current license is on file in the Home Office, or accompanies the policy application.

2. Agents must be appointed prior to taking policy applications in the following state:

Pennsylvania\*

\* Agent can write on the day Illinois Mutual processes the appointment. (Minimum 3 working days from the date agent's paperwork is received in the Home Office.)





## PERSONAL PAYCHECK POWER<sup>SM</sup>†

Personal Paycheck Power<sup>SM</sup>, our individual disability income insurance policy, provides a benefit if you become sick or hurt and unable to work. It's a must have for anyone who relies on their ability to bring home a paycheck.

### POLICY FORM DI105

- Guaranteed Renewable to age 67
- Conditionally Renewable to age 75
- Occupation Classes 5, 4, 3, 2, and 1

### Issue Ages (age last birthday):

- **Ages 18 to 55:** 6 Month, 1 Year, 2 Year, 5 Year, 10 Year, or To Age 67 plans
- **Ages 56 to 60:** 6 Month, 1 Year, 2 Year, or To Age 67 plans (5 Year and 10 Year not available)

### Elimination Period

- The number of continuous days an insured must be totally or partially disabled before benefits begin to accrue or become payable.
- No benefits are payable for the Elimination Period unless so stated in the Policy.
- Elimination periods include 30, 60\*\*, 90\*, 180, 365, or 730^ day.

### Benefit Period

- The length of time during which a benefit is payable.
  - Classes 5, 4, 3, 2: 6 months, 1 Year, 2 Year, 5 Year, 10 Year, To Age 67§
  - Class 1: 6 months, 1 Year, 2 Year and 5 Year
- The benefit period must be at least twice the length of the elimination period.
- Maximum 90 day elimination period on a six month or one year benefit period – AR, CT, IA, ID, KS, ME, OK, PA, SC, TX, UT, VA, WA, WV.
- Maximum 180 day elimination period on a two year benefit period – AR, CT, IA, ID, KS, ME, OK, PA, SC, VA, VT, WA, WV.

**Minimum Earned Income:** \$600/month

**Minimum Issue:** \$200/month

**Maximum Issue:** \$10,000/month^^

To determine issue amounts based on income, please see the DI Issue Limit Charts in the Underwriting section of this Guide.

**Maximum Participation:** \$12,000/month^^

† Not available in CA and VT.

\* NJ and RI require minimum 90 day elimination period.

\*\* KS requires minimum 60 day elimination period.

^ 730 day is not available in AR, CT, IA, ID, KS, MD, ME, NJ, OK, PA, SC, TX, UT, VA, WA, or WV.

^^ Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and Chiropractors.

§ To Age 67 consideration requires minimum annual earned income of \$20,000 and 3 years in occupation.

## Outstanding Features

- No offset with Social Security or Worker's Compensation on Base Benefits
- Integrated Monthly Benefit Rider available
- Pure Own Occupation Rider available
- World-wide coverage, 24 hours-a-day, on or off the job
- Benefits payable regardless of other coverage after issue

## Basic Policy Provisions (may vary by state)

- **Retroactive Waiver of Premium**
- **Total Disability**  
Total Disability for any one period of disability starting while this policy is in force means:
  - a) During the first 24 months, your inability to perform the substantial and material duties of your occupation and you are not engaged in any occupation for wage or profit.
  - b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- **Partial Disability Monthly Benefit**  
Pays a benefit if injury or sickness causes a partial disability. Benefit is payable for up to six months for any one period of Partial Disability.
- **Recurrent Disability**  
A recurrence of disability from the same or related causes will be considered a continuation of the prior period, unless the insured has been engaged in any gainful occupation for more than six continuous months.
- **Presumed Total Disability**  
Total disability will be presumed if injury or sickness results in the total and irrecoverable loss of: sight in both eyes; or hearing of both ears; or speech; or use of both hands; or use of both feet; or use of a hand and a foot.
- **Total Loss of Sight and Double Dismemberment Monthly Benefit**  
Pays a benefit if an injury or a sickness causes the loss, by actual severance, of both hands, or both feet, or a hand and a foot, or irrecoverable loss of sight of both eyes.



- **Retraining and Home Modification Benefit**

If benefits have been paid to you for at least 6 months in a row for total disability and you continue to be totally disabled. This pays a benefit up to 6 times the monthly benefit amount for: the actual costs of tuition, books and equipment that are required for a formal retraining program; the actual costs to modify the insured's home to accommodate a disabling condition.

- **Organ Donor Benefit**

Pays a benefit if total disability results from giving an organ for use as a transplant, including bone marrow donations. No Elimination Period will apply to this benefit. Policy must be in force for at least 6 months before benefit is payable.\*

\* Not available in ID

- **Survivor Benefit**

If death occurs during a current period of total disability, and the insured has been receiving a total disability monthly benefit for 6 continuous months, 4 times (3 times in MD) the Total Disability Monthly Benefit will be paid to a spouse or estate.

- **Retroactive Waiver of Premium Benefit**

If injury or sickness causes total disability for 90 continuous days, we will waive the payment of any premiums which become due for as long as total disability continues. All premiums paid in the first three months of total disability will be returned.

- **Suspension of Policy during Unemployment**

After the Policy has been in force for at least one year, the insured may temporarily suspend the Policy if unemployed and after having received 8 weeks of government unemployment benefits. No benefits are payable during periods of suspension. Policy may be suspended only once in any 24 month period.

## Application

Form APP105-D and Form APP105 or the correct version of this form for the state that the application is written and the policy will be delivered.

## Outline of Coverage

Form OCDI105 or the correct version of this form for the state that the application is written and the policy will be delivered.

## OPTIONAL RIDERS

### Activities of Daily Living (Form 9259)

- Pays an additional benefit if the insured cannot do two of the activities of daily living (ADLs) or if cognitively impaired.
- Up to 100% of earned income can be replaced with base benefit, plus integrated benefit, plus ADL benefit.
- Occupation Classes 5, 4, 3, 2, and 1
- Maximum 2 Year, 5 Year and To Age 67 ADL benefit periods available.
  - Ages 18 to 55: 2 Year, 5 Year, or To Age 67 ADL Benefit Period available.
  - Ages 56 to 60: 2 Year or To Age 67 ADL Benefit Period available.
- Available with 2 Year, 5 Year, 10 Year, and To Age 67 benefit periods.
- Elimination period must be the same as base plan.
- If using the Base Benefit Chart, the ADL benefit cannot exceed two times the base benefit amount. If using the Base and Integrated Benefit Chart, the ADL benefit cannot exceed two times the combined amount of Base and Integrated benefit.
- ADL benefit period cannot exceed the base plan benefit period.
- Not available in CT.

### Automatic Increase Benefit (Form 9252)

- Increases the Total Disability Monthly Benefit automatically on the first premium due date on or after each of the first five policy anniversaries.
- Amount of increase is 3% of the Total Disability Monthly Benefit at time of policy issue.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 50
- Not included if the monthly benefit is less than \$1,000.



## **Cost of Living Adjustment (COLA) (Form 9260)**

- Increases base benefit payment after total disability begins based on cost of living adjustment.
- Occupation Classes 5, 4, 3, and 2
- Ages 18 to 60
- Available with 5 Year, 10 Year, and To Age 67 benefit periods

## **Two Year Pure Own Occupation\* (Form 9255)**

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:  
Total Disability for any one period of disability starting while this policy is in force means:
  - a) During the first 24 months, your inability to perform the substantial and material duties of your occupation.
  - b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2 Year, 5 Year, 10 Year, and To Age 67 benefit periods
- Not available in LA and UT

## **Five Year Pure Own Occupation\* (Form 9256)**

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:  
Total Disability for any one period of disability starting while this policy is in force means:
  - a) During the first 60 months, your inability to perform the substantial and material duties of your occupation.
  - b) After 60 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.

- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with 5 Year, 10 Year, and To Age 67 benefit periods
- Not available in LA and UT
- If purchasing the Five Year Pure Own Occupation Rider, either the Five Year Own Occupation Extension or To Age 67 Occupation Extension Rider must also be purchased.

## **Five Year Own Occupation Extension (Form 9257)**

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:  
Total Disability for any one period of disability starting while this policy is in force means:
  - a) During the first 60 months, your inability to perform the substantial and material duties of your occupation and you are not engaged in any occupation for wage or profit;
  - b) After 60 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with 5 Year, 10 Year, and To Age 67 benefit periods
- If the Two Year Pure Own Occupation Rider has been purchased in addition to this Rider, the definition of Total Disability during the two year period will be governed by the terms of that Rider while it remains in force.

\* One of these two riders is required to be purchased by the applicant in the State of Florida.



## **To Age 67 Own Occupation Extension (Form 9258)**

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:  
Total Disability for any one period of disability starting while this policy is in force means:  
a) To Age 67, your inability to perform the substantial and material duties of your occupation and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with To Age 67 benefit periods
- If the Two Year or Five Year Pure Own Occupation Rider has been purchased in addition to this Rider, the definition of Total Disability during the two or five year period as applicable will be governed by the terms of those Riders while they remain in force.
- Not available in LA or UT

## **Guaranteed Insurability Option (Form 9267)**

- Provides option to purchase future base benefits without evidence of good health.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 45
- Five options prior to age 55
- Options may be exercised any time after 24 months from the Date of Issue, but must be at least 24 months apart.
- Options may be exercised upon change in status (marriage, death of a spouse, divorce, or birth or adoption of a child)
- Option amounts \$100, \$200, \$300, \$400, \$500 or \$600
- Option amount cannot exceed the Total Disability Monthly Benefit amount.
- Not available in FL

## **Integrated Monthly Benefit (Form 9264)**

- Pays an additional total disability benefit reduced by receipt of Social Security, Worker's Compensation, Railroad Retirement and Government Retirement/Disability Fund.

- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2 Year, 5 Year, 10 Year, To Age 67 benefit periods
- Benefit period and elimination period must be same as base policy benefit period and elimination period.
- Not available in CT or NJ.

## **Non-Cancelable Policy (Form 9251)**

- Adds Non-Cancelable (Guaranteed Premium) feature to policy
- Guaranteed Renewable to Age 67
- Occupation Classes 5, 4, and 3
- Ages 18 to 60

## **Residual Disability Benefit (Form 9261 or Form 9263)**

- Pays a benefit for residual disability which means the inability to perform one or more of the substantial and material duties of your occupation or unable to do said duties for as long as usually required and the loss of 20% or more of your prior monthly income.
- If the insured qualifies for both a residual benefit and a partial disability benefit, the insured will receive the greater benefit of the two, but not both.
- Occupation Classes 5, 4, 3, and 2
- Ages 18 to 60
- Minimum earned income of \$2,000/month
- Available with 2 Year, 5 Year, 10 Year, To Age 67 benefit periods

## **Retroactive Injury Benefit (Form 9253)**

- Pays benefits from the date of total disability due to injury if total disability occurs within 30 days of the injury and continues through the elimination period.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60





## **Return of Premium (Form 9266)**

- Rider returns all premiums paid, less benefits received, at age 67.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 55
- Not available with 365 or 730 day elimination periods.
- Not available in CT or MA

## **Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse (Form 9265)**

- Amends the Policy by deleting the Policy provision entitled "Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse".
- While the Rider remains in force, Total Disability caused or contributed to by Mental or Nervous Disorder or Alcoholism or Drug Abuse will be treated as any other Sickness under the Policy.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Not available in CT

## **EXCEPTIONS AND REDUCTIONS**

We will not pay for disability that results from:

1. Normal pregnancy or childbirth (not excluded in KS);
2. Intentionally self-inflicted injury or sickness;
3. Your commission or attempted commission of a felony;
4. War, declared, or not;
5. Military service of any country or authority, except during active duty for training of less than 60 days. If we are notified of military service which is not covered, we will refund the pro rata unearned premiums for such period.

Disability benefits will not be paid for any period during which the insured is incarcerated in any penal or correctional institution. (Not applicable in MN, ND, NJ, or VA.)

During the first two years of the policy\*, benefits may not be paid for a condition which began prior to the policy effective date. Benefits will be paid if the condition is fully disclosed on the application unless a Rider specifically excludes the condition.

\* One year in MN, MT, NC, ND, and VA; nine months in NH; no pre-existing time frame applicable in NM

## **LIMITED BENEFITS FOR FOREIGN TRAVEL**

If totally disabled due to an injury or sickness sustained or continued while outside of the United States, Canada or Mexico, the Maximum Total Disability Benefit Period will be limited to 90 days. After the 90 day period, benefits will not be paid until returning to the United States, Canada or Mexico. Any benefits paid will be deducted from the remaining period of disability if you are still Totally Disabled upon your return to the United States, Canada or Mexico.

## **LIMITED BENEFITS FOR MENTAL OR NERVOUS DISORDERS, ALCOHOLISM OR DRUG ABUSE**

The total amount payable under the policy for total disability caused or contributed to by a mental or nervous disorder or alcoholism or drug abuse shall not exceed a cumulative lifetime maximum of 24 months.



## BUSINESS EXPENSE POWER<sup>SM</sup>†

Business Expense Power<sup>SM</sup>, our business expense disability income insurance policy, is designed to provide you with coverage for your business expense while you are disabled by injury or sickness.

### POLICY FORM BE105

- Guaranteed Renewable to age 67
- Conditionally Renewable to age 75
- Occupation Classes 5, 4, 3, 2, and 1

#### Eligibility

- Business must have been in existence for a minimum of one year or the insured must have been in the same occupation for three years immediately preceding self-employment.
- Insured must be active full-time in the ownership, management and administration of the business. Business must be dependent on full-time personal services of the insured. This policy is not available to persons having only financial interests in the business.
- Home-operated businesses are eligible, but expenses attributed to the home are not covered.
- Farmers will be considered for up to \$2,000 of Total Disability Monthly Business Expense Benefit.

**Issue Ages (age last birthday):** Ages 18 to 60

#### Elimination Period

- The number of continuous days an insured must be totally or partially disabled before benefits begin to accrue or become payable.
- No benefits are payable for the Elimination Period unless so stated in the Policy.
- Elimination periods include 30, 60\*, or 90 day

\* KS requires minimum 60 day elimination period.

#### Benefit Period

- The length of time during which a business expense benefit is payable.
- 12 months, 18 months, or 24 months

**Minimum Earned Income:** \$600/month

**Minimum Issue:** \$200/month

**Maximum Issue:** 100% of actual business expenses up to a maximum \$10,000/month issue limit\*

\* Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and Chiropractors

**Maximum Participation:** \$12,000/month

#### Outstanding Features

- No offset with Social Security or Worker's Compensation
- World-wide coverage, 24 hours-a-day, on or off the job
- Benefits payable regardless of other coverage after issue
- Retroactive Waiver of Premium

#### Basic Policy Provisions (may vary by state)

##### • Total Disability

Total disability for any one period of disability starting while this policy is in force means your inability to perform the substantial and material duties of your occupation, and you are not engaged in any occupation for wage or profit.

##### • Monthly Business Expense

Eligible business overhead expenses include those actually incurred in the operation of the business. This term includes rent, utilities, employees' salaries, property and payroll taxes, property and liability insurance and depreciation. The term does not include salaries, fees, drawing account or any other remuneration or the taxes thereon, for the insured or any member of the insured's profession or occupation hired by or working with the insured.

##### • Partial Disability Monthly Business Expense Benefit

Pays a business expense benefit if injury or sickness causes a partial disability. Benefit is payable for up to six months.

##### • Recurrent Disability

A recurrence of disability from the same or related causes will be considered a continuation of the prior period, unless the insured has been engaged in any gainful occupation for more than six continuous months.

##### • Organ Donor Benefit

Pays a benefit if total disability results from giving an organ for use as a transplant, including bone marrow donations. No Elimination Period will apply to this benefit.\*

\* Not available in ID

##### • Retroactive Waiver of Premium Provision

If injury or sickness causes total disability for 90 continuous days, we will waive the payment of any premiums which become due for as long as total disability continues. All premiums paid in the first three months of total disability will be returned.

† Not available in CA and VT.



## • **Conversion Provision**

Prior to age 60, provides the right to apply for a total disability policy, guaranteed renewable, that will replace the business expense policy.

## **Tax Deductible Premiums**

Internal Revenue Service Ruling 55-264 (1955-1 CB11) allows insured to take as a business expense deduction the premiums paid for a plan designed specifically for the purpose of reimbursing the insured for business overhead expense incurred during periods of disability and for which the insured is personally liable. Disability benefits received under such a plan must be treated as business income. Such income, however, is offset by the business expenses that this plan covers. Any proceeds received under the Return of Premium Rider would also be treated as business income.

## **Application**

Form APP105-D and Form APP105 or the correct version of this form for the state that the application is written and the policy will be delivered.

## **Outline of Coverage**

Form OCBE105 or the correct version of this form for the state that the application is written and the policy will be delivered

## **OPTIONAL RIDERS**

### **Guaranteed Insurability Option (Form 3166)**

- Provides option to purchase future base benefits without evidence of good health.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 45
- Five options prior to age 60
- Options may be exercised any time after 12 months from the Date of Issue, but must be at least 12 months apart.
- Option amounts \$100, \$200, \$300, \$400, \$500 or \$600
- Option amount cannot exceed the Total Disability Monthly Business Expense Benefit amount.
- Not available in FL

### **Retroactive Injury Benefit (Form 9253)**

- Pays benefits from the date of total disability due to injury if total disability occurs within 30 days of the injury and continues through the elimination period.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60

### **Two Year Pure Own Occupation (Form 9255)**

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:  
  
Total Disability for any one period of disability starting while this policy is in force means:  
  
a) During the first 24 months, your inability to perform the substantial and material duties of your occupation.  
  
b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2 Year benefit period
- Not available in LA or UT

### **Return of Premium (Form 9266)**

- Rider returns all premiums paid, less benefits received, at age 67.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 55
- Not available in CT or MA

**Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse (Form 9265)**

- Amends the Policy by deleting the Policy provision entitled "Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse".
- While the Rider remains in force, Total Disability caused or contributed to by Mental or Nervous Disorder or Alcoholism or Drug Abuse will be treated as any other Sickness under the Policy.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Not available in CT

**EXCEPTIONS AND REDUCTIONS**

We will not pay for disability that results from:

1. Normal pregnancy or childbirth (not excluded in KS);
2. Intentionally self-inflicted injury or sickness;
3. Your commission or attempted commission of a felony;
4. War, declared, or not;
5. Military service of any country or authority, except during active duty for training of less than 60 days. If we are notified of military service which is not covered, we will refund the pro rata unearned premiums for such period.

Disability benefits will not be paid for any period during which the insured is incarcerated in any penal or correctional institution. (Not applicable in MN, ND, NJ, or VA.)

During the first two years of the policy\*, benefits may not be paid for a condition which began prior to the policy effective date. This means that this policy will not pay benefits (a) for any condition diagnosed or treated by a physician within 2 years prior to the Date of Issue; or (b) for any condition which caused symptoms within 2 years prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment. Benefits will be paid if the condition is fully disclosed on the application unless a Rider specifically excludes the condition.

\* One year in MN, MT, NC, ND, and VA; nine months in NH; no pre-existing time frame applicable in NM

**LIMITED BENEFITS FOR FOREIGN TRAVEL**

If totally disabled due to an injury or sickness sustained or continued while outside of the United States, Canada or Mexico, the Maximum Total Disability Benefit Period will be limited to 90 days. After the 90 day period, benefits will not be paid until returning to the United States, Canada or Mexico.

**LIMITED BENEFITS FOR MENTAL OR NERVOUS DISORDERS, ALCOHOLISM OR DRUG ABUSE**

The total amount payable under the policy for total disability caused or contributed to by a mental or nervous disorder or alcoholism or drug abuse shall not exceed a cumulative lifetime maximum of 24 months.





## INDIVIDUAL ACCIDENT INSURANCE

Accidents can happen to anyone, anywhere. When an accident occurs, we often seek medical treatment and end up with co-payments, deductibles and other out-of-pocket expenses. Our Accident Insurance, Form WSA07, can help cover these out-of-pocket expenses by paying a flat dollar benefit for a significant number of medical treatments and injury related losses.

**24-Hour Coverage** – provides coverage for accidents 24 hours a day, 7 days a week. Covers both on-the-job and off-the-job accidents.

### Benefit levels:

1. Economy
2. Standard
3. Preferred
4. Premium

### Plan types:

1. Primary Insured – covers the Primary Insured only.
2. Primary Insured/Spouse – covers the Primary Insured and spouse.
3. One Parent Family – covers the Primary Insured and any dependent children.
4. Two Parent Family – covers the Primary Insured, spouse and any dependent children.

### Issue Ages

Primary Insured & Spouse: Ages 18 to 60

Children: 14 days to 21 years, or 23 if full-time student\*\*

### Coverage Effective Date

Coverage begins on the day the application is signed, subject to premium payment.

## FIELD UNDERWRITING

- Individual Accident coverage is only available when applying for Individual Disability coverage. The issuance of Individual Accident coverage is subject to the Individual Disability eligibility requirements. (Please refer to the Eligibility section in this Guide.)

Individual Accident insurance can be issued even when the Individual Disability application is declined or modified for financial, medical or aviation/avocation reasons. Individual Accident Coverage is not available to an applicant in an uninsurable occupation. (Please refer to the Occupation Guide section)

- Rates are unisex and uni-tobacco.
- Only one Accident policy per family will be issued
- Spouse and child benefits are the same as for the Primary Insured unless specified otherwise.

\* Not Available in CT, NH, and VT

\*\*Age may vary depending on state.



## POLICY BENEFITS

BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<b>A. EMERGENCY CARE</b>				
<p><b>Ground Ambulance Transportation:</b> Pays the benefit for medically necessary ground ambulance transportation by a licensed professional ambulance company to or from a hospital or between medical facilities, for treatment of injuries received as the result of a covered accident. This benefit is payable for transports within 90 days after the covered accident. This benefit is payable once per covered person per covered accident.</p>	\$240	\$300	\$390	\$450
<p><b>Air Ambulance Transportation:</b> Pays the benefit for medically necessary air ambulance transportation by a licensed professional ambulance company to or from a hospital or between medical facilities, for treatment of injuries received as the result of a covered accident. This benefit is payable for transports within 48 hours after the covered accident. This benefit is payable once per covered person per covered accident.</p>	\$480	\$600	\$780	\$900
<p><b>Emergency Room Treatment:</b> Pays the benefit for examination and treatment by a doctor in an emergency room. This benefit is payable for visits within the first 72 hours after the covered accident. This benefit is payable only once per covered person per covered accident. If the covered person is also eligible for an Initial Doctor Visit Benefit, the Initial Doctor Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.</p>	\$160	\$200	\$260	\$300
<p><b>Initial Doctor Visit:</b> Pays the benefit for examination and treatment by a doctor following a covered accident. This benefit is payable for visits within the first 72 hours after the covered accident. This benefit is payable once per covered person per covered accident. If the covered person is also eligible for an Emergency Room Treatment Benefit, the Initial Doctor Visit Benefit amount will be subtracted from the Emergency Room Treatment Benefit.</p>	\$40	\$50	\$65	\$75
<p><b>Follow-up Doctor Treatment:</b> Pays benefit for follow-up treatment by a doctor for injuries sustained in a covered accident. The benefit is only available to a covered person where the Initial Doctor's Visit Benefit or the Emergency Room Treatment Benefit is payable. This benefit is only payable within 30 days of the covered accident. This benefit is payable once per covered person per covered accident.</p>	\$40	\$50	\$65	\$75
<p><b>Major Diagnostic Exams:</b> Pays the benefit if a covered person incurs a charge for one of the following required exams for injuries sustained in a covered accident: CT scan, MRI or EEG. This benefit is payable only once per calendar year, per covered person.</p>	\$120	\$150	\$195	\$225

## Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<p><b>Surgery:</b> Pays the benefit for surgery performed in a hospital or outpatient surgical facility. This benefit is payable for surgery that takes place within the first 72 hours after the covered accident. This benefit is payable only once per covered person per covered accident.</p> <p>Open abdominal or thoracic . . . . .</p> <p>Exploratory or without repair. . . . .</p> <p><b>Blood/Plasma/Platelets:</b> Pays the benefit for the transfusion, administration, cross matching, typing and processing of blood, plasma or platelets administered within the first 90 days after the covered accident. This benefit is payable only once per covered person per covered accident.</p> <p><b>Medical Equipment:</b> Pays the benefit for medical equipment prescribed by a doctor. This benefit is payable if use begins within the first 90 days after the covered accident. This benefit is payable once per covered person per covered accident. The following equipment is eligible: crutches, wheelchair, back brace, leg brace, and walker.</p> <p><b>Physical Therapy:</b> Pays the benefit for each day the insured receives physical therapy treatment by a physical therapist due to injury sustained in a covered accident. This benefit must be prescribed by a doctor and provided by a physical therapist in an office or hospital on an inpatient or outpatient basis. This benefit is payable if the therapy begins within the first 60 days after the covered accident and completed within the first 6 months after the covered accident. This benefit is payable for a maximum of six treatments per covered person per covered accident.</p> <p><b>Prosthetic Device:</b> Pays the benefit for the purchase of a prosthetic device prescribed by a doctor for use following the loss of the use of a hand, a foot or the sight of an eye as a result of a covered accident. Prosthetic devices do not include hearing aids, dental aids, including false teeth, eye-glasses, artificial joints or cosmetic prostheses such as hair wigs. The benefit is payable if the prosthetic device is received within one year after the covered accident. This benefit is payable once per covered person per covered accident.</p> <p>One prescribed prosthetic device/artificial limb . . . . .</p> <p>Two or more prosthetic devices. . . . .</p>	<p>\$800</p> <p>\$80</p> <p>\$240</p> <p>\$80</p> <p>\$20</p> <p>\$400</p> <p>\$800</p>	<p>\$1,000</p> <p>\$100</p> <p>\$300</p> <p>\$100</p> <p>\$25</p> <p>\$500</p> <p>\$1,000</p>	<p>\$1,300</p> <p>\$130</p> <p>\$390</p> <p>\$130</p> <p>\$32.50</p> <p>\$650</p> <p>\$1,300</p>	<p>\$1,500</p> <p>\$150</p> <p>\$450</p> <p>\$150</p> <p>\$37.50</p> <p>\$750</p> <p>\$1,500</p>

# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<b>Burn:</b> Pays the benefit for burns caused by a covered accident. This benefit is payable only if treatment by a doctor is within 72 hours after the covered accident. If the burns of the covered person meet more than one of the Burn Benefit Classifications the higher amount will be paid. This benefit is payable for one Burn Benefit per covered person per covered accident.				
2nd degree burns covering at least 36% of the body .....	\$600	\$750	\$975	\$1,125
3rd degree burns covering between 9 and 35 square inches of the body .....	\$1,200	\$1,500	\$1,950	\$2,250
3rd degree burns covering at least 35 square inches of the body	\$8,000	\$10,000	\$13,000	\$15,000
Skin grafts.....	25% of burn benefit			
<b>Emergency Dental Work:</b> This benefit will pay for the repair or extraction of natural teeth as the result of a covered accident. This benefit is payable once per covered person per covered accident regardless of the number of teeth involved.				
Broken teeth repaired with crown(s).....	\$120	\$150	\$195	\$225
Broken teeth resulting in extraction .....	\$40	\$50	\$65	\$75
<b>Eye Injury:</b> This benefit will pay for the treatment of an eye injury as the result of a covered accident. This benefit is payable only if the injury requires surgery or the removal of a foreign object by a doctor. This benefit is payable only if treatment by a doctor is within 90 days after the covered accident. This benefit is not payable for an examination with anesthesia. This benefit is payable once per covered person per covered accident.				
	\$160	\$200	\$260	\$300
<b>Lacerations:</b> This benefit will pay for the treatment of a laceration as the result of a covered accident. If the laceration is severe enough to require stitches but the doctor chooses to repair it another way, the benefit will be determined as if the laceration was stitched. This benefit is payable if treatment by a doctor is within 72 hours after the covered accident. This benefit is payable once per covered person per covered accident.				
Single laceration less than 2 inches .....	\$40	\$50	\$65	\$75
At least 2 inches but not more than 6 inches (total of all lacerations) .....	\$160	\$200	\$260	\$300
Over 6 inches (total of all lacerations) .....	\$320	\$400	\$520	\$600
Laceration(s) not requiring stitches, staples or glue .....	\$20	\$25	\$32.50	\$37.50



# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<p><b>Torn Knee Cartilage:</b> This benefit will pay for the treatment and surgical repair of torn knee cartilage. This benefit is payable if treatment by a doctor is within 60 days after the covered accident. Surgical repair of the tear must occur within six months after the covered accident. This benefit is payable once per covered person per covered accident.</p> <p>Exploratory surgery without repair or if cartilage is only shaved \$80 \$100 \$130 \$150</p> <p>Surgical Repair ..... \$400 \$500 \$650 \$750</p>				
<p><b>Ruptured Disc:</b> This benefit will pay for the treatment and surgical repair of a ruptured disc. This benefit is payable if treatment by a doctor is within 60 days after the covered accident. Surgical repair by a doctor is required within 1 year after the covered accident. This benefit is payable once per covered person per covered accident.</p> <p>\$320 \$400 \$520 \$600</p>				
<p><b>Tendon/Ligament/Rotator Cuff:</b> This benefit will pay for the surgical repair of a torn, ruptured, or severed tendon or ligament or rotator cuff. If a covered person receives a fracture or a dislocation and tears or severs a tendon, ligament or rotator cuff, benefits are payable for the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit. This benefit is payable if the injury is torn, ruptured or severed and repaired through surgery within 90 days after the covered accident. This benefit is payable once per covered person per covered accident.</p> <p>Surgical repair of one tendon/ligament..... \$320 \$400 \$520 \$600</p> <p>Surgical Repair of more than one..... \$480 \$600 \$780 \$900</p> <p>Exploratory surgery to help diagnosis ..... \$80 \$100 \$130 \$150</p>				
<p><b>Concussion:</b> This benefit will pay for the treatment of a concussion diagnosed by a doctor and confirmed by the use of some type of medical imaging procedure (i.e., x-ray, CAT scan or MRI). This benefit is payable if the concussion is diagnosed by a doctor within 72 hours after the covered accident.</p> <p>\$80 \$100 \$130 \$150</p>				
<p><b>Dislocation:</b> This benefit will pay for the reduction of a dislocation. The dislocation must require open or closed reduction by a doctor. This benefit is payable if the dislocation is diagnosed by a doctor within 90 days after the covered accident. This benefit is payable once per covered person per covered accident. Subsequent dislocations of the same joint in a different covered accident will not be covered.</p>				
Hip .....	\$1,600	\$2,000	\$2,600	\$3,000
Knee .....	\$800	\$1,000	\$1,300	\$1,500

# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
Ankle or Foot .....	\$640	\$800	\$1,040	\$1,200
Shoulder .....	\$240	\$300	\$390	\$450
Elbow .....	\$240	\$300	\$390	\$450
Wrist .....	\$240	\$300	\$390	\$450
Toe or Finger .....	\$80	\$100	\$130	\$150
Hand .....	\$240	\$300	\$390	\$450
Lower Jaw .....	\$240	\$300	\$390	\$450
Collar Bone .....	\$240	\$300	\$390	\$450
<p>Benefit levels shown above are for CLOSED reductions. OPEN reductions are paid at 200% of the levels.</p> <p>If a covered person receives more than one dislocation in a covered accident, this benefit will pay for all dislocations. However, the benefit will be no more than 200% of the benefit amount for the joint involved which has the highest benefit amount.</p> <p>If a covered person receives a dislocation and a fracture in the same covered accident, this benefit will pay for both. However, the benefit will be no more than 200% of the benefit amount for the bone or joint involved which has the highest benefit amount.</p> <p>If a covered person receives a dislocation or a fracture and tears or severs a tendon or ligament or a rotator cuff in a covered accident, only one benefit will be paid. The benefit will be the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit.</p> <p>If the reduction is done without anesthesia, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same joint.</p> <p>If the dislocation is incomplete, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same joint.</p>				

# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<b>Fracture:</b> This benefit will pay for the reduction of a fracture. The fracture must require open or closed reduction by a doctor. This benefit is payable if the fracture is diagnosed by a doctor within 90 days after the covered accident.				
Hip .....	\$1,200	\$1,500	\$1,950	\$2,250
Leg.....	\$640	\$800	\$1,040	\$1,200
Ankle.....	\$240	\$300	\$390	\$450
Kneecap .....	\$240	\$300	\$390	\$450
Foot (excluding toes/heel) .....	\$240	\$300	\$390	\$450
Upper Arm .....	\$280	\$350	\$455	\$525
Forearm, hand, wrist (excluding fingers) .....	\$240	\$300	\$390	\$450
Finger, toe .....	\$40	\$50	\$65	\$75
Vertebrae (body of).....	\$640	\$800	\$1,040	\$1,200
Vertebral Process .....	\$240	\$300	\$390	\$450
Pelvis (excluding coccyx) .....	\$640	\$800	\$1,040	\$1,200
Coccyx.....	\$160	\$200	\$260	\$300
Face (excluding nose) .....	\$280	\$350	\$455	\$525
Nose .....	\$80	\$100	\$130	\$150
Upper Jaw .....	\$280	\$350	\$455	\$525
Lower Jaw .....	\$240	\$300	\$390	\$450
Collar bone .....	\$240	\$300	\$390	\$450
Rib or Ribs.....	\$200	\$250	\$325	\$375
Skull				
Depressed .....	\$2,000	\$2,500	\$3,250	\$3,750
Simple.....	\$800	\$1,000	\$1,300	\$1,500
Sternum .....	\$240	\$300	\$390	\$450
Shoulder Blade .....	\$240	\$300	\$390	\$450
Benefit levels shown above are for CLOSED reductions. OPEN reductions are paid at 200% of the levels.				
If a covered person receives more than one fracture in a covered accident, this benefit will pay for all fractures. However, the benefit will be no more than 200% of the benefit amount listed for the bone which has the highest benefit amount.				



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<p>If a covered person receives a fracture and a dislocation in the same covered accident, this benefit will pay for both. However, the benefit will be no more than 200% of the benefit amount for the bone or joint involved which has the highest benefit amount.</p> <p>If a covered person receives a dislocation or a fracture and tears or severs a tendon or a ligament or a rotator cuff in a covered accident, only one benefit will be paid. The benefit will be the largest of either the Fracture, the Dislocation or the Tendon/Ligament/Rotator Cuff benefit.</p> <p>If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to 25% of what would have been paid for a closed reduction of the same bone.</p>				
<p><b>B. HOSPITAL CARE</b></p> <p><b>Hospital Admission:</b> Pays the benefit when an insured is admitted to a hospital as the result of a covered accident. This benefit is payable for the admission to a hospital within the first 6 months after the covered accident. Benefits will not be payable for emergency room treatment, for outpatient treatment or for a stay of less than 20 hours in an observation unit. This benefit is payable only once per covered person per covered accident.</p>	\$800	\$1,000	\$1,300	\$1,500
<p><b>Hospital Confinement:</b> Pays the benefit for up to 365 days of confinement in a hospital as the result of a covered accident. This benefit is payable for confinement that begins within the first 6 months after the covered accident. This benefit is payable for only one hospital confinement at a time even if the confinement is caused by more than one covered accident. This benefit will not be paid in addition to the Intensive Care Confinement Benefit. This benefit will not be paid for emergency room treatment, for outpatient treatment or for a stay of less than 20 hours in an observation unit. If a covered person is discharged from the hospital and then reconfined within 90 days due to the same covered accident or due to a related condition, the reconfinement will be considered part of the previous hospital confinement(s). The total amount payable will not exceed 365 days.</p>	\$200	\$250	\$325	\$375
<p><b>ICU Confinement:</b> Pays the benefit for up to 15 days of confinement in a hospital intensive care unit as the result of a covered accident. This benefit is payable for confinement that begins within the first 30 days after the covered accident. This benefit is payable for only one intensive care unit confinement at a time even if the confinement is caused by more than one covered accident. This benefit will not be paid in addition to the Hospital Confinement Benefit. On the 16th day of ICU confinement, the Hospital Confinement benefit will be paid. Total benefits for ICU will not exceed 15 days and for Hospital Confinement will not exceed 365 days.</p>	\$400	\$500	\$650	\$750

# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
<b>Transportation:</b> Pays the benefit when a covered person requires special treatment and confinement in a hospital located more than 100 miles from the covered person's residence or site of the accident for injuries sustained in a covered accident. This benefit is only payable if the special treatment is prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit is payable up to three trips per covered person per covered accident.	\$240	\$300	\$390	\$450
<b>Family Lodging:</b> Pays the benefit for a hotel or motel stay by a companion of a covered person while the covered person is confined to a hospital or intensive care unit more than 100 miles from the home of the covered person. This benefit is payable up to 30 days per covered person per covered accident.	\$80	\$100	\$130	\$150
<b>C. MAJOR INJURIES</b>				
<b>Accidental Death:</b> This benefit pays for death due to injuries received in a covered accident. This benefit is payable if death due to injuries received in a covered accident occurs within 90 days after the covered accident. There is no accidental death benefit if the covered person is eligible for the Common Carrier Benefit.				
<b>Main Insured</b>				
Common-Carrier Accidents . . . . .	\$80,000	\$100,000	\$130,000	\$150,000
Other Accidents . . . . .	\$40,000	\$50,000	\$65,000	\$75,000
<b>Spouse</b>				
Common-Carrier Accidents . . . . .	\$20,000	\$25,000	\$32,500	\$37,500
Other Accidents . . . . .	\$10,000	\$12,500	\$16,250	\$18,750
<b>Child</b>				
Common-Carrier Accidents . . . . .	\$8,000	\$10,000	\$13,000	\$15,000
Other Accidents . . . . .	\$4,000	\$5,000	\$6,500	\$7,500
<b>Accidental Dismemberment:</b> pays an accidental dismemberment benefit for dismemberment caused by a covered accident as shown below.				
Loss of both hands, feet, sight in both eyes, or any combination of two of these . . . . .	\$12,000	\$15,000	\$19,500	\$22,500
Loss of one hand, foot, or sight in one eye . . . . .	\$6,000	\$7,500	\$9,750	\$11,250



# Individual Accident Protection



BENEFIT DESCRIPTION	Economy	Standard	Preferred	Premium
Two or more fingers or toes. . . . .	\$1,200	\$1,500	\$1,950	\$2,250
One finger or toe . . . . .	\$360	\$750	\$975	\$1,125
Note: Loss of sight must be permanent				
<b>Paralysis:</b> This benefit will pay for treatment of paralysis. Paralysis must be confirmed by a doctor and based on documented evidence of the injury that caused the paralysis. The duration of the paralysis must be at least 30 days and expected to be permanent. The benefit may vary based on degree of paralysis. The benefit is payable once per covered person per covered accident.				
Quadriplegia . . . . .	\$24,000	\$30,000	\$39,000	\$45,000
Paraplegia . . . . .	\$12,000	\$15,000	\$19,500	\$22,500
<b>Coma:</b> This benefit is payable if the covered person has been in a coma for at least 14 days. This benefit is payable once per covered accident per covered person.				
	\$8,000	\$10,000	\$13,000	\$15,000

## EXCEPTIONS AND REDUCTION

This Policy does not provide benefits for Injuries resulting from:

- (1) War or act of war, whether declared or undeclared;
- (2) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- (3) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- (4) Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- (5) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- (6) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- (7) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- (8) Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- (9) Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury.



## WELLNESS BENEFIT RIDER\*

If this rider is included, it will pay the benefit amount for one of the following health screening test. This rider is subject to a 30 day waiting period from the effective date of the rider. The benefit is payable only once per calendar year and for only one covered person.

If this optional benefit is selected, this rider covers all family members covered by base policy.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible Sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear
- Serum cholesterol test
- Serum Protein Electrophoresis
- Stress test
- Thermography

### Issue Ages

Primary Insured & Spouse: 18-60

Children: 14 days -18 or 24 if full-time student

### Benefits

Minimum issue amount is \$50 and the maximum issue amount is \$200. Available in increments of \$50.

## CATASTROPHIC ACCIDENT RIDER\*\*

If this rider is included, it will pay the benefit shown after the elimination period of 180 days has been satisfied. This benefit will be payable only once per covered person for the lifetime of the policy. Catastrophic Loss means an injury resulting in the total and irrecoverable loss of the following:

1. both hands or both feet; or
2. the use of both arms or both legs; or
3. one hand and one foot; or
4. the use of one arm and one leg; or
5. sight of both eyes; or
6. hearing in both ears; or
7. the ability to speak.

Any amount paid under the Paralysis Benefit will be subtracted from any benefits due under this rider. No benefits are payable if the covered person is in a coma. No benefits are payable if the covered person is not alive at the end of the elimination period.

If this optional benefit is selected, this rider covers all family members covered by base policy.

### Issue Ages

Primary Insured & Spouse: 18-60

Children: 14 days -18 or 24 if full-time student

### Benefit Amounts

Primary Insured \$100,000

Spouse \$50,000

Child \$25,000

\*Not available in CT, GA, MA, NH, UT, VA, VT, WA

\*\*Not available in CT, ID, MA, NE, NH, PA, TN, UT, VT



## Voluntary Short Term Disability VSTD21\*

Voluntary Short Term Disability VSTD21 is designed for worksite cases utilizing a payroll deduction method of payment. This voluntary short term disability coverage from Illinois Mutual gives the peace of mind that a protected paycheck brings, with enough flexibility to meet anyone's needs. Our VSTD21 policy helps maintain a standard of living and plan for the future if the insured employee becomes sick or hurt *off the job*. Employees aren't the only ones who benefit. VSTD21 policy also provides a significant enhancement to an employer's benefit portfolio – all at no additional cost to the employer. As a voluntary benefit, the insured employee pays 100% of the premium.

### Coverage

VSTD21 pays benefits for covered non-occupational injuries and illnesses. Maternity, alcoholism or drug addiction and mental or nervous conditions are covered the same as any other illness.

All Plans include:

- **\$10,000 Accidental Death and Dismemberment (AD&D) benefit** for each insured employee
- **Waiver of Premium** if the insured is entitled to total disability benefits and total disability has existed for at least 90 days in a row.

### Evidence of Insurability

No evidence of insurability is required if the employee enrolls during the eligibility period and is working full-time on the effective date of coverage. Evidence of insurability is required of employees enrolling after their initial eligibility period.

### Participation

VSTD21 is offered to groups with at least 3 eligible employees. A minimum of 2 lives must be issued.

### Ineligible Firms

Firms engaged in the following activities are not eligible for VSTD21:

Ammunition  
Amusement Enterprises  
Asbestos Products  
Bail Bondsmen  
Bars, Taverns, Night Clubs  
Boarding Houses/Camps  
Dance Halls & Studios  
Employee Leasing Firms  
Entertainment Groups  
Explosives Mfg. & Distrib.  
Fire & Police Departments  
Liquor Stores

### Employer Eligibility

An Employer is eligible for coverage:

- If the group is not heavily financed by federal, state or local government entities, or heavily dependent on the procurement of government contracts; and
- If it is not a union, health and welfare fund, or similar entity; and
- If 50% or more of the group is not in commissioned sales; and
- If 50% or more of the group is not related by blood or marriage; and
- If the group is not subject to seasonal fluctuations; and
- If the group has been in business more than 6 months.

### Employee Eligibility

An Employee is eligible for coverage if:

- Actively working 30 hours or more a week
- At least 90 days of continuous full-time work with the employer
- Actively at work on the effective date of coverage
- Employee pays 100% of the premium

\* This product is not available in all states. Please contact your DI Sales Specialist for state availability.

# Voluntary Short Term Disability VSTD21



## Pre-Existing Conditions

A pre-existing condition means any condition diagnosed or treated by a physician within 12 months prior to the effective date. Any condition which caused symptoms within 12 months prior to the effective date that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment will not be covered during the first 12 months of employee coverage.

## Exceptions and Limitations

The Employee's coverage does not insure against or pay benefits for any disability which is caused by or is the result of: intentionally self-inflicted injuries or attempted suicide, while sane or insane; or commission of a felony; or war, declared or undeclared; or injury or sickness arising out of or in the course of any employment for wage or profit.

## VSTD21 Plan Choices

The employer may select one of the following 6 plans to offer the employees.

Benefits Begin			
Plan	Accident	Sickness	Duration
Plan A	1st Day	8th Day	13 Weeks
Plan B	8th Day	8th Day	13 Weeks
Plan C	15th Day	15th Day	13 Weeks
Plan D	1st Day	8th Day	26 Weeks
Plan E	8th Day	8th Day	26 Weeks
Plan F	15th Day	15th Day	26 Weeks

## VSTD21 Benefit Amounts

A maximum issue and participation limit of 66⅔% of earned income, up to a maximum of \$600 a week is available. Bonuses and overtime pay are not included in income. Benefits are offered in \$50 a week increments.

Employee Selection	Weekly Benefits	Annual Salary Must be at Least
Benefit Level 1	\$150 per Week	\$11,700
Benefit Level 2	\$200 per Week	\$15,600
Benefit Level 3	\$250 per Week	\$19,500
Benefit Level 4	\$300 per Week	\$23,400
Benefit Level 5	\$350 per Week	\$27,300
Benefit Level 6	\$400 per Week	\$31,200
Benefit Level 7	\$450 per Week	\$35,100
Benefit Level 8	\$500 per Week	\$39,000
Benefit Level 9	\$550 per Week	\$42,900
Benefit Level 10	\$600 per Week	\$46,800

## Weekly Benefit Amount and Monthly Premiums

The rates shown below can be illustrated for each employee in a one-page proposal that can be requested from our Sales team.

## Voluntary Short Term Disability Product Monthly Rates per \$100 Weekly Benefit

Attained Age	Plan A 1-8-13	Plan B 8-8-13	Plan C 15-15-13	Plan D 1-8-26	Plan E 8-8-26	Plan F 15-15-26
<30	\$8.14	\$7.75	\$6.89	\$9.56	\$9.25	\$8.32
30 - 34	8.38	8.00	7.02	9.91	9.75	8.71
35 - 39	8.38	8.00	7.02	9.91	9.75	8.71
40 - 44	8.38	8.00	7.02	9.91	9.75	8.71
45 - 49	8.85	8.38	7.41	11.45	11.13	10.01
50 - 54	10.62	10.13	8.84	13.69	13.25	11.96
55 - 59	12.39	11.88	10.40	16.17	15.63	14.17
60 - 64	14.51	13.88	12.22	18.88	18.38	16.51
65 - 69	19.12	18.25	15.99	24.90	24.25	21.84
70 - 74	25.72	24.50	21.58	33.87	32.88	29.64
75+	32.45	30.88	27.17	42.24	41.00	36.92



## SETTING UP AND ENROLLING A CASE

Meet with the employer to discuss features of the plan and to review the process.

Use the VSTD21 Form C9503, which provides an overview of the product, eligibility and rates.

### After the employer has agreed to offer this plan to employees:

- You and/or the employer should determine which plan will be offered to the group. Selecting one of the six plans available (A-F) determines when the accident or sickness benefits begin and how long the benefit can last. Only one plan is offered to the entire group. The employee will choose the benefit amount, up to the maximum eligible, when completing the enrollment form.
- Set an enrollment date and time(s) for you to return to the employer to talk with employees and enroll. Each eligible employee will have a 30-day window from this date to enroll without evidence of insurability.
- Obtain an employee census when the employer agrees to the program. The census should include: Employer Name, Employee Name, Male/Female, Date of Birth, Date of Hire, Salary, Mode of Pay, Hours Worked per Week, and Occupation.
- Then contact the Home Office DI sales team to review your case and to get the necessary forms and rate information.

### Upon returning to the employer on the enrollment date:

- The employer must complete and sign the Employer Participation Application, Form VSTD21APP.
- Have each eligible employee that is enrolling in the plan during the eligibility period complete and sign Employee Enrollment Form, VSTD21ENR.
- Any eligible employee not initially enrolling in the plan must sign the waiver at the bottom of the Employee Enrollment Form, VSTD21ENR.
- Eligible employees who initially waived their right to be insured under the plan may decide to enroll in the future, subject to Underwriting Department approval of a completed Application – Evidence of Insurability, VSTD21EI.

- New employees who become eligible after your initial enrollment, have a 30-day window to enroll after they have been employed full-time for 90 days without evidence of insurability. They must be actively at work at time of enrollment and complete the Employee Enrollment form, VSTD21ENR.
- Send all completed forms to the Underwriting Department.
- For claims information and forms, contact the Illinois Mutual Benefits Department.

## A SEAMLESS PLAN OF INCOME PROTECTION

Illinois Mutual offers a way to combine your clients group long-term DI coverage with a voluntary short-term disability plan and an individual long-term disability policy to offer the maximum coverage available.

### Here's how it works:

Group long term disability (GLTD) plans that are employer paid provide quality benefits, however, they are taxable. Depending on your client's tax bracket this means their benefit of 60% of their income could result in a net payment of 40% or less after taxes. Could the insured financially survive on this amount during a disability?

They can increase their disability insurance coverage by purchasing a Personal Paycheck Power<sup>SM</sup> plan. Because this plan makes up for the loss in benefits due to taxation, it is often referred to as a supplemental individual disability plan. Our many choices and options will allow you to customize a plan that's right for them, plus the benefits are tax free – if they pay the premiums.

Then, by adding optional riders such as the Integrated Monthly Benefit and the Activities of Daily Living Rider, they can replace even more of their income.

For information on Personal Paycheck Power<sup>SM</sup>, see page 9.





## GENERAL GUIDELINES

### THE UNDERWRITING PROCESS

The underwriting process allows Illinois Mutual to provide high quality coverage at affordable rates while always honoring commitments made to our policyowners.

Effective underwriting requires robust communication between you (the field underwriter), your client, and the Home Office underwriter. Providing complete and accurate information is essential to a timely and fair underwriting decision. Your signature on the application indicates your recommendation of the risk to Illinois Mutual.

#### Getting the Policy Issued – 10 Tips

##### 1. Get to know us.

- Reference this **DI Guide** (Form A9500) for information needed to be a good field underwriter.
- Establish a relationship with your DI Sales team who can provide you with the information you need to make the sale.
- Establish a relationship with your DI Underwriting team who will guide you through the Underwriting process. At Illinois Mutual, you have direct access to our professional underwriters.
- Utilize the Agent Forum on Illinois Mutual's web site [www.IllinoisMutual.com](http://www.IllinoisMutual.com) where we offer you a wide array of resources to make your experience a favorable one.

##### 2. Get to know your client.

You have established a relationship and are ready to do some fact finding to uncover the need and sell a solution. Learning about your client's occupational duties, employment history, hobbies, driving record, finances, medical history and other risk factors will ensure you understand the need and design the right solution. Using the **DI Fact Finder** (Form 9210) and **Medical Information Details** (Form 9229) can assist you with your field underwriting.

##### 3. Establish realistic expectations.

Be sure your client understands the underwriting process and knows what to expect to ensure a timely and fair underwriting decision. Provide your client with **Your Guide to the Underwriting Process** (Form 7012), an informative brochure outlining the underwriting process.

##### 4. Complete the application.

(APP105-D and APP105; Use state specific version where required)

You have two (2) application types to choose from to meet your client's needs:

1. Teleunderwriting application
2. Traditional paper application

Good field underwriting assures a complete and accurate application.

- Each question answered with full details as required.
- Any changes or additions are initialed by the applicant.
- All required signatures are present.
- Clearly indicate the location and date of application completion.

##### 5. Write a cover letter.

When the application does not adequately reflect the extent of your field underwriting efforts, use a cover letter to tell the underwriters what they need to know to render a fair and timely decision. Explain how the amount of coverage was determined, elaborate on the need, clarify the situation, describe unusual circumstances or make special requests. You have established a relationship, identified the need and sold a solution; go beyond the insurance application to help the underwriter understand what you have come to know about your client and their insurance needs.

##### 6. Include the illustration.

Include a copy of the illustration with the application to be sure the underwriter considers the coverage as presented to your client. Explain any discrepancies between the application and illustration for prompt attention at time of underwriting.

##### 7. Submit the application via fax or email.

Use our toll free fax number (800) 884-7607 to fax your applications to Illinois Mutual, or email your applications to [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com) in order to speed up the underwriting process. Do not delay sending the completed application to Illinois Mutual for any reason. We want to begin the underwriting process as soon as possible to provide you with a timely and fair underwriting decision.



#### **8. Communicate with Underwriting.**

Don't be surprised when you get a call from the underwriter assigned to your case! The underwriter will communicate with you at every step of the underwriting process. From new business review to the final underwriting decision, you will receive status updates via email and/or telephone. We invite and encourage you to communicate directly with the underwriter assigned to your case. Your business is important to us, and we will provide you with customer service at its best!

#### **9. Sell the counteroffer.**

Good field underwriting will reduce but not entirely eliminate counteroffers of coverage. In fairness to our policyowners, not all policies can be issued as applied for. The underwriter may make a counteroffer of coverage that may include benefit modifications, exclusion of coverage riders, or extra premium modifications. Advise your client of the counteroffer as soon as possible. Focus on what is being offered rather than what is not. Some coverage is better than no coverage. Good field underwriting will establish realistic expectations helping you to sell a counteroffer of coverage. High paid-for and persistency rates are a direct result of good field underwriting.

#### **10. Send us another application.**

We look forward to working with you to issue your next application. The more business you write, the more you will realize that DI is different, but it doesn't have to be difficult. Let us help you become a leader in DI sales.

For more information, contact your regional DI Underwriting or Sales team at (800) 437-7355 or e-mail us at [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com) or [DISales@IllinoisMutual.com](mailto:DISales@IllinoisMutual.com).

### **CITIZENSHIP REQUIREMENTS**

Applicants are considered for insurance if they are lawful citizens of the United States. See the Foreign Nationals section for immigrant consideration.

### **RESIDENCE REQUIREMENTS**

Applicants are considered for insurance if they currently reside full-time in the United States. Applicants who anticipate residence in a foreign country, even temporarily, are not eligible for insurance.

Individuals who live and/or work in the state of California are also not eligible for insurance.

### **SOCIAL SECURITY NUMBER**

Applicants are considered for insurance by providing a valid Social Security number issued by the United States Social Security Administration.

### **FOREIGN NATIONALS**

Foreign Nationals with permanent resident status (Immigrants) residing continuously in the United States for at least two (2) years immediately preceding our application completion are considered for insurance subject to the following:

- Current full-time U.S. residency
- Valid Social Security Number
- Valid Permanent Resident Card ("Green Card")
- **Foreign National Questionnaire** (Form 7016)
- Intent to reside permanently in the U.S. (assets, employment, family, etc.)
- Occasional limited trips to native country - also see Foreign Travel section
- Copy of the past two years Federal Income Tax Returns upon request
- Established health care in the U.S. with access to medical records upon request
- Cover Letter of explanation is recommended and may be required upon request

Applicants applying for greater than \$3,000/month Total Disability Benefit must provide a copy of their Permanent Resident Card ("Green Card").

Foreign Nationals without permanent resident status, non-U.S. residents, or those persons anticipating residence in a foreign country, even temporarily, are ineligible for insurance.

### **FOREIGN TRAVEL**

Applicants who travel to foreign countries frequently, those who visit for a lengthy period of time or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities, may be ineligible for DI.



## **STATE SPONSORED COMPULSORY DISABILITY INSURANCE**

In some states residents are eligible for Compulsory Disability insurance programs with benefit periods ranging from 26 to 52 weeks. The benefits vary by state and are included when determining benefit amount eligibility.

## **STOPGAP (INTERIM) COVERAGE**

Stopgap coverage is defined as coverage intended to be prematurely cancelled, lapsed or replaced. Applicants seeking stopgap coverage are ineligible for DI105 and BE105.

## **TOBACCO OR NICOTINE USE**

Individuals who have used tobacco or nicotine-based products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results, require tobacco use rates. Tobacco and nicotine-based products include but are not limited to cigarettes, cigars, pipes, pipe tobacco, snuff, chewing tobacco, tobacco substitutes and nicotine delivery systems/devices.

## **LIST BILL CASES**

Personal Paycheck Power<sup>SM</sup> and Business Expense Power<sup>SM</sup> are available for common list bill on employer-paid cases.

## **TRIAL INQUIRIES**

Although we do not accept trial applications, fax or mail all available information to the Underwriting Department with appropriate authorization where necessary, for a preliminary opinion based on the information provided. Of course, Underwriting has final approval authority and any offer is subject to full underwriting, including confirmation and clarification of the information provided.

## **MULTI-LIFE DISCOUNTS**

A 5% multi-life discount is available on three or more lives based on the following guidelines:

- Available on DI105 or BE105.
- Three or more lives must be issued policies.
- Applications must be submitted at same time.
- Applicants must work for same employer.
- Employer paid premium or authorized check mode only.

- Payroll deduction mode not eligible.
- Multi-Life Discounts not available in FL or OH.

## **MULTI-POLICY DISCOUNTS**

A 5% discount is available on Personal Paycheck Power<sup>SM</sup> and Business Expense Power<sup>SM</sup> on the same applicant. The 5% discount applies to both policies that are submitted at the same time and issued. The multi-policy discount is not available in FL.

## **ASSOCIATION PROGRAM DISCOUNT**

A 5% association discount is offered to members of an association. No minimum number of lives applies. Contact your regional DI Sales team for information and specifics regarding association cases.

- Available on DI105 or BE105.
- Brochures available for associations of 250 or more.
- Association approval/endorsement required.
- Association discounts not available in FL, OH, or NJ.

Note: A policy is not eligible for more than one discount.

## **AVIATION/AVOCATION**

Engaging in personal aviation activity and/or avocations such as mountain or rock climbing, motor-powered racing, scuba or sky diving, hang gliding or any other hazardous activity presents an increased risk for disability and may prompt the use of an exclusion of coverage rider.

## **STREAMLINED UNDERWRITING**

Illinois Mutual offers a streamlined DI underwriting program for single life cases. It's simple – agents who submit a complete application for Personal Paycheck Power<sup>SM</sup>, with a \$3,000 maximum monthly benefit, will receive an underwriting decision, within two business days, following a complete personal history interview (PHI).

### **Program highlights include**

- No exam, blood profile, urinalysis, EKG, or APS requirements.
- The application must be completed in full. Self-employed applicants requesting benefit amounts greater than \$2,500/month must provide two years' complete financial documentation with the application.
- A Personal History Interview will be conducted on all applications.
- Material MIB, Prescription history, or DIRS finding will require further underwriting.



- Underwriting actions available include changes in benefits requested, ratings and/or riders.
- Applications may be issued standard, conditionally issued or declined.

**Eligible Benefits**

- \$3,000/month or less total benefit including in force and applied for individual coverage.
- \$5,000/month maximum participation limit when participating with Group LTD coverage.
- Maximum issue age is 50.
- All occupation classes are eligible.
- All elimination periods are available.
- All benefit periods are available.
- All optional benefits or riders are available.

**POWERPitch® 5G Software**

Our POWERPitch® 5G software automatically recognizes if a case meets the basic requirements of the streamlined underwriting program. When this occurs, the proposal will automatically print a paragraph on the basic illustration page briefly explaining the program.



## FINANCIAL GUIDELINES

### EARNED INCOME

Earned income, as reported for Federal Income Tax purposes, is defined as the usual and customary salary paid and/or revenues earned (less cost of goods sold and business expenses) for performing the duties required of full-time employment in the primary occupation at the primary business. Include deferred compensation, bonus and commissions. Do not include overtime income, unearned income, or any income that would continue despite a disabling disease or disorder.

Usual and customary is defined as the established pattern of compensation over the past three years. Marked change or significant fluctuation in earned income will require clarification and may prompt averaging to determine the appropriate benefit amount available.

Salary (wage) is defined as a fixed payment at regular intervals for work performed (Federal Tax Form W-2).

### UNEARNED INCOME

Unearned (passive) income is defined as income derived from sources that do not require the ongoing personal labor or services of the applicant and would continue in the event of the applicant's total disability. Examples of unearned income sources include investment interest, trusts, pensions, rental properties, royalties, capital gains, dividends, annuities, or alimony.

Unearned income is not counted toward earned income monthly benefit eligibility. However, significant amounts of unearned income may limit monthly benefit amount eligibility.

### OVERTIME INCOME

Overtime income is defined as salary or wages paid for working in excess of a 40-hour workweek. Do not include overtime income when calculating monthly benefit amount eligibility.

## INCOME DOCUMENTATION

For all self-employed applicants requesting benefit amounts greater than \$2,500/month or for non-owner W-2 employees requesting benefit amounts greater than \$4,000/month (in force and applied for – total all sources), the following past two years' documentation is required. This will assist in determining the appropriate monthly benefit amount.

Financial documentation may also be requested at the underwriter's discretion at any amount of coverage.

**Employees applying for \$4,001+ monthly benefit:** Federal Tax Form W-2.

**Sole Proprietor:** Federal Tax Form 1040 including Schedule C.

**Partners of Partnership:** Federal Partnership Tax Form 1065 including Schedule K-1.

**Owners of Closely Held "C" Corporations:** Federal Corporate Tax Form 1120.

**Owners of Closely Held "S" Corporations:** Federal Corporate Tax Form 1120S including Schedule K-1.

- If self-employed less than 12 consecutive months, a year-to-date business income/expense statement and/or employment contract copies will also be required.
- Self-employed is defined as any applicant with 20% or more business ownership operating as a sole proprietor, independent contractor, partnership or closely held corporation. Individual circumstances may warrant additional documentation requirements.

## BUSINESS OWNER ALLOWANCE

For business owners applying for Personal Paycheck Power<sup>SM</sup>, Illinois Mutual will increase the insurable net earned income by 25% in order to qualify for more base benefit.

- The 25% increase is subject to a maximum \$1,000 of additional base monthly benefit. Published issue and participation limits still apply.
- The allowance can be denied at the underwriter's discretion on above average risk cases.
- The allowance is not available to Class 4 occupations or chiropractors.
- The allowance does not apply to farmers or new business owners who are utilizing Illinois Mutual's non-traditional financial underwriting programs.





## NET WORTH

Net worth is defined as assets minus liabilities. For DI underwriting purposes, ignore the primary personal residence and personal belongings. A net worth in excess of \$2.5 million may limit eligibility.

## BANKRUPTCY

Establishing financial stability is a key aspect in the underwriting process. In general, no coverage can be offered until two years after the applicant's bankruptcy discharge. However, individual consideration is available subject to the following information:

- A detailed explanation of the circumstances that led to the bankruptcy.
- Type of bankruptcy filed.
- Date of bankruptcy discharge.
- Is the proposed insured free and clear of all debts/liens (if not, full details needed).
- Past two years complete federal tax returns with all supporting schedules.

## DEPRECIATION

Depreciation of assets such as furniture and equipment is typically an ongoing business expense. It should be considered when calculating monthly benefit amount eligibility for a Business Expense Power<sup>SM</sup> policy and not for a Personal Paycheck Power<sup>SM</sup> policy.

## KEY PERSON/BUY-SELL

Our **Personal Paycheck Power<sup>SM</sup>** may be applicable to key person replacement income or buy-sell DI. Our published earned income issue and participation limits established for our Personal Paycheck Power<sup>SM</sup> apply.

## ISSUE AND PARTICIPATION LIMITS

**Personal Paycheck Power<sup>SM</sup>** is designed to replace a portion of earned income. The total of all forms of disability benefits (excluding business expense, buy-sell, key-person, and Worker's Compensation) in force, eligible for, and applied for are included when calculating disability income benefit eligibility.

Personal Paycheck Power<sup>SM</sup> benefit eligibility is based on the following Earned Income Issue and Participation Limit Charts up to a maximum \$10,000/month issue limit and \$12,000/month participation limit.\* The total sum of all forms of disability insurance for all companies, in force or currently applied for, may not exceed \$12,000/month.

For W-2 employees, use monthly earned income to calculate the maximum benefit amount. If self-employed, use net monthly earned income after business expenses.

\* Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and Chiropractors

## INDIVIDUAL PAY

Individual Disability Insurance (IDI) policies usually have the insured as the owner, premium payor, and benefit recipient. As such, policy premiums are paid for with after-tax dollars, and the benefits are received income tax free. Benefit amount eligibility can be found under the Individual Pay section of the charts.

## EMPLOYER PAY

If the proposed insured is an employee of a business where the employer is paying 100% of the IDI policy premium and none of the premium is counted as taxable income to the insured, the benefits may be taxable at time of claim. To adjust for benefit taxation, we offer increased benefit amounts reflected in the Employer Pay column of the charts.

The application for insurance must specify that the employer is paying 100% of the policy premiums to be considered for the increased benefit amounts reflected under the Employer Pay column of the charts.

Owners of unincorporated partnerships, sole proprietorships and "S" corporation (2% or more ownership) are not eligible for the increased benefit amounts reflected under the Employer Pay column of the charts.



## GROUP LTD COORDINATION

GLTD (group long-term disability) or salary continuation plans where all the group policy premiums are paid by the employer with none of those premiums counted as taxable income to the insured may provide taxable group benefits at time of claim. To adjust for group benefit taxation when coordinating with GLTD, we offer increased benefit amounts reflected in the Employer Pay column of the charts.

The application for insurance must specify that the GLTD is in force and that it is employer paid to be considered for the increased benefit amounts reflected under the Employer Pay column of the charts.

When Employer Pay IDI coverage is coordinating with Employer Pay GLTD coverage, use the increased benefit amounts reflected in the Employer Pay column of the charts. Since both the Employer Pay IDI and Employer Pay GLTD provide taxable benefits, reduce the Employer Paid GLTD benefit by 20% (multiply by .8). Example:

Earned Income:	\$60,000/yr or \$5,000/mo.
Benefit Period:	Age 67
Employer Pay:	\$4,000 (\$5,000 x 80%)
Employer Pay GLTD* (60%):	-2,400 (\$5,000 x 60% = 3,000 x .8 tax adjustment)
Base Benefit Eligibility:	\$1,600

\* GLTD benefits generally integrate with Social Security benefits limiting eligibility for the Integrated Monthly Benefit Rider.

Do not use the GLTD tax adjustment unless both the IDI and GLTD are employer paid.

Do not use the Employer Pay column when coordinating with franchise or association coverage.

## TAXATION

Please refer to the Tax Considerations chart in this Guide. The Federal tax laws are complex and fall outside the scope of this Guide. The Guide attempts to cover the income tax effects according to who pays the premium, owns the policy, and receives the benefit. This Guide should not be used in lieu of professional legal or tax advice.

## DI ISSUE LIMITS—BASE BENEFITS ONLY

The DI Issue Limits - Base Benefits Only Chart is recommended for clients who wish to maximize the amount of Base benefit purchased.

Total benefits on all existing and applied for coverage cannot exceed the amounts listed in each respective Benefit Period Column.

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
\$7,200	450	420	360	480	480	480
8,000	500	470	400	535	535	535
9,000	565	525	450	600	600	600
10,000	625	585	500	670	670	670
11,000	690	645	550	735	735	735
12,000	750	700	600	800	800	800
13,000	815	760	650	870	870	870
14,000	875	820	700	935	935	935
15,000	940	875	750	1,000	1,000	1,000
16,000	1,000	935	800	1,070	1,070	1,070
17,000	1,065	995	850	1,135	1,135	1,135
18,000	1,125	1,050	900	1,200	1,200	1,200
19,000	1,190	1,110	950	1,270	1,270	1,270
20,000	1,250	1,170	1,000	1,335	1,335	1,335
21,000	1,315	1,225	1,050	1,400	1,400	1,400
22,000	1,375	1,285	1,100	1,470	1,470	1,470
23,000	1,440	1,345	1,150	1,535	1,535	1,535
24,000	1,500	1,400	1,200	1,600	1,600	1,600
25,000	1,565	1,460	1,250	1,670	1,670	1,670
26,000	1,625	1,520	1,300	1,735	1,735	1,735
27,000	1,690	1,575	1,350	1,800	1,800	1,800
28,000	1,750	1,635	1,400	1,870	1,870	1,870
29,000	1,815	1,695	1,450	1,935	1,935	1,935
30,000	1,875	1,750	1,500	2,000	2,000	2,000
31,000	1,940	1,810	1,550	2,070	2,070	2,070
32,000	2,000	1,870	1,600	2,135	2,135	2,135
33,000	2,065	1,925	1,650	2,200	2,200	2,200
34,000	2,125	1,985	1,700	2,270	2,270	2,270
35,000	2,190	2,045	1,750	2,335	2,335	2,335
36,000	2,250	2,100	1,800	2,400	2,400	2,400
37,000	2,315	2,160	1,850	2,470	2,470	2,470
38,000	2,375	2,220	1,900	2,535	2,535	2,535



## DI ISSUE LIMITS—BASE BENEFITS ONLY (cont.)

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
39,000	2,440	2,275	1,950	2,600	2,600	2,600
40,000	2,500	2,335	2,000	2,670	2,670	2,670
41,000	2,565	2,395	2,050	2,735	2,735	2,735
42,000	2,625	2,450	2,100	2,800	2,800	2,800
43,000	2,690	2,510	2,150	2,870	2,870	2,870
44,000	2,750	2,570	2,200	2,935	2,935	2,935
45,000	2,815	2,625	2,250	3,000	3,000	3,000
46,000	2,875	2,685	2,300	3,070	3,070	3,070
47,000	2,940	2,745	2,350	3,135	3,135	3,135
48,000	3,000	2,800	2,400	3,200	3,200	3,200
49,000	3,065	2,860	2,450	3,270	3,270	3,270
50,000	3,125	2,920	2,500	3,335	3,335	3,335
52,000	3,250	3,035	2,600	3,470	3,470	3,470
54,000	3,375	3,150	2,700	3,600	3,600	3,600
56,000	3,500	3,270	2,800	3,735	3,735	3,735
58,000	3,625	3,385	2,900	3,870	3,870	3,870
60,000	3,750	3,500	3,000	4,000	4,000	4,000
62,000	3,875	3,620	3,100	4,135	4,135	4,135
64,000	4,000	3,735	3,200	4,270	4,270	4,270
66,000	4,125	3,850	3,300	4,400	4,400	4,400
68,000	4,250	3,970	3,400	4,535	4,535	4,535
70,000	4,375	4,085	3,500	4,670	4,670	4,670
72,000	4,500	4,200	3,600	4,800	4,800	4,800
74,000	4,625	4,320	3,700	4,935	4,935	4,935
76,000	4,750	4,435	3,800	5,070	5,070	5,070
78,000	4,875	4,550	3,900	5,200	5,200	5,200
80,000	5,000	4,670	4,000	5,335	5,335	5,335
82,000	5,125	4,785	4,100	5,470	5,470	5,470
84,000	5,250	4,900	4,200	5,600	5,600	5,600
86,000	5,375	5,020	4,300	5,735	5,735	5,735
88,000	5,500	5,135	4,400	5,870	5,870	5,870
90,000	5,625	5,250	4,500	6,000	6,000	6,000
92,000	5,750	5,370	4,600	6,135	6,135	6,135
94,000	5,875	5,485	4,700	6,267	6,267	6,270
96,000	6,000	5,600	4,800	6,400	6,400	6,400



## DI ISSUE LIMITS—BASE BENEFITS ONLY (cont.)

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
98,000	6,125	5,720	4,900	6,535	6,535	6,535
100,000	6,250	5,835	5,000	6,670	6,670	6,670
102,000	6,300	5,885	5,050	6,750	6,750	6,750
104,000	6,350	5,935	5,100	6,835	6,835	6,835
106,000	6,400	5,985	5,150	6,920	6,920	6,920
108,000	6,450	6,035	5,200	7,000	7,000	7,000
110,000	6,500	6,085	5,250	7,085	7,085	7,085
112,000	6,550	6,135	5,300	7,170	7,170	7,170
114,000	6,600	6,185	5,350	7,250	7,250	7,250
116,000	6,650	6,235	5,400	7,335	7,335	7,335
118,000	6,700	6,285	5,450	7,420	7,420	7,420
120,000	6,750	6,335	5,500	7,500	7,500	7,500
122,000	6,800	6,385	5,550	7,585	7,585	7,585
124,000	6,850	6,435	5,600	7,670	7,670	7,670
126,000	6,900	6,485	5,650	7,750	7,750	7,750
128,000	6,950	6,535	5,700	7,835	7,835	7,835
130,000	7,000	6,585	5,750	7,920	7,920	7,920
132,000	7,050	6,635	5,800	8,000	8,000	8,000
134,000	7,100	6,685	5,850	8,085	8,085	8,085
136,000	7,150	6,735	5,900	8,170	8,170	8,170
138,000	7,200	6,785	5,950	8,250	8,250	8,250
140,000	7,250	6,835	6,000	8,335	8,335	8,335
142,000	7,300	6,885	6,050	8,420	8,420	8,420
144,000	7,350	6,935	6,100	8,500	8,500	8,500
146,000	7,400	6,985	6,150	8,585	8,585	8,585
148,000	7,450	7,035	6,200	8,670	8,670	8,670
150,000	7,500	7,085	6,250	8,750	8,750	8,750
155,000	7,625	7,210	6,375	8,960	8,960	8,960
160,000	7,750	7,335	6,500	9,170	9,170	9,170
165,000	7,875	7,460	6,625	9,375	9,375	9,375
170,000	8,000	7,585	6,750	9,585	9,585	9,585
175,000	8,125	7,710	6,875	9,795	9,795	9,795
180,000	8,250	7,835	7,000	10,000	10,000	10,000
185,000	8,375	7,960	7,125	10,000	10,000	10,000
190,000	8,500	8,085	7,250	10,000	10,000	10,000



**DI ISSUE LIMITS—BASE BENEFITS ONLY (cont.)**

<b>DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY</b>						
	<b>INDIVIDUAL PAY</b>			<b>EMPLOYER PAY</b>		
<b>Annual Earned</b>	<b>6 Month, 1 Year</b>	<b>2 Year</b>	<b>5 Yr., 10 Yr., To Age 67</b>	<b>6 Month, 1 Year</b>	<b>2 Year</b>	<b>5 Yr., 10 Yr., To Age 67</b>
195,000	8,625	8,210	7,375	10,000	10,000	10,000
200,000	8,750	8,335	7,500	10,000	10,000	10,000
210,000	9,000	8,585	7,750	10,000	10,000	10,000
220,000	9,250	8,835	8,000	10,000	10,000	10,000
230,000	9,500	9,085	8,250	10,000	10,000	10,000
240,000	9,750	9,335	8,500	10,000	10,000	10,000
250,000	10,000	9,585	8,750	10,000	10,000	10,000
260,000	10,000	9,835	9,000	10,000	10,000	10,000
270,000	10,000	10,000	9,250	10,000	10,000	10,000
280,000	10,000	10,000	9,500	10,000	10,000	10,000
290,000	10,000	10,000	9,750	10,000	10,000	10,000
300,000	10,000	10,000	10,000	10,000	10,000	10,000
310,000	10,000	10,000	10,000	10,000	10,000	10,000
320,000	10,000	10,000	10,000	10,000	10,000	10,000
330,000	10,000	10,000	10,000	10,000	10,000	10,000
340,000	10,000	10,000	10,000	10,000	10,000	10,000
350,000	10,000	10,000	10,000	10,000	10,000	10,000
360,000	10,000	10,000	10,000	10,000	10,000	10,000
370,000	10,000	10,000	10,000	10,000	10,000	10,000
380,000	10,000	10,000	10,000	10,000	10,000	10,000
390,000	10,000	10,000	10,000	10,000	10,000	10,000
400,000	10,000	10,000	10,000	10,000	10,000	10,000

The Maximum Issue Limit is \$10,000/mo.\*

For the maximum participation limit of \$12,000/mo.\* use the Base and Integrated Benefits chart.

\* Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and Chiropractors

## DI ISSUE LIMITS—BASE AND INTEGRATED BENEFITS

The DI Issue and Participation Limits - Base and Integrated Benefits Chart is recommended for cost conscious clients who wish to lower the monthly premium cost by purchasing a combination of Base and Integrated Benefit.

Total benefits on all existing and applied for coverage cannot exceed the amounts listed in the Maximum Benefit Columns.

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
\$7,200	200	280	300	480	200	280	300	480
8,000	200	335	300	535	200	335	300	535
9,000	200	350	300	600	200	350	300	600
10,000	200	365	400	665	200	365	400	665
11,000	200	385	400	735	200	385	400	735
12,000	200	400	500	800	200	400	500	800
13,000	200	415	500	865	200	415	500	865
14,000	200	435	600	935	200	435	600	935
15,000	200	450	600	1,000	200	450	600	1,000
16,000	200	465	600	1,065	200	465	600	1,065
17,000	200	535	600	1,135	200	535	600	1,135
18,000	200	550	700	1,200	200	550	700	1,200
19,000	200	615	700	1,265	200	615	700	1,265
20,000	200	635	700	1,335	200	635	700	1,335
21,000	200	700	700	1,400	200	700	700	1,400
22,000	200	750	800	1,450	200	765	800	1,465
23,000	200	800	800	1,500	200	835	800	1,535
24,000	200	825	900	1,575	200	850	900	1,600
25,000	200	900	900	1,650	200	915	900	1,665
26,000	200	900	1,000	1,700	200	935	1,000	1,735
27,000	200	950	1,000	1,750	200	1,000	1,000	1,800
28,000	200	975	1,100	1,825	200	1,015	1,100	1,865
29,000	200	1,025	1,100	1,875	200	1,085	1,100	1,935
30,000	200	1,050	1,100	1,950	200	1,100	1,100	2,000
31,000	200	1,125	1,200	2,025	200	1,165	1,200	2,065
32,000	200	1,175	1,200	2,075	200	1,235	1,200	2,135
33,000	200	1,225	1,300	2,125	200	1,300	1,300	2,200
34,000	200	1,225	1,300	2,175	200	1,315	1,300	2,265
35,000	200	1,300	1,300	2,250	200	1,385	1,300	2,335
36,000	200	1,350	1,300	2,300	200	1,450	1,300	2,400
37,000	200	1,400	1,400	2,350	200	1,515	1,400	2,465

**DI ISSUE LIMITS—BASE AND INTEGRATED BENEFITS (cont.)**

<b>DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS</b>								
	<b>INDIVIDUAL PAY</b>				<b>EMPLOYER PAY</b>			
<b>Annual Earned Income</b>	<b>Minimum Base DI Benefit</b>	<b>Maximum Base DI Benefit</b>	<b>Maximum Integrated Benefit</b>	<b>Maximum Total Benefit</b>	<b>Minimum Base DI Benefit</b>	<b>Maximum Base DI Benefit</b>	<b>Maximum Integrated Benefit</b>	<b>Maximum Total Benefit</b>
38,000	200	1,400	1,400	<b>2,400</b>	200	1,535	1,400	<b>2,535</b>
39,000	200	1,475	1,400	<b>2,475</b>	200	1,600	1,400	<b>2,600</b>
40,000	200	1,525	1,400	<b>2,525</b>	200	1,665	1,400	<b>2,665</b>
41,000	200	1,575	1,400	<b>2,575</b>	200	1,735	1,400	<b>2,735</b>
42,000	200	1,575	1,400	<b>2,625</b>	200	1,750	1,400	<b>2,800</b>
43,000	200	1,650	1,500	<b>2,700</b>	200	1,815	1,500	<b>2,865</b>
44,000	200	1,700	1,500	<b>2,750</b>	200	1,885	1,500	<b>2,935</b>
45,000	200	1,750	1,600	<b>2,800</b>	200	1,950	1,600	<b>3,000</b>
46,000	200	1,750	1,600	<b>2,850</b>	200	1,965	1,600	<b>3,065</b>
47,000	200	1,800	1,600	<b>2,900</b>	200	2,035	1,600	<b>3,135</b>
48,000	200	1,850	1,600	<b>2,950</b>	200	2,100	1,600	<b>3,200</b>
49,000	200	1,925	1,600	<b>3,025</b>	200	2,165	1,600	<b>3,265</b>
50,000	200	1,950	1,600	<b>3,100</b>	200	2,185	1,600	<b>3,335</b>
52,000	200	2,025	1,700	<b>3,175</b>	200	2,315	1,700	<b>3,465</b>
54,000	200	2,050	1,700	<b>3,250</b>	200	2,400	1,700	<b>3,600</b>
56,000	200	2,125	1,700	<b>3,325</b>	200	2,535	1,700	<b>3,735</b>
58,000	200	2,225	1,700	<b>3,425</b>	200	2,665	1,700	<b>3,865</b>
60,000	200	2,300	1,800	<b>3,500</b>	200	2,800	1,800	<b>4,000</b>
62,000	200	2,350	1,800	<b>3,550</b>	200	2,935	1,800	<b>4,135</b>
64,000	200	2,400	1,800	<b>3,600</b>	200	3,065	1,800	<b>4,265</b>
66,000	200	2,425	1,800	<b>3,625</b>	200	3,200	1,800	<b>4,400</b>
68,000	200	2,450	1,800	<b>3,650</b>	200	3,335	1,800	<b>4,535</b>
70,000	200	2,500	1,800	<b>3,700</b>	200	3,465	1,800	<b>4,665</b>
72,000	200	2,575	1,800	<b>3,775</b>	200	3,600	1,800	<b>4,800</b>
74,000	200	2,650	1,800	<b>3,850</b>	200	3,735	1,800	<b>4,935</b>
76,000	200	2,700	1,800	<b>3,900</b>	200	3,865	1,800	<b>5,065</b>
78,000	200	2,750	1,800	<b>3,950</b>	200	4,000	1,800	<b>5,200</b>
80,000	200	2,825	1,800	<b>4,025</b>	200	4,135	1,800	<b>5,335</b>
82,000	200	2,925	1,800	<b>4,125</b>	200	4,265	1,800	<b>5,465</b>
84,000	200	3,000	1,800	<b>4,200</b>	200	4,400	1,800	<b>5,600</b>
86,000	200	3,075	1,800	<b>4,275</b>	200	4,535	1,800	<b>5,735</b>
88,000	200	3,175	1,800	<b>4,375</b>	200	4,665	1,800	<b>5,865</b>
90,000	200	3,250	1,800	<b>4,450</b>	200	4,800	1,800	<b>6,000</b>
92,000	200	3,325	1,800	<b>4,525</b>	200	4,935	1,800	<b>6,135</b>
94,000	200	3,400	1,800	<b>4,600</b>	200	5,065	1,800	<b>6,265</b>

**DI ISSUE LIMITS—BASE AND INTEGRATED BENEFITS (cont.)**

<b>DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS</b>								
	<b>INDIVIDUAL PAY</b>				<b>EMPLOYER PAY</b>			
<b>Annual Earned Income</b>	<b>Minimum Base DI Benefit</b>	<b>Maximum Base DI Benefit</b>	<b>Maximum Integrated Benefit</b>	<b>Maximum Total Benefit</b>	<b>Minimum Base DI Benefit</b>	<b>Maximum Base DI Benefit</b>	<b>Maximum Integrated Benefit</b>	<b>Maximum Total Benefit</b>
96,000	200	3,475	1,800	<b>4,675</b>	200	5,200	1,800	<b>6,400</b>
98,000	200	3,550	1,800	<b>4,750</b>	200	5,335	1,800	<b>6,535</b>
100,000	200	3,600	1,800	<b>4,800</b>	200	5,465	1,800	<b>6,665</b>
102,000	200	3,675	1,800	<b>4,875</b>	200	5,600	1,800	<b>6,800</b>
104,000	200	3,725	1,800	<b>4,925</b>	200	5,735	1,800	<b>6,935</b>
106,000	200	3,750	1,800	<b>4,950</b>	200	5,865	1,800	<b>7,065</b>
108,000	200	3,775	1,800	<b>4,975</b>	200	6,000	1,800	<b>7,200</b>
110,000	200	3,800	1,800	<b>5,000</b>	200	6,135	1,800	<b>7,335</b>
112,000	200	3,850	1,800	<b>5,050</b>	200	6,265	1,800	<b>7,465</b>
114,000	200	3,900	1,800	<b>5,100</b>	200	6,400	1,800	<b>7,600</b>
116,000	200	3,950	1,800	<b>5,150</b>	200	6,535	1,800	<b>7,735</b>
118,000	200	4,000	1,800	<b>5,200</b>	200	6,665	1,800	<b>7,865</b>
120,000	200	4,050	1,800	<b>5,250</b>	200	6,800	1,800	<b>8,000</b>
122,000	200	4,125	1,800	<b>5,325</b>	200	6,875	1,800	<b>8,075</b>
124,000	200	4,200	1,800	<b>5,400</b>	200	6,950	1,800	<b>8,150</b>
126,000	200	4,275	1,800	<b>5,475</b>	200	7,025	1,800	<b>8,225</b>
128,000	200	4,350	1,800	<b>5,550</b>	200	7,100	1,800	<b>8,300</b>
130,000	200	4,400	1,800	<b>5,600</b>	200	7,175	1,800	<b>8,375</b>
132,000	200	4,450	1,800	<b>5,650</b>	200	7,250	1,800	<b>8,450</b>
134,000	200	4,500	1,800	<b>5,700</b>	200	7,325	1,800	<b>8,525</b>
136,000	200	4,550	1,800	<b>5,750</b>	200	7,400	1,800	<b>8,600</b>
138,000	200	4,600	1,800	<b>5,800</b>	200	7,475	1,800	<b>8,675</b>
140,000	200	4,675	1,800	<b>5,875</b>	200	7,550	1,800	<b>8,750</b>
142,000	200	4,750	1,800	<b>5,950</b>	200	7,600	1,800	<b>8,800</b>
144,000	200	4,825	1,800	<b>6,025</b>	200	7,650	1,800	<b>8,850</b>
146,000	200	4,900	1,800	<b>6,100</b>	200	7,700	1,800	<b>8,900</b>
148,000	200	5,000	1,800	<b>6,200</b>	200	7,750	1,800	<b>8,950</b>
150,000	200	5,100	1,800	<b>6,300</b>	200	7,800	1,800	<b>9,000</b>
155,000	200	5,300	1,800	<b>6,500</b>	200	7,900	1,800	<b>9,100</b>
160,000	200	5,500	1,800	<b>6,700</b>	200	8,000	1,800	<b>9,200</b>
165,000	200	5,700	1,800	<b>6,900</b>	200	8,100	1,800	<b>9,300</b>
170,000	200	5,900	1,800	<b>7,100</b>	200	8,200	1,800	<b>9,400</b>
175,000	200	6,050	1,800	<b>7,300</b>	200	8,300	1,800	<b>9,500</b>
180,000	200	6,200	1,800	<b>7,450</b>	200	8,400	1,800	<b>9,600</b>
185,000	200	6,350	1,800	<b>7,600</b>	200	8,500	1,800	<b>9,700</b>

# DI ISSUE LIMITS—BASE AND INTEGRATED BENEFITS (cont.)

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
190,000	200	6,500	1,800	7,750	200	8,600	1,800	9,800
195,000	200	6,650	1,800	7,900	200	8,700	1,800	9,900
200,000	200	6,800	1,800	8,000	200	8,800	1,800	10,000
210,000	200	7,000	1,800	8,200	200	8,800	1,800	10,200*
220,000	200	7,200	1,800	8,400	200	8,800	1,800	10,400*
230,000	200	7,400	1,800	8,600	200	8,800	1,800	10,600*
240,000	200	7,600	1,800	8,800	200	8,800	1,800	10,800*
250,000	200	7,800	1,800	9,000	200	8,800	1,800	11,000*
260,000	200	8,000	1,800	9,200	200	8,800	1,800	11,200*
270,000	200	8,200	1,800	9,400	200	8,800	1,800	11,400*
280,000	200	8,400	1,800	9,600	200	8,800	1,800	11,600*
290,000	200	8,600	1,800	9,800	200	8,800	1,800	11,800*
300,000	200	8,800	1,800	10,000	200	8,800	1,800	12,000*
310,000	200	8,800	1,800	10,200*	200	8,800	1,800	12,000*
320,000	200	8,800	1,800	10,400*	200	8,800	1,800	12,000*
330,000	200	8,800	1,800	10,600*	200	8,800	1,800	12,000*
340,000	200	8,800	1,800	10,800*	200	8,800	1,800	12,000*
350,000	200	8,800	1,800	11,000*	200	8,800	1,800	12,000*
360,000	200	8,800	1,800	11,200*	200	8,800	1,800	12,000*
370,000	200	8,800	1,800	11,400*	200	8,800	1,800	12,000*
380,000	200	8,800	1,800	11,600*	200	8,800	1,800	12,000*
390,000	200	8,800	1,800	11,800*	200	8,800	1,800	12,000*
400,000	200	8,800	1,800	12,000*	200	8,800	1,800	12,000*

\* These amounts represent Participation Limits only.

\*\* The Maximum Issue Limit is \$10,000/mo.

\*\* Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and Chiropractors





## MEDICAL GUIDELINES

### NON-MEDICAL LIMITS

Non-medical limits for DI105 and BE105 are based on the age of the proposed insured and the benefit amount requested. The sum of the Total Disability Monthly Benefit, Integrated Monthly Benefit and/or Business Expense Monthly Benefit currently applied for and in force with this Company determines the non-medical limit.

When applying for Illinois Mutual DI in addition to critical illness and/or life insurance, satisfy the most extensive "age and amount" requirements as indicated under Non-Medical Limits in our current DI, Critical Illness, and/or Life Insurance Guides.

TOTAL AMOUNT OF INSURANCE APPLIED FOR AND IN FORCE WITH THIS COMPANY					
Age	Non-Med	Abrv. Paramed Urinalysis PHI	Abrv. Paramed Blood Profile Urinalysis PHI	Paramed Blood Profile Urinalysis PHI	Paramed Blood Profile Urinalysis PHI EKG
18-40	\$3,000		\$3,001-4,999	\$5,000	
41-50	\$1,500	\$1,501-3,000	\$3,001-4,999	\$5,000	
51-60	\$1,000	\$1,001-3,000	\$3,001-4,999		\$5,000

A six month benefit period is considered non-medical, unless an exam is specifically requested by the Home Office. However, a blood profile and urinalysis are required on all applications with monthly benefits over \$3,000, and an Electrocardiogram (EKG) is required at monthly benefits of \$5,000 or more for ages 51-60.

### Abbreviated Paramedical Exam

Includes measured height, weight, blood pressure and pulse by a paramedical examiner. An abbreviated paramedical exam may not be used in lieu of completing the non-medical on the application.

### Paramedical Exam

Includes completion by a paramedical examiner of Application Part 2 Questions and Part 3 measured height, weight, blood pressure and pulse. When a paramedical exam is required, the appropriate state specific version of **Statements to Medical Examiner**, Form R202-01, should be used for the state in which the application is written. If the examiner does not already have this form, you may request one from supply.

### Urinalysis

A urine specimen is obtained by a paramedical examiner.

### Blood Profile

A blood draw is completed by a paramedical examiner. To obtain the most favorable and accurate test results, the applicant should "fast" for 12 hours prior to the blood being drawn.

An Informed Consent must always be sent with the application when the monthly benefit exceeds \$3,000. We may also require a blood profile for lesser amounts. In this instance, an Informed Consent must be signed prior to the test. We will provide the appropriate Informed Consent form which includes a Notice to Proposed Insured to explain our AIDS guidelines.

### Electrocardiogram (EKG)

A resting electrocardiogram is completed by a paramedical examiner for applicants aged 51-60 applying for monthly benefits of \$5,000 or more.

### Personal History Interview (PHI)

A telephone interview is conducted by a representative of the Home Office Underwriting Department. A PHI may be requested at the underwriter's discretion at any amount. On the application, include the proposed insured's primary and secondary telephone numbers and advise your client that a PHI may be conducted.

### SCHEDULING

After the application is completed, please schedule all necessary exam requirements with an approved paramedical facility. An exam is to be completed by an approved paramedical facility unless the Home Office requests examination by a physician. In the event a paramedic examiner is not available in the applicant's locality, contact the Underwriting Department before arranging an exam with a doctor.

If you prefer to have the Home Office schedule the exam requirements, please indicate this request in the Examination Requirements section on page 6 of the application.

### FACILITIES

Illinois Mutual's approved paramedical facilities are listed below. All blood specimens must be drawn using the ExamOne Laboratories Blood Kit and its mailing instructions. One of the following paramedical facilities must be used when a blood profile or other examination requirement is required.

- |               |         |
|---------------|---------|
| 1. Portamedic | 3. APPS |
| 2. ExamOne    | 4. EMSI |

Approved paramedical facilities have the ExamOne Laboratories Blood Kit. Blood kits are not inventoried or supplied from the Home Office.



## ATTENDING PHYSICIAN'S STATEMENTS (APS)

In order to render the most favorable decision possible, an APS may be required as determined by the underwriter. Although an actual statement from the attending physician is uncommon, the term APS is still used when requesting copies of the actual medical records or medical chart notes. A representative of the Home Office Underwriting Department will request the records from the doctor's office or medical facility at our expense through a vendor. Timely release of the requested medical records depends

on the quality of the contact information provided on the application (doctor or facility name, address, phone number) and the degree of cooperation afforded by the doctor's office or medical facility. The medical records procurement vendor successfully uses an urgent and timely follow-up schedule to contact the doctor's office or medical facility for release of the requested medical records eliminating the need for the agent or applicant to contact the doctor's office or medical facility for release of the medical records.

## HEIGHT AND WEIGHT CHART - DI105 AND BE105

This chart serves as a guideline for the probable underwriting action based on build. Final underwriting action will be based on all aspects of the risk.

	WEIGHT								
		Extra Premium Rating in Percentages							
Height	Standard Rates	25%	50%	75%	100%	125%	150%	IC	Uninsurable
4'8"	84 - 167	168	177	186	192	198	204	205 - 227	228
4'9"	86 - 171	172	181	191	197	203	209	210 - 233	234
4'10"	88 - 175	176	186	195	202	208	214	215 - 238	239
4'11"	90 - 180	181	191	200	207	214	220	221 - 244	245
5'0"	92 - 184	185	195	204	211	218	224	225 - 250	251
5'1"	95 - 188	189	199	210	217	223	230	231 - 256	257
5'2"	97 - 192	193	205	215	222	229	236	237 - 261	262
5'3"	99 - 198	199	210	221	228	236	243	244 - 269	270
5'4"	102 - 203	204	215	226	234	241	249	250 - 276	277
5'5"	104 - 209	210	221	233	240	248	255	256 - 284	285
5'6"	108 - 215	216	226	238	246	254	261	262 - 292	293
5'7"	111 - 220	221	233	245	253	261	269	270 - 299	300
5'8"	113 - 226	227	239	252	260	268	276	277 - 307	308
5'9"	116 - 231	232	245	258	266	275	283	284 - 314	315
5'10"	119 - 237	238	252	265	274	283	291	292 - 322	323
5'11"	123 - 244	245	258	271	280	289	298	299 - 332	333
6'0"	126 - 251	252	265	279	288	297	307	308 - 341	342
6'1"	129 - 257	258	272	286	295	305	314	315 - 349	350
6'2"	132 - 264	265	278	293	302	311	321	322 - 358	359
6'3"	137 - 272	273	286	300	310	320	330	331 - 370	371
6'4"	140 - 279	280	294	310	320	330	340	341 - 379	380
6'5"	144 - 287	288	303	319	329	340	350	351 - 390	391
6'6"	148 - 296	297	312	329	339	350	361	362 - 402	403
6'7"	154 - 306	307	323	338	351	362	374	375 - 415	416

## IC = INDIVIDUAL CONSIDERATION

For any weight loss within 12 months of the application date, indicate the reason for the weight loss and add half of the weight loss to the current weight before referencing the chart.

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



## **MEDICAL CONDITIONS**

The following list is a sampling of conditions where Personal Paycheck Power<sup>SM</sup> and Business Expense Power<sup>SM</sup> may be available at standard rates, with coverage and/or premium modifications, or may not be available on any basis. The list highlights commonly encountered conditions but is not all-inclusive. Please contact the Underwriting Department for possible underwriting actions on medical conditions not listed. Also refer to Trial Inquiries section of the DI Guide. The possible underwriting actions indicated are generalized and do not take into account co-morbidity factors or State impairment regulations. Possible underwriting actions are subject to change without notice. Individuals circumstances vary requiring underwriting review for the best possible offer based on the facts.

### **Offers of coverage typically require:**

- Upfront disclosure of medical information
- An established clinical diagnosis of the medical condition
- Prudent medical care, compliance, and follow-up
- Full recovery\* or stability and control indicating a favorable prognosis

\* Full recovery means medical condition resolution and return to work full-time without restrictions or limitations. Continued existence of, treatment for (to include maintenance), or residual complications from a medical condition is not considered a full recovery.

### **No offer of coverage is possible with:**

- Material and unexplained symptoms, disorders or abnormal diagnostic test results
- Conditions or disorders restricting or limiting occupational duties
- Extra premium ratings in excess of 200%
- More than three exclusion of coverage riders
- Disabilities lasting six months or more within three years of application
- Recommended, contemplated or pending surgery
- Pending diagnostic evaluation
- Medical noncompliance or self-treating and medicating

## **Lengthening the Elimination Period**

In some cases, a 90 day elimination period or greater may be used in lieu of a + 25% extra premium rating and/or exclusion of coverage rider.

## **Acute vs. Chronic Medical Conditions**

Acute medical conditions may be viewed more favorably, whereas chronic or recurrent medical conditions may require stricter underwriting action.

## **Tobacco or Nicotine Use**

Depending on the medical condition, tobacco or nicotine use may require stricter underwriting action. Heavy tobacco (e.g. Cigarettes > 2 PPD) use may limit insurability.

## **Sedentary vs. Non-Sedentary Occupations**

Depending on the medical condition, sedentary occupations may be viewed more favorably, whereas non-sedentary occupations may require stricter underwriting action.

## **Overcoming Traditional Medical Declines**

The Medical Conditions List has been modified to consider coverage on individuals who continue to work full time without restrictions or limitations despite a medical condition that traditionally would result in a declination. Individual consideration will be given to offer coverage with extra premiums ratings (up to 200%) and/or exclusion of coverage riders. Benefit period, elimination period and optional benefit rider restrictions may apply.



## MEDICAL CONDITIONS LIST—HOME OFFICE AND AGENT USE ONLY

Guide to possible underwriting action abbreviations.

STD = Standard	BP = Benefit Period
Excl = Exclusion of Coverage Rider	EP = Elimination Period
IC = Individual Consideration	RFC = Rate for Cause
Dec = Decline	RFF = Rate for Findings
PP = Postpone	EPR = Extra Premium Rating (25% - 200%)

Extra Premium Ratings indicated are generally the lowest possible; however, higher ratings may be required.

Possible underwriting actions indicating multiple actions may require an extra premium rating and/or an exclusion of coverage rider and/or a longer elimination period, and/or a limited benefit period for the same medical condition.

Full recovery means medical condition resolution and return to work full-time without restrictions or limitations. Continued existence of, treatment for (to include maintenance), or residual complications from a medical condition is not considered a full recovery.

Medical complications such as adverse side-effects, undesired results, debilitating effects and concurrent disease or disorder may require stricter underwriting action.

### MEDICAL CONDITION

### POSSIBLE UNDERWRITING ACTION

**ADDISON'S DISEASE** ..... IC - Dec

**AIDS/ARC/HIV** ..... Dec

**ALCOHOL ABUSE/ALCOHOLISM** (No current alcohol use.) ..... IC

**ALS** ..... Dec

**ALZHEIMER'S DISEASE** ..... Dec

**ANGINA** ..... IC

### ANXIETY

Single Episode, Short Duration:

Adjustment Disorders - Situational or Reactive

Uncomplicated, no ongoing treatment, time since full recovery:

0-1 yr ..... 25%, Excl

1+ yr ..... 25% - STD

Ongoing maintenance treatment ..... rate as Chronic or Recurrent

Chronic or Recurrent:

Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD)

Uncomplicated, mild to moderate, treated, time since stability and control established:

0-1 yr ..... 25%, Excl, 2 yr BP

1-5 yrs ..... 25%, Excl, 5 yr BP

5+ yrs ..... 25%, Excl

Complicated, severe, poorly controlled ..... Dec

Panic disorder, Post-Traumatic Stress Disorder (PTSD), Phobias ..... IC



## ARTHRITIS

### Osteoarthritis, Degenerative Joint Disease

Asymptomatic, non-weight bearing joint, incidental finding ..... STD

Others ..... Excl

### Rheumatoid Arthritis

Active, complicated.....Dec

1-3 yrs inactive, minimal symptoms..... 100%, Excl, 2 yr BP

3-5 yrs inactive, minimal symptoms ..... 50%, Excl, 2 yr BP

5+ yrs inactive, minimal symptoms..... Excl, 2 yr BP

### Psoriatic Arthritis

Active, complicated..... Dec

1-5 yrs inactive, minimal symptoms .....200%, Excl, 2 yr BP

5+ yrs inactive, minimal symptoms..... 100%, Excl, 2 yr BP

### Ankylosing Spondylitis

Mild, controlled ..... 50%, Excl, 2 yr BP

Others ..... Dec

### Gout

Mild, uncomplicated, infrequent attacks ..... 25 - 50%, Excl

Others ..... Excl - Dec

## ASTHMA

### Bronchial or Allergic

Mild, uncomplicated, short term treatment as needed..... STD

Moderate, uncomplicated, stable and controlled with continuous treatment.....Excl

Severe, complicated or poorly controlled ..... Dec

Other Asthma .....IC

**ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADD/ADHD) .....IC**

## BACK/NECK

Strain/Sprain/Whiplash ..... Excl

1+ yr full recovery ..... STD

Disc Involvement/Fracture ..... Excl

5+ yrs full recovery ..... STD

Maintenance Adjustments (subluxation/dislocation/vertebral misalignment).....Excl

3+ yrs full recovery ..... STD - IC

## BLADDER

### Cystitis (Infection)

#### Uncomplicated

Single episode, current treatment or full recovery..... STD

Multiple episodes, recurrent/chronic, full recovery .....Excl

3+ yrs full recovery from last episode..... STD

Complicated, lacking full recovery .....IC

Interstitial Cystitis – full recovery or stability and control .....50%, Excl, 5 yr BP

Urinary Incontinence (loss of bladder control .....RFC

Bladder Cancer ..... IC

## BONES

### Fracture; accidental, non-pathologic

Skull .....IC

Spinal ..... Excl

5+ yrs full recovery ..... STD



## **BONES (cont.)**

Other .....	Excl
With full recovery .....	STD
With internal fixation device .....	Excl
Osteoporosis	
Mild, asymptomatic, incidental finding .....	STD
Other than mild and depending on cause .....	25%, Excl, Dec
Bone Spur	
Asymptomatic, non-weight bearing joint, incidental finding .....	STD
Symptomatic.....	Excl
With full recovery .....	STD

## **BREAST**

Fibrocystic Changes – Fibrocystic Breast Disease	
Diagnosed by MD exam, no biopsy, mammography or family history of breast cancer:	
Incidental or mild, no history of malignancy, no testing advised .....	STD
Biopsy or Mammography pending .....	PP
Biopsy or Mammogram ruled out malignancy .....	STD - Excl
Biopsy or Mammogram, malignancy not ruled out .....	IC
History of malignancy .....	IC
Family History of breast cancer .....	IC
Breast Cancer .....	IC

<b>CANCER</b> .....	IC
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## **CHEST PAIN**

Cause known .....	RFC
Cause unknown	
Without evaluation, diagnosis, or treatment .....	PP
2+ yrs full recovery .....	STD
Clinical evaluation and testing rules out CAD .....	RFC
Clinical evaluation inconclusive but suggestive of CAD .....	IC
Clinical evaluation inconclusive but not suggestive of CAD .....	25%
1+ yr full recovery .....	STD

## **CHOLESTEROL, HIGH (controlled with diet and/or medication)**

Cholesterol, uncomplicated, Chol/HDL < 8.0 mg	
< 250 mg .....	STD
251-400 mg .....	50%
>400 mg .....	Dec
Cholesterol, uncomplicated, Chol/HDL Ratio 8.1 – 9.9 mg.....	25%
Cholesterol, complicated or with Chol/HDL > 10.0 or Trigs > 500 mg .....	IC

## **CHRONIC BRONCHITIS**

Uncomplicated, non-smoker	
Mild .....	50 - 75%, Excl, 5 yr BP
Moderate .....	75%, Excl, 2 yr BP
Severe .....	Dec
Complicated and/or smoker .....	Dec

## **CHRONIC FATIGUE**

Chronic Fatigue or Chronic Fatigue Syndrome (CFS)	
Ongoing fatigue. ....	Dec





**CHRONIC FATIGUE (cont.)**

Uncomplicated, time since full recovery	
0-1 yr .....	Dec
1-2 yrs .....	100%, Excl, 2 yr BP
Uncomplicated, time since full recovery (cont.)	
2-5 yrs .....	50%, Excl, 5 yr BP
5-7 yrs .....	Excl
7+ yrs full recovery .....	STD
Complicated, recurrent .....	Dec

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

Uncomplicated, non-smoker	
Mild .....	50 - 75%, Excl, 5 yr BP
Moderate .....	75%, Excl, 2 yr BP
Severe .....	Dec
Complicated and/or smoker .....	Dec

**CIRRHOSIS** ..... Dec

**COLITIS**

Spastic or Mucous Colitis .....	Rate as IRRITABLE BOWEL
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**CONGESTIVE HEART FAILURE** ..... Dec

**CORONARY ARTERY DISEASE (CAD)** ..... IC - Dec

**CUSHING'S SYNDROME** ..... IC - Dec

**CYST** ..... IC

**CYSTIC FIBROSIS** ..... Dec

**DEPRESSION**

Single Episode, Short Duration:	
Adjustment Disorders - Situational or Reactive	
Uncomplicated, no ongoing treatment, time since full recovery:	
0-1 yr .....	25%, Excl
1+ yr .....	25% - STD
Ongoing maintenance treatment .....	rate as Chronic or Recurrent
Chronic or Recurrent:	
Minor Depressive Disorders (Affective/Mood or Not Otherwise Specified – NOS)	
Uncomplicated, mild to moderate, treated, time since stability and control established:	
0-1 yr .....	Dec
1-5 yrs .....	25%, Excl, 5 yr BP
5+ yrs .....	25%, Excl
Complicated, severe, poorly controlled .....	Dec
Major Depression – Single Episode	
Uncomplicated, time since stability and control established:	
0-1 yr .....	Dec
1-3 yrs .....	100%, Excl, 2 yr BP, 90 day EP
3-5 yrs .....	75%, Excl, 2 yr BP
5-7 yrs .....	25%, Excl, 5 yr BP
7+ yrs .....	25%, Excl



## DEPRESSION (cont.)

Complicated, poorly controlled or multiple episodes .....	Dec
Single Episode, Short Duration (cont.):	
Bipolar Disorder (Manic Depression)	
Uncomplicated, time since stability and control established:	
0-1 yr .....	Dec
1-3 yrs .....	100%, Excl, 2 yr BP, 90 day EP
3-5 yrs .....	75%, Excl, 2 yr BP
5-7 yrs .....	25%, Excl, 5 yr BP
7+ yrs .....	25%, Excl
Complicated, poorly controlled .....	Dec

## DIABETES OR BORDERLINE DIABETES

Type I, Insulin Dependent, "Juvenile Onset"	
Complicated, > 20 yrs duration or < age 35 at application .....	Dec
Uncomplicated, < 20 yrs duration or > age 35 at application .....	50%, Excl, 90 day BP
Type II, Non-insulin Dependent, "Adult Onset"	
Complicated or < age 30 at application .....	Dec
Uncomplicated, > age 30 .....	25%, 5 yr BP
Borderline Diabetes; Pre-diabetes, Impaired Glucose Tolerance .....	50% - STD
Gestational Diabetes .....	Excl - PP

**DRUG ABUSE/DRUG ADDICTION (No current drug use.)** ..... IC

**DWARFISM** ..... Dec

## EARS

Hearing Loss, Deafness	
Uncomplicated, stable, well adjusted:	
Unilateral, mild to moderate with or without hearing aid .....	STD
Due to disease, severe or total loss, other ear impaired .....	RFC, Excl
Bilateral, mild with or without hearing aid .....	STD
Due to disease, moderate to severe, or total loss .....	RFC, Excl
Complicated, recent onset, progressive, difficulty adjusting .....	IC
Labyrinthitis; uncomplicated, complete recovery .....	STD
Otitis externa, Otitis Media, Mastoiditis; uncomplicated, full recovery .....	STD
Otosclerosis .....	RFF, Excl
Meniere's Disease .....	Dec
Uncomplicated, 2+ yrs full recovery .....	IC
Vertigo; uncomplicated, full recovery .....	RFF, RFC

## EMPHYSEMA

Uncomplicated, non-smoker	
Mild .....	50% - 75%, Excl, 5 yr BP
Moderate .....	75%, Excl, 2 yr BP
Severe .....	Dec
Complicated and/or smoker .....	Dec

## ESOPHAGUS

Esophagitis	
Uncomplicated:	
Occasional mild attacks, stable and controlled with or without treatment .....	STD
Others .....	Excl



## ESOPHAGUS (cont.)

Complicated, lacking stability and control.....	RFF, RFC
Esophageal Stricture	
Uncomplicated:	
Single attack, full recovery, no recurrence .....	25% - STD
Current, more than one attack or dilation .....	100%, Excl, 2 yr BP
Complicated, poorly controlled .....	RFC - Dec
Gastric Reflux, Gastroesophageal Reflux Disease (GERD) .....	Rate as Esophagitis
Uncomplicated:	
Occasional mild attacks, stable and controlled with or without treatment .....	STD
Others .....	Excl
Complicated, lacking stability and control.....	RFF, RFC
Barrett's Esophagus	
Uncomplicated, well controlled, no cancer or dysplasia .....	75%, Excl, 2 yr BP
Surgically treated .....	IC
Complicated, poorly controlled, cancer present or past, dysplasia .....	RFF - Dec

## EYES

Cataract	
Uncomplicated, no material vision loss .....	Excl
1+ yr successful surgery, full recovery .....	STD
Complicated, material vision loss or less than full recovery .....	RFC, Excl – Dec
Glaucoma	
Uncomplicated, no material visual impairment, stable and controlled .....	Excl
Successful surgery, full recovery .....	STD
Complicated, visual impairment, lacking stability/control/recovery .....	RFC, Excl - Dec
Vision Loss, Impaired Vision, Blindness	
Uncomplicated, stable, well adjusted:	
Due to injury	
One eye, other eye normal .....	STD
Both eyes .....	Excl
Other than injury .....	RFC, Excl
Complicated, recent onset, progressive, difficulty adjusting .....	IC

## FIBROMYALGIA

Current Fibromyalgia, Fibrositis, Fibromyositis .....	Dec
Time since full recovery, single episode, no recurrence:	
1-3 yrs .....	100%, Excl, 2 yr BP
3-5 yrs .....	50%, 2 yr BP
5-7 yrs .....	25%, 5 yr BP
7+ yrs .....	STD
Multiple episodes, lacking full recovery .....	Dec

## HEADACHES

Vascular (migraine, cluster) or Tension	
Uncomplicated, mild, occasional .....	25% - STD
Uncomplicated, recurrent, stable and controlled .....	Excl
Complicated, chronic, severe .....	Dec
Others	
Undiagnosed, recent onset .....	PP
Secondary .....	IC



# **HEART ATTACK, MYOCARDIAL INFARCTION (MI)**

Age 45+ at diagnosis, uncomplicated, mild, single vessel disease;

Time since full recovery:

1-5 yrs .....	100%, Excl, 2 yr BP
5-7 yrs .....	100%, 2 yr BP
7-10 yrs .....	75%, 2 yr BP
10+ yrs .....	50%, 5 yr BP
Others .....	Dec

# **HEART MURMUR**

Functional, cardiac pathology ruled out ..... IC - Dec

**HEMOPHILIA** .....Dec

# **HEPATITIS**

Acute - (single episode) time since full recovery to include normal liver function tests:

Hepatitis A – Acute, uncomplicated

0-6 mos .....Dec

6+ mos .....STD

Hepatitis B – Acute, uncomplicated

0-6 mos .....Dec

6+ mos

Hepatitis tests negative .....STD

Hepatitis tests positive ..... rate as Chronic Hepatitis B

Hepatitis tests unknown ..... IC

Other forms of acute hepatitis ..... IC

Multiple episodes, lacking full recovery to include abnormal liver function tests .....Dec

Chronic – time since full recovery to include normal biopsy and liver function tests:

Hepatitis B or Hepatitis C (Non A /Non B) – Chronic, uncomplicated

0-1 yr .....Dec

1+ yrs ..... IC

Other forms of chronic hepatitis ..... IC

Lacking full recovery, abnormal biopsy or liver function tests .....Dec

Hepatitis Carrier .....Dec

# **HIGH BLOOD PRESSURE**

High blood pressure readings without evaluation, diagnosis or treatment ..... PP

Hypertension; essential/primary/benign/idiopathic, uncomplicated

Established stability and control with medication <140/90 .....STD

Established stability and control with medication <150/100 ..... 25%

Marked elevations > 150/100 .....Dec

Hypertension; secondary, complicated, unstable, uncontrolled .....Dec

# **HIPS**

Dislocation ..... Excl

1+ yr full recovery ..... STD

Replacement ..... Excl

**HYPOGLYCEMIA** .....IC - RFC



## IRRITABLE BOWEL

Irritable Bowel or Irritable Bowel Syndrome (IBS)

Uncomplicated, full recovery or stable and controlled:

One Attack or mild and occasional attacks ..... STD

Chronic or recurrent, time since last attack:

0-1 yr ..... 25 - 50%

1-2 yrs ..... 25%

2+ yrs ..... STD

Complicated, severe or poorly controlled ..... Dec

## JOINTS

Bursitis, Tendonitis, Tenosynovitis, Tennis Elbow, Epicondylitis ..... Excl

1+ yr full recovery ..... STD

Temporomandibular Joint Disease (TMJ) ..... Excl

1+ yr full recovery ..... STD

## KIDNEY

Infections

Pyelitis/Pyelonephritis

Uncomplicated, full recovery

Single episode ..... STD

Multiple episodes ..... RFC, 75%, Excl, 5 yr BP

2+ yrs from last episode ..... STD - Excl

Complicated, chronic, severe, lacking full recovery, kidney damage ..... Dec

Inflammatory Disease

Glomerulonephritis

Uncomplicated, time since full recovery

Single episode

0-1 yr ..... PP

1-3 yrs ..... 75%, 2 yr BP

3-5 yrs ..... 50%, 5 yr BP

5+ yrs ..... STD

Multiple episodes

0-1 yr ..... PP

1-2 yrs ..... 100%, Excl, 2 yr BP

2-5 yrs ..... 75%, 2 yr BP

5+ yrs ..... IC

Complicated, severe, chronic, lacking full recovery, kidney damage ..... IC

Kidney Stones

Present

No symptoms, incidental finding, uncomplicated ..... STD

Symptomatic, complicated, large or multiple stones ..... Dec

Passed or removed

Uncomplicated, full recovery:

1-3 episodes ..... STD

3+ episodes, not chronic ..... Excl

2+ yrs from last episode ..... Std - Excl

Complicated, chronic or lacking full recovery ..... RFC, Excl - Dec

Polycystic Kidney Disease

Present ..... Dec

Family History of Polycystic Kidney Disease ..... IC

Kidney Transplant Recipient ..... IC

Kidney Tumor ..... IC



## **KNEES**

Strain/Sprain .....	Excl
1+ yr full recovery .....	STD
Ligament Involvement .....	Excl
3+ yrs full recovery .....	STD
Replacement .....	Excl

**LEUKEMIA** ..... Dec

**LUPUS - SYSTEMIC** ..... Dec

## **MITRAL VALVE PROLAPSE (MVP)**

Uncomplicated, mild, asymptomatic .....	25% - STD
Uncomplicated, moderate, symptoms controlled .....	50%, 2 yr BP
Complicated, severe .....	Dec

## **MULTIPLE SCLEROSIS**

Benign, relapsing-remitting; uncomplicated, mild, stable and controlled	
0-4 yrs remission .....	Dec
4+ yrs remission .....	100%, Excl, 2 yr BP, 90 day EP
Progressive .....	Dec
Others .....	Dec

## **MUSCLES**

Strain/Sprain .....	Excl
1+ yr full recovery .....	STD
Muscular Dystrophy .....	Dec
Myalgia	
Under treatment, complicated .....	PP
Others, depending on time since full recovery, cause, recurrence & severity .....	IC

**MUSCULAR DYSTROPHY** ..... Dec

## **NOSE**

Deviated Septum, uncomplicated or full recovery .....	STD
Fracture; accidental, non-pathologic .....	Excl
1+ yr full recovery .....	STD
Nasal Polyps .....	IC

**PARALYSIS** ..... IC

## **PARATHYROID**

Hyperparathyroidism	
Primary	
Unoperated or within 0-1 yr of operation .....	Dec
1+ yr full recovery from operation .....	50% - STD
Complicated .....	Dec
Secondary .....	RFC
Hypoparathyroidism	
0-1 yr stability and control .....	Dec
1+ yr stability and control .....	50% - STD

**PARKINSON'S DISEASE** ..... Dec





**POLYP** ..... IC

**PREGNANCY**

Currently pregnant  
 1st or 2nd trimester, no prior or current complications ..... Excl  
 3rd trimester ..... PP  
 Complications, in past or currently ..... PP  
 History of complicated pregnancy..... Excl - PP

**PROSTATE**

Prostatitis  
 Uncomplicated, full recovery  
 Single episode.....STD  
 Recurrent episodes, normal PSA, no urinary tract infection ..... Excl  
 Complicated or lacking full recovery..... RFC - Dec  
 Benign Prostatic Hypertrophy (BPH)  
 Uncomplicated to include normal PSA ..... Excl  
 Complicated, severe, abnormal PSA..... IC  
 Surgery, full recovery, cancer (malignancy) ruled out.....STD  
 Prostate Cancer..... IC

**RESTLESS LEG SYNDROME** ..... IC

**SCLERODERMA** .....Dec

**SEIZURE**

Epilepsy, Convulsions- uncomplicated, stable and controlled, first seizure prior to age 40  
 Partial  
 Simple (Jacksonian) or Complex (Psychomotor)  
 Operated, full recovery without recurrence ..... rate as Petit Mal  
 Unoperated ..... IC  
 Generalized  
 Grand Mal (Tonic-Clonic); time since last attack:  
 0-1 yr.....Dec  
 1-5 yrs ..... 100% EPR, Excl, 2 yr BP  
 5-7 yrs ..... 75%, 2 yr BP  
 7-10 yrs.....25-50%  
 10+ yrs .....STD  
 Petit Mal (Absence); time since last attack:  
 0-1 yr.....Dec  
 1-2 yrs ..... 100%, 2 yr BP  
 2-3 yrs ..... 75%, 2 yr BP  
 3-5 yrs .....25 - 50%  
 5+ yrs .....STD  
 Others ..... IC

**SHOULDERS**

Dislocation/Separation/Strain ..... Excl  
 2+ yrs full recovery .....STD  
 Rotator Cuff Tear ..... Excl  
 3+ yrs full recovery .....STD



## **SLEEP APNEA**

Untreated .....	Dec
Central .....	Dec
Mixed .....	IC
Obstructive	
Uncomplicated, treated with good response, time since stability and control established:	
0-6 mos .....	PP
6 mos-1 yr .....	100%, Excl, 2 yr BP
1-2 yrs .....	25 - 50%
2+ yrs .....	25% - STD
Complicated or poorly controlled .....	Dec

**STRESS** ..... rate as ANXIETY

## **STROKE**

Cerebral Vascular Accident (CVA) .....	IC - Dec
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## **THYROID**

Goiter	
Simple (nontoxic), uncomplicated .....	STD
Others- Also see Hyperthyroidism .....	IC
Graves' Disease	
Uncomplicated, operated or treated with stability and control .....	STD - Excl
Others .....	Dec
Hyperthyroidism	
Uncomplicated, treated, stable and controlled .....	STD - Excl
Complicated, poorly controlled .....	Dec
Hypothyroidism	
Uncomplicated, untreated, mild signs/symptoms .....	25% - STD
Uncomplicated, treated, stable and controlled .....	STD
Others .....	IC
Thyroiditis	
Subacute, resolved, uncomplicated .....	STD
Chronic, Hashimoto's, uncomplicated, stable and controlled .....	STD
Others .....	Dec

**TRANSPLANT RECIPIENT (Other than kidney)** ..... Dec

**TUMOR** ..... IC

## **ULCER**

Duodenal Ulcer	
Uncomplicated, treated, full recovery:	
Single episode .....	STD
Multiple episodes .....	Excl
3+ yrs from last episode .....	STD
Complicated or without full recovery .....	PP - Dec
Gastric (Stomach) Ulcer	
Uncomplicated, full recovery without surgery:	
Single episode .....	Excl
3+ yrs full recovery .....	25% - STD
Multiple episodes or recurrent .....	Excl
Surgically corrected, full recovery .....	Excl



# **ULCER (cont.)**

Gastric (Stomach) Ulcer (cont.)

Complicated or without full recovery.....PP - Dec

Other Ulcers ..... IC

# **ULCERATIVE COLITIS**

Uncomplicated, time since stability and control established without surgery:

0-1 yr .....Dec

1-2 yrs..... 100%, Excl, 2 yr BP, 90 EP

2-5 yrs..... 100% Excl, 2 yr BP

5-7 yrs..... 75%, Excl, 2 yr BP

7-10 yrs..... 50%, Excl, 5 yr BP

10+ yrs ..... IC

Surgically corrected, no recurrence, time since full recovery:

0-1 yr .....Dec

1-2 yrs..... 100%, Excl, 2 yr BP, 90 EP

2-5 yrs..... 75%, 2 yr BP

5-10 yrs..... 50%, 5 yr BP

10+ yrs..... 25% - STD

Complicated, severe, poorly controlled, recurrence after surgery .....Dec

Lacking full recovery or stability and control, or with long term steroid use .....Dec

# **VEINS**

Varicose Veins

Legs

Uncomplicated, mild, without support hose.....STD

Uncomplicated, with support hose and/or edema ..... 50%, Excl, 5 yr BP

Complicated to include ulceration .....Dec

6 months since full recovery following surgery.....STD

Located other than legs.....Dec

Deep Vein Thrombosis (DVT)

0-1 yr ..... PP

1+ yr full recovery from single attack .....STD

Multiple attacks and/or persistent edema .....Dec

# **WRISTS**

Carpal Tunnel Syndrome ..... Excl

1+ yr full recovery ..... STD

DeQuervain's disease ..... Excl

2+ yrs full recovery .....STD

Ganglions ..... Excl

1+ yr full recovery .....STD

**FOR HOME OFFICE AND AGENT USE ONLY**



## WRITE THE APPLICATION

Illinois Mutual conveniently provides a simplified DI application APP105-D and APP105. The application also includes the following:

- **Payment Receipt** (Form 7015). Complete and leave with the proposed insured if money is collected or premium is paid at the time the application is written.
- **HIPAA Authorization** (Form 9209). Complete and return to the Home Office with the application.
- **Medical Information Bureau (MIB, Inc.) Notice** (Form 2826). Leave with the proposed insured at the time the application is written.
- **Fair Credit Reporting Act Notice** (Form 2825). Leave with the proposed insured at the time the application is written.
- **Proxy Form** (Form 561-K). Complete and return to the Home Office with the application in all states except Iowa, Maryland, Oklahoma, South Carolina and Tennessee.

## COMPLETING PERSONAL PAYCHECK POWER<sup>SM</sup> APPLICATIONS

1. The state where the applicant completes the application is considered the contract state and all required forms must be in compliance with such state requirements. Please refer to Form HO-124 (PP) **Required Forms**.
2. All paper applications must be completed in ink. Pre-signed, incomplete applications for subsequent transcription are not acceptable.
3. Agents can complete DI applications over the phone subject to the proposed insured's verification, signature and dating. For more details, please refer to the Application Completion by Mail or Fax section of this Guide.
4. Personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable answer; "no" or "none" should be used, if that is the correct response.
5. Any corrections or alterations to the application must be made in the presence of and initialed by the proposed insured. Changes made with "white out" will not be accepted.

6. No application will be accepted that has been altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state or the licensed resident agent's signature.

7. The proposed insured's primary and secondary phone numbers must be completed on the application to expedite the personal history interview or teleunderwriting interview.

8. Clearly indicate the proposed insured's full-time primary occupation along with a detailed description of the exact duties of that occupation including the percentage of time spent performing professional, managerial, administrative, and/or trade services or labor duties. Example: self-employed electrical contractor/electrician performing residential installation and repair with 25% of the time performing professional, managerial or administrative duties and 75% trade, services or labor duties.

9. Complete and accurate medical information on the application is crucial in rendering a fair and timely underwriting decision. Some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any health care consultation or hospital admission. The outcome of any exam or check-up should be recorded on the application as "all test results were reported to be within normal limits" or a complete description of any unfavorable or abnormal findings should be provided.

The Medical Information portion of the application requests details to all affirmative medical history question responses. Details include:

**Symptoms, Illness, Injury, or Other.** Indicate the disease, disorder, illness, injury, impairment, symptoms or other reason. Include the specific area of body affected when appropriate.

**Dates.** Indicate the date when symptoms or problems were first experienced and the date or dates health care services were utilized.

**Details.** Indicate testing performed including results, diagnosis made, treatment prescribed including medications, surgery or therapy, frequency of health care visits, length of disability, degree of recovery and if any residual problems, complications or restrictions.



**Complete name of Physician, Hospital or Clinic and Current Address.** Indicate the complete name, current address and phone number of the physician(s) or medical facility(s), that were consulted for the symptoms or problems. Include referral physician(s) or medical facility(s).

Example: Low back pain March 2011, x-ray within normal limits, diagnosed as an L-S spine strain/sprain causing three weeks of disability, treated with anti-inflammatory medications, resulting in a complete recovery. Dr. Jill Brown, Hometown Medical Clinic at 1234 Elm St., Peoria, IL 61634. Phone #000-000-0000.

10. In order to determine the appropriate monthly benefit amount available, clearly indicate the applicant's earned income for all time frames requested on the application.

11. Indicate all other disability insurance, salary continuation plans, group disability and other sources of income. Short-term disability and sick pay benefit programs are considered in the participation limit.

12. Check the application for complete and accurate information before sending it to the Home Office. This will help ensure faster processing and issue. Incomplete applications will cause delays.

13. Include a copy of the proposal used at time of sale as confirmation of the benefits requested and premiums quoted.

14. In order to expedite the underwriting process, fax or email the application to the Home Office at 1.800.884.7607 or Underwriting@IllinoisMutual.com.

## **APPLICATION COMPLETION BY MAIL OR FAX**

For best results, the agent is encouraged but not required to meet with the client face-to-face and personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. However, application (Form APP105-D, APP105) completion by mail or fax is permitted (except in West Virginia) subject to the following reminders and instructions:

- **DI Guide**

Be familiar with and conduct business according to this Guide. Pay special attention to sections "Getting the Policy Issued – 10 Tips" and "Completing the DI Applications".

- **Contracted/Licensed/Appointed**

Prior to marketing our products or beginning the sales process, the agent must be properly contracted, licensed and appointed with Illinois Mutual Life.

- **Contract State**

The state where the proposed insured completes the application is considered the contract state and all required forms must be in compliance with such state requirements. Please refer to Form HO-124 (PP) **Required Forms.**

- **Crossing State Lines**

When crossing state lines, use the state compliant application and forms for the state where the proposed insured will complete the application. As the writing agent, you must have proper resident state license and non-resident state license for conducting business across state lines. Applications completed without proper agent licensing or on inappropriate state application forms will not be accepted. Applications completed in a state or location where Illinois Mutual is not licensed to do business will not be accepted.

- **Owner**

If the policy is to have an owner other than the proposed insured, the agent should complete Section 7 Owner of the application (PART A-Page 2) and obtain the owner/applicant signature in the Signature of Owner/Applicant section of the application (PART C-Page 6).

- **By Phone**

Personally ask all the application questions of the proposed insured by phone and record the answers in full on the application. While on the phone with the proposed insured, explain the underwriting process to include instructions for completing the application upon receipt in the mail or by fax. Obtain the proposed insured's verbal consent to mail or fax the application with recorded answers while confirming the correct mailing address or secure fax number. The envelope used for mailing or the cover letter used for faxing the application should be specifically addressed to the proposed insured and marked "Personal and Confidential".

- **Application Completion**

For completion, send the application and required forms to the proposed insured to obtain verification, signature and dating. Other than signing and dating the application or making corrections to recorded answers, the proposed insured should not have to record answers on any part of the application. Any corrections to the application should be initialed by the proposed insured.



- The “Date” portion of the application (PART C-Page 6) should reflect the date the proposed insured signed the application after verifying the information recorded on the application is complete and accurate.
- The state where the proposed insured completes the application is the contract state and the “Signed at” portion of the application (PART C-Page 6) should reflect the city and state where the proposed insured completed the application.
- Follow up regularly with the proposed insured for prompt and accurate application completion and return.
- **Return of Completed Application**  
Have the proposed insured return the completed application and necessary forms to the agent. Remind the proposed insured to retain Page 10 of the application (Notice/Authorization).
- **Agent’s Certification**  
Upon receipt of the completed application, the agent will promptly complete and sign the “Agent’s Certification” section of the application (PART C-Page 6) and mail or fax the completed application, forms, proposal and any payment to the Illinois Mutual Home Office Underwriting Department for processing.
- **Payment Receipt**  
If a personal check for a least one month’s full premium is returned to the agent with the completed application, the agent should promptly complete Page 9 (Payment Receipt) of the application and return to the premium payer.
- **Policy Delivery by Mail**  
For best results, the agent is encouraged but not required to deliver the policy in person. If the policy is to be delivered by mail, make prompt delivery upon agent receipt of the policy from the Home Office. Contact the client by phone to advise when the policy is mailed and request they read the policy carefully upon receipt. Explain any and all delivery requirements and instructions to place the policy in force in the allotted time. Follow up regularly to be sure any and all delivery requirements are promptly and properly completed and returned.

## **HIPAA COMPLIANCE**

**Health Information Authorization**, Form 9209, must be completed at time of application as required by the Health Insurance Portability and Accountability Act of 1996.

## **REPLACEMENT OF EXISTING INSURANCE**

Replacement of in force insurance must conform to the replacement regulations for the proposed insured’s state of residence. Refer to the Disability Income Replacement Requirements on this Page.

You should advise the proposed insured to continue premium payments on any present insurance until underwriting is completed and a policy has been issued. You are deemed to have knowledge that a policy may be replaced and you must comply with the appropriate replacement law if the proposed insured and/or applicant suggests possibly surrendering an existing policy or letting it lapse because you have sold him an Illinois Mutual policy.

Make sure the proper forms are fully completed, paying particular attention to the replacement question, agent certification, the existing policy number and issuing company.

The Underwriting Department is ready to assist and guide you in replacement situations. Replacement forms may be ordered from the Supply Department or downloaded via the Agent Forum.

## **DISABILITY INCOME REPLACEMENT REQUIREMENTS**

Notice to Applicant Regarding Replacement of Accident and Sickness Insurance.

Form 2818: KY, WI

Form 3117: AR, CT, DE, IA, ID, IL, NH, NJ, OK, TX, UT, VT, WA, WV

Form 3117 (FL): FL

Form 3158: PA, SC, VA

Form 3159: MA

Form 9187: CO

Form 9222: ME





## **NOTICE OF UNDERWRITING ACTION (NUA)**

Notice of Underwriting Action correspondence will be sent to you outlining and confirming the underwriting requirements that are necessary to underwrite the application. This correspondence is sent via the postal service or via e-mail if you are a registered member of the Illinois Mutual Agent Forum.

## **INCOMPLETE APPLICATIONS**

If we are unable to complete our underwriting requirements within 60 days of the application date, we must close the file as incomplete and return any premiums paid. A letter of explanation is sent to the agent. Seven days later, a copy of the letter is sent to the proposed insured to inform him that insurance is not in force as a result of an incomplete application.

When any outstanding underwriting requirements are subsequently received, we outline our preliminary offer in writing to the agent, subject to a new application.

## **TIME SERVICE**

It is our goal to make underwriting decisions on the majority of applications within 15 days. Please refer to the Streamlined Underwriting section of this Guide.

## **PROTECTIVE VALUE AND POLICY MODIFICATIONS**

Protective value can be defined as the level of Protection from risk provided by a specific underwriting action. Illinois Mutual utilizes the following techniques to insure persons who have medical conditions that do not qualify for standard insurance.

### **Limited Benefit Period**

Limited benefit periods offer moderate protective value since the duration of the contractual obligation is shorter.

### **Increased Elimination Period**

Increased elimination periods offer high protective value since the short term contractual obligation has been eliminated.

### **Exclusion Rider**

Exclusion riders offer high protective value since the risk has been eliminated for a specific known morbidity factor. However, if a known condition or impairment can or does limit the applicant's ability to perform the material and

substantial duties of their occupation, no offer of coverage should be made since an exclusion of coverage rider's protective value would be significantly diminished due to the nature and/or severity of the disabling condition or impairment.

### **Rating**

Ratings on a single policy offer low protective value since the contractual obligation remains despite the increased premium. However, the collective premium increase on multiple rated policies with the same known morbidity risk enhances the protective value by compensating the Company for taking increased risk. Due to the low protective value provided on a single rated policy:

- Policies rated 50% or more should be limited to a 5 year benefit period.
- Policies rated 75% or more should be limited to a 2 year benefit period.
- Policies requiring a rating greater than 200% should be declined.

The following riders should not be offered on policies rated 50% or more:

Activities of Daily Living (ADL)  
Cost of Living Adjustment (COLA)  
Extended Own Occ  
Pure Own Occ  
Mental/Nervous and Drug/Alcohol  
Residual

GIO should not be offered on any rated policy, and no optional riders (except Return of Premium and Integrated Benefit Rider) should be offered on policies rated 100% or more.

### **Decline**

Declination offers high protective value since no contractual obligation exists.

Combining various underwriting actions based on the individual factors as presented on a case-by-case basis can also enhance the protective value.

## **DECLINED APPLICATIONS**

A letter with a refund check in the amount of any premium paid is sent to you, the agent, in all cases where we are unable to issue insurance and it is necessary to decline the application.

A letter of declination is sent to the proposed insured seven days later; therefore, refund checks should be delivered promptly.



## PREMIUM PAYMENTS

### FIRST PREMIUMS

First premiums for DI105 and BE105 should be collected at the time the application is taken (unless an adverse underwriting action is anticipated) and should accompany the application to the Home Office. If money is collected, give the Disability Income Receipt to the applicant and advise coverage is effective subject to the terms of the receipt.

Post dated checks are not acceptable. A bank may choose to charge the policyowner's account before the date of the check or return the check. The policyowner is responsible for delays, fees or charges resulting from post dating a check.

Illinois Mutual does not accept individually billed monthly business. If an application is submitted on a quarterly, semi-annual or annual basis without money or without the full first premium, the application is underwritten and, when the policy is issued, premium is to be paid within 30 days.

When the full premium on such C.O.D. cases, or the balance of the premium on a partial pay case is not received in the Home Office within 30 days from the date of issue, the policy is void and the applicant is notified by letter.

### MONTHLY AUTHORIZED CHECK

It's easy and convenient to use the Monthly Authorized Check plan to pay the premiums on new and existing policies. Have your client sign and complete the Authorized Check form attached to the application. Send this form along with the first month's premium, a void check and the application for insurance. For in-force policies, send the form listing the policies already in force and a void check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one Monthly Authorized Check.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks that do not provide this service, a paper check will be included with the bank statement.

## MINIMUM PREMIUMS

The minimum premium is \$7.50 for the Monthly Authorized Check payment mode. (If adding to an existing Monthly Authorized Check plan, the minimum is \$2.) For all other payment modes, the minimum is \$12.

### Modal Calculations – All Products

- Semi-Annual is annual multiplied by .515
- Quarterly is annual multiplied by .265
- Monthly Authorized Check is annual multiplied by .088
- List Billing is annual multiplied by .088

## TAX CONSIDERATIONS

	PREMIUM PAYMENTS Income Tax Effects To		BENEFIT PAYMENTS Income Tax Effects To	
	Employer	Employee	Employer	Employee
INDIVIDUAL POLICY Insured pays premium, owns policy and receives all benefits.	n/a	Premium Paid With After-Tax Dollars	n/a	Not Taxable IRC Section 104(a)(3)
EMPLOYEE BONUS PLAN Employer pays bonus to insured employee. Insured pays premium, owns policy and receives benefit.	Bonus is Tax Deductible IRC Section 162(a)	Bonus is Taxable as Income IRC Section 61	n/a	Not Taxable IRC Section 104(a)(3)
SPLIT PREMIUM Employer pays part of each premium as part of a Wage Continuation Plan and employee pays balance of the premium, owns policy and receives benefit.	Tax Deductible IRC Section 162(a)	Not Taxable on Employer Premium Payments IRC Section 106	n/a	Taxable on Amount Attributable to Employer Premium. The Balance is Received Income Tax-Free.
WAGE CONTINUATION Employer pays premium. Insured employee owns policy and receives all benefits.	Tax Deductible IRC Section 162(a)	Not Taxable IRC Section 106	n/a	Taxable when Received
KEY-PERSON Employer pays premium, owns policy and receives benefits.	Not Deductible	n/a	Received Tax Free. Would be Tax Deductible if Paid to Employee.	Taxable as Income if Received from Employer

Under a Wage Continuation Plan, the insured is assumed to be an employee or stockholder-employee in a regular "C" corporation. A partner, sole-proprietor, or more than 2% stockholder in a sub-chapter "S" corporation is not considered to be an eligible employee. Disability benefits provided by a plan funded in accordance with IRC Section 125 would be the same as those outlined under Wage Continuation. A partner, sole-proprietor, or more than 2% stockholder in a subchapter "S" corporation is not considered to be an eligible employee.



## **POLICY ISSUE AND DELIVERY**

### **DELIVERING THE POLICY**

Delivering the policy in person is important to building relationships with your clients. It also ensures they receive their policies in a prompt and reliable manner. We ask all of our agents to deliver policies in person.

### **CONDITIONAL ISSUES**

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated, modified, and/or conditions are excluded.

Conditionally issued policies require the acceptance and signature of the proposed insured or applicant on the Amendment of Application, Exclusion of Coverage, and Statement of Health forms as specified in the Policy Transmittal Letter.

### **AMENDMENT OF APPLICATION/EXCLUSION OF COVERAGE RIDER**

Any required Amendment of Application and/or Exclusion of Coverage outlining Policy modifications is included in and made a part of the Policy. Written acceptance by the proposed insured/ applicant is necessary before insurance will be placed in force under the Policy. The Agreement is as follows:

I understand that Policy Number \_\_\_\_\_ is conditionally issued as a counteroffer of insurance. I agree to accept any changes made by Form \_\_\_\_\_, a copy of which is attached to the Policy. I further understand and agree that the Policy will become effective on the date shown in the Policy Schedule only if this Form is accepted and properly signed and the first full premium is paid.

### **DELIVERING A CONDITIONAL ISSUE POLICY**

1. The specified forms must be signed and the first full premium paid for the policy to become effective.
2. A copy of the Amendment of Application and/or Exclusion of Coverage form will be attached to the policy.
3. Secure the signature of the applicant and, if appropriate, the proposed insured on the Agreement.
4. Return the Agreement copy in the envelope provided.
5. Five working days after the policy has been mailed to you a letter is sent to the applicant advising that a counteroffer of insurance has been made and that no insurance is in force until our offer has been accepted.
6. Delivery and acceptance of conditionally issued policies should be completed promptly. Contact the Underwriting Department if special circumstances require an extension of delivery time.
7. The counteroffer of insurance will be revoked if the signed Agreement is not received in the Home Office within 30 days.
8. Void counteroffers will be explained by letter to the applicant with any premium paid refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the Home Office.

# Return of Premium Rider

## ROP Rider Premium Percentages



### RETURN OF PREMIUM RIDER

The Return of Premium Rider (ROP) can be added to a DI policy at issue or within two years from the date of issue. If added after issue, payment of all back premiums for the rider, plus interest, is required. After a policy with a Return of Premium Rider has been in force for a period of five years, a percent of the premiums paid, less any benefits received, is payable at time of lapse or surrender. At age 67, 100% of all premiums paid, less any benefits received, is payable to the owner of the policy.

The Return of Premium Rider is not available in CT or MA.

### RETURN OF PREMIUM RIDER PREMIUM PERCENTAGES

To obtain the annual premium for the Return of Premium Rider, multiply the annual premium for all other benefits and riders by the appropriate percentage.

Return of Premium Rider Premium Percentages (All States)									
	Elimination Period of Base Policy Benefits					Elimination Period of Base Policy Benefits			
Issue Age	30 Days	60 Days	90 Days	180 Days	Issue Age	30 Days	60 Days	90 Days	180 Days
18-25	20%	25%	30%	35%	41	62%	69%	76%	89%
26	21	26	31	36	42	66	74	82	95
27	22	27	32	38	43	70	79	88	102
28	24	29	34	39	44	75	84	94	108
29	26	31	36	41	45	80	90	100	115
30	28	33	38	44	46	86	99	110	126
31	30	35	40	46	47	93	108	120	137
32	32	37	42	49	48	101	117	130	148
33	34	39	44	53	49	110	126	140	159
34	37	42	47	56	50	120	135	150	170
35	40	45	50	60	51	130	146	162	184
36	43	48	54	64	52	144	160	178	202
37	46	52	58	69	53	163	178	200	227
38	50	56	62	73	54	187	203	228	259
39	54	60	66	78	55	220	235	265	300
40	58	64	71	84					

# Return of Premium Rider

## ROP Percentages



### RETURN OF PREMIUM PERCENTAGES

Policyowners who have purchased the Return of Premium Rider with their DI policy will receive all the premiums paid, less any benefits received, at age 67. While a policyowner will receive a portion of the premiums paid as illustrated in the following table, waiting until age 67 is strongly recommended. The policy is surrendered in either case.

TABLE OF RETURN OF PREMIUM PERCENTAGES (ALL STATES)										
No return of premium benefit is payable until the end of the 5th policy year.										
Age at Issue	At End of Policy Year									
	5	6	7	8	9	10	15	20	30	31+
18 - 25	13%	15%	18%	21%	24%	27%	37%	47%	71%	100%
26	13%	15%	18%	21%	24%	27%	37%	48%	74%	100%
27	13%	15%	18%	21%	24%	27%	39%	50%	77%	100%
28	12%	15%	18%	21%	24%	27%	40%	51%	79%	100%
29	12%	15%	18%	21%	24%	27%	41%	53%	81%	100%
30	12%	15%	18%	21%	23%	27%	42%	54%	83%	100%
31	11%	14%	17%	20%	23%	27%	43%	55%	86%	100%
32	11%	14%	17%	20%	23%	27%	44%	57%	90%	100%
33	11%	14%	17%	20%	23%	27%	45%	58%	93%	100%
34	11%	14%	17%	20%	23%	28%	47%	60%	96%	100%
35	11%	14%	17%	20%	23%	28%	48%	62%	100%	
36	11%	14%	17%	20%	23%	29%	49%	63%	100%	
37	11%	14%	18%	21%	24%	30%	50%	67%	100%	
38	11%	14%	18%	22%	25%	31%	52%	71%		
39	11%	14%	18%	22%	26%	32%	53%	74%		
40	11%	14%	18%	22%	26%	32%	55%	78%		
41	11%	15%	19%	23%	27%	33%	57%	81%		
42	11%	15%	19%	24%	28%	34%	60%	85%		
43	11%	15%	19%	24%	28%	35%	62%	89%		
44	11%	15%	19%	24%	29%	36%	65%	94%		
45	11%	15%	19%	24%	29%	37%	68%	100%		
46	11%	15%	19%	25%	30%	38%	70%	100%		
47	11%	15%	20%	26%	31%	39%	75%	100%		
48	11%	15%	20%	28%	33%	41%	80%			
49	11%	15%	20%	29%	34%	43%	87%			
50	11%	15%	20%	30%	35%	45%	100%			
51	11%	15%	23%	30%	38%	47%	100%			
52	11%	15%	26%	30%	42%	53%	100%			
53	11%	15%	29%	35%	47%	62%				
54	11%	15%	32%	41%	59%	77%				
55	11%	15%	35%	55%	75%	100%				

This table shows the return of premium percentages at the ends of various policy years. The return of premium percentages for other times will be furnished upon request. The return of premium percentage at any date to which premiums have been paid within a policy year shall be obtained by interpolation to the nearest .1% between the percentages for the beginning and end of such year.

# **Return of Premium Rider**

## **Frequently Asked Questions**



### **FREQUENTLY ASKED QUESTIONS**

The Return of Premium Rider provides a guaranteed money-back option. It's the most effective way to protect your client's most valuable asset—the ability to earn an income. If your client ever needs the disability income, it provides protection—if your client doesn't ever need it, the premiums will be returned. It's that simple.

The Return of Premium Rider returns 100% of all premiums paid, minus any benefits paid, at age 67. If your client should choose to surrender the policy before age 67, a percentage of those premiums paid will be returned, minus any benefits paid, based on the number of years the policy has been in force.

#### **On which policies is the Return of Premium Rider available?**

The Return of Premium Rider is available on the Personal Paycheck Power<sup>SM</sup> plan and the Business Expense Power<sup>SM</sup> plan.

#### **Before age 67, will all the premiums be returned to a policyowner at time of lapse or cancellation?**

After a certain period, a portion of the premium will be returned, minus any benefits paid. Refer to the return of premium percentages in this Guide.

#### **When my client receives the return of premium benefit, is it taxable?**

Your client should contact a tax advisor as to the taxability of the return of premium benefit.

#### **How is the Return of Premium Rider affected if the policy lapses and is reinstated?**

A reinstatement does not reduce or increase the amount of the return of premium benefit. The back premium must be paid at time of reinstatement.

#### **Can a policyowner use some of the return of premium benefit to pay premiums?**

The return of premium benefit must remain in the policy until lapse or cancellation. The value cannot be borrowed or used to pay premiums.

#### **How is the return of premium benefit affected if someone else owns the policy?**

If a company or a person other than the insured owns the policy, any return of premium benefit, or the monthly benefits payable at time of disability, will be payable to the owner. The owner has complete control of the policy.

#### **Can the return of premium benefit be transferred to another policy or annuity through a 1035 exchange?**

A 1035 exchange only applies to life products. It does not apply to disability income insurance products.

#### **What happens when the insured dies?**

The return of premium benefit is calculated as though the policy had lapsed. The proceeds are then payable to the beneficiary or to the estate.

#### **What are my client's options at age 67?**

At age 67, the return of premium benefit can be taken in cash, left with Illinois Mutual to accrue interest, paid in installments, or annuitized and paid out over your client's lifetime. Your client will be contacted prior to age 67 and will be given the various options in writing.

#### **What happens if any benefits paid out exceed the return of premium benefit?**

At this time, the owner may choose to drop the option from the policy to avoid the added premium costs.

#### **Can the Return of Premium Rider be removed from the policy?**

Upon written request from the policyowner, the Return of Premium Rider can be removed. Any return of premium benefit accrued at the time the rider is removed will be placed in an account and earn interest at the Company's legal rate of interest accumulation. At age 67, or at time of lapse or cancellation, the accrued return of premium benefit, plus accumulated interest, minus any benefits paid will be payable to the owner.

If you have more questions about the Return of Premium Rider, please contact the Policy Service Department at 1-800-380-6688, Ext. 758.





## POLICY SERVICE

The Policy Service Department is available to meet your servicing needs as soon as a policy is issued. Please contact us with any questions that you may have:

PSD@IllinoisMutual.com

(800) 380-6688

Ext 756: Payroll Deduction Administration

Ext 758: Personal Paycheck Power<sup>SM</sup> or  
Business Expense Power<sup>SM</sup>

Fax: (309) 674-2217

### Forms

Policy Service Request, Form 5215, can be used for simple policy changes including name, address, ownership, beneficiary, duplicate policy, mode of payment and reduction of benefits. This form is available in our Resource Library or by contacting Policy Service.

### Faxes

Policy Service will accept faxed and emailed forms.

### Premium Notices

Premium notices are sent approximately 30 days prior to the due date. A late payment offer is also sent near the end of the grace period.

When premiums are paid by monthly authorized check, unless otherwise requested, we debit the premium payor's account on or about the monthly due date of the policy. A different debit date can be selected. Premium cannot be debited on the 29th, 30th or 31st of the month.

List billings are mailed on or around the 18th of the month prior to the month in which the premium is due. If the current modal premium is not received prior to the billing date for the following month, we will bill for two monthly premiums or rebill the quarterly, semi-annual or annual premium due.

### Change of Mode

The method of premium payment can be changed upon the written or telephoned request of either the agent or the policyowner. Premiums can be paid annually, semi-annually, quarterly or by monthly authorized check. There is a modal charge when premiums are paid other than annually.

### Duplicate Policies

Duplicate policies will be issued upon the written or telephoned request of the agent or policyowner. If a policy is lost, we will issue a duplicate policy or Certificate of Coverage. There is a \$10 charge for the second and subsequent duplicate policy.

### Change of Beneficiary

A change of beneficiary can be made by using Form 5215 or by requesting a Change of Beneficiary form from the Policy Service Department.

### Ownership

Ownership of a policy can be changed using Form 5215 or by requesting an Ownership Change form from the Policy Service Department. A policy is owned by the insured unless ownership is otherwise noted on the application or unless ownership has been changed after issue. To change the ownership after issue, use Form 5215 or request an Ownership Change form from the Policy Service Department. We need the signature of the prior owner as well as the signature and social security number of the new owner.

When the owner is other than the insured, the insured has no rights under the policy. The insured relinquishes any ability to make changes to the policy. The owner has the right to cancel or surrender the policy and change benefits. Additionally, the owner and servicing agent are the only people able to obtain policy information from our policy service department.

### Collateral Assignments

Disability income policies may be collaterally assigned. Upon request, the Policy Service department will provide the proper form. These assignments can also be used in connection with key person arrangements by assigning the policy to the employing company. The owner of the policy is responsible for securing proper signatures for release of assignments.



## Optional Riders

With a new application and evidence of insurability, the following riders may be added up to two years after policy issue:

- Activities of Daily Living (Form 9259)
- Cost of Living Adjustment (COLA) (Form 9260)
- Two Year Pure Own Occupation (Form 9255)
- Five Year Pure Own Occupation (Form 9256)
- Five Year Own Occupation Extension (Form 9257)
- To Age 67 Own Occupation Extension (Form 9258)
- Integrated Monthly Benefit (Form 9264)
- Non-Cancelable Policy (Form 9251)
- Residual Disability Benefit (Form 9261 or 9263)
- Retroactive Injury Benefit (Form 9253)
- Return of Premium (Form 9266)

The following riders may **not** be added after policy issue:

- Automatic Increase Benefit (Form 9252)
- Guaranteed Insurability Option (Form 9267)
- Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse (Form 9265)

### Automatic Increase Benefit (Form 9252)

The owner of the policy will be notified two months prior to the automatic increase in benefit to notify them of the change in benefit and premium. If the increase is not desired, the owner will need to contact the Policy Service Department as soon as possible. Once one automatic increase has been stopped, the policy will be ineligible for further increases.

### Return of Premium (Form 9266)

After a policy with a Return of Premium rider has been in force for a period of time, as determined by the rider for the state of residence at the time of issue, a percent of the premiums paid, less any benefits received, is payable at the time of lapse to the owner of the policy. Within 90 days from the date of lapse, communication is sent to the policyowner advising them of the surrender value and encouraging them to reinstate the policy. At the renewal age, 100% of all premiums paid, less any benefits received, is payable to the owner of the policy. We contact each owner prior to their renewal age to advise them of the settlement options available.

### Guaranteed Insurability Option (Form 9267)

We advise the policyowner of this option every other policy anniversary or 24 months after the previous option has been taken until five options have been exercised or the insured has reached age 55, whichever

occurs first. The communication to the policyowner includes an application to complete and return to the Home Office with the required premium. The insured's occupational classification and income must qualify under our current underwriting standards, but no health questions are asked. A new policy will be issued for the new insurance purchased with premiums based on the insured's present age.

Agents receive notification of policies that are eligible for an offer to exercise this option. We urge the agent to contact each policyowner to encourage that the option be exercised. The agent receives first year and renewal commission on any policy issued under this option.

### Guaranteed Insurability Option for BE105 (Form 3166)

We advise the policyowner of this option in the same way we do for the rider on the DI policy. The difference with this rider is that options can be taken every other policy anniversary or 24 months after the previous option has been taken until five options have been exercised or the insured has reached age 60, whichever comes first. Agent and policyowner communication is consistent with the rider on the individual policy.

## Increase, Lower or Remove Benefits

Upon written request, the policyowner can remove or reduce benefits at any time. Benefits on an existing policy cannot be increased. An application for a new policy would need to be completed at the insured's attained age.

## Reinstatements

Policies have a 31 day grace period. If a premium is received after the expiration of the grace period, one of two actions will be taken:

1. We will accept the premium and reinstate the policy. Both the owner and the agent will be advised of the acceptance of the premium.
2. We will require that the insured and owner complete an Application for Reinstatement and submit it along with the required premium. Contact the Policy Service Department for the required amount and forms.



## OCCUPATION GUIDE BASICS

The occupation class is based on the actual duties performed and is affected by factors such as:

- Environmental hazards
- Claims experience
- Stability and motivation
- Education and training

The occupation class determines:

- Plan, benefit period, optional benefit and rider availability
- Own occupation period
- Premium rate

To determine the proper occupation class:

- Obtain a detailed description of the actual duties performed. Job title alone is not sufficient.
- Obtain the percentage of time actually spent performing professional, managerial, and administrative duties vs. trade, services, or manual labor duties.
- Match the percentage breakdown of actual duties performed to the most appropriate occupation class category listed below. Individual circumstances will vary and the Underwriting Department has final approval authority based on the available information.

## CLASS DEFINITIONS

### Class 5

Occupations where the duties are limited to administrative, professional, managerial and clerical with no manual labor or service demands and minimal physical dexterity demands. Typically, advanced or specialized education, training, or experience is required. Examples include most accountants, actuaries, bookkeepers, computer analysts, draftsmen, and secretaries.

### Class 4

Occupations where the duties include professional and specialized technical functions that may require physical dexterity with little or no manual labor or services\*. Typically, advanced or specialized education, training or experience is required. Examples include surgeons, dentists and nurse practitioners.

\* "Little or no manual labor or services" means no more than 10% of the time performing manual labor or services not to exceed 4 hours in any given workweek where at least 3 full-time employees or at least 5 subcontractors performing manual labor or services are directly supervised or managed by the Proposed Insured.

### Class 3

Occupations where the duties include professional, semi-professional, supervisory or technical functions that may require on-site supervision, moderate physical dexterity with little or no manual labor or services\*. Typically, specialized training or experience is required. Examples include most cashiers, dental hygienists, medical technicians and on-site supervisors.

### Class 2

Occupations where the duties include semi-professional, skilled trade or technical functions that may require continual physical dexterity and manual labor or services. Specialized training or skills are required. Examples include most carpenters, electricians, farmers, mechanics, plumbers and local delivery drivers.

### Class 1

Occupations where the duties include technical or trade functions that may require heavy manual labor or services, continual physical dexterity and hazardous environmental exposure. Basic skills or training is required. Typically, longer periods of recuperation from disability are required. Examples include most cosmetologists, chiropractors, factory laborers, firemen, policemen, and long-haul truck drivers.

### NI = Not Insurable

Occupations considered uninsurable for disability income coverage based on duties that may require severe environmental hazard exposure, and may involve extraordinary psychological stressors, extreme physical dexterity and excessive manual labor or services. Examples include air traffic controllers, pilots, linemen and iron workers.

### Occupation Class Example:

Plumbing business owner/operator performing residential and commercial installation and repair with 85% trade, services or labor, and 15% professional, managerial or administrative duties would qualify for occupation Class 2.

For simplicity, the occupation guide lists common occupations with the appropriate class. This is only a guide and the Underwriting Department has final approval authority based on the information received. Also noted is the maximum benefit period available for each occupation listed. Individual circumstances will vary and the guide is not all inclusive.

Please contact your regional DI Sales team or the Underwriting Department for assistance with occupation classes.



### EMPLOYMENT CREDENTIALS

Employment in many occupations requires advanced education, specialized training, licensing, and certification or association membership. Only those who are employed with appropriate occupation credentials or those operating in conformity with all applicable laws will be considered for coverage.

### EMPLOYMENT STABILITY

Individuals must demonstrate a history of stable, full-time (30 hours per week, on average, year-round) employment in the primary occupation.

- Provide details to frequent changes of occupation and/or employer, or any period of unemployment lasting six months or longer within five years of application completion.
- If the applicant intends to change occupation or employment status within six months following application completion, provide details.

Self-employed individuals must have been in business for at least 12 consecutive months or gainfully employed in the same occupation or line of work as current employment for three consecutive years immediately preceding self-employment.

### To Age 67 Benefit Period

Applicants must have been gainfully employed in current occupation for at least three consecutive years and have a minimum monthly earned income of \$1,667 in order to be eligible for To Age 67 benefits.

### BUSINESS CLASS UPGRADE

For business owners applying for Personal Paycheck Power<sup>SM</sup> or Business Expense Power<sup>SM</sup>, Illinois Mutual will offer a “one class” occupation upgrade.

- The class upgrade is for rate purposes only and does not change the availability of optional riders or other policy provisions available to the upgraded occupation.
  - The class upgrade can be denied at the underwriter's discretion on above average risk cases.
  - The class upgrade is not available to Class 4 occupations or chiropractors.
  - The class upgrade does not apply to farmers or new business owners who are utilizing Illinois Mutual's non-traditional financial underwriting programs.
- Possible class upgrades are: Class 1 upgraded to Class 2; Class 2 upgraded to Class 3; Class 3 upgraded to Class 5.
  - The business owner must have at least 20% ownership of their business and demonstrate at least 3 consecutive years of financially successful business operations immediately preceding application completion.



## PART-TIME OCCUPATIONS

Certain professionals and skilled individuals working on a part-time basis (at least 20 hours per week, on average, year round) can be considered for Personal Paycheck Power<sup>SM</sup>, subject to the following guidelines:

### Occupations:

Most insurable occupations listed in our DI Guide except Class 4 Physicians, Chiropractors, Retailing, Wholesaling, Restaurant Industry, Salesperson/Broker and Manufacturer Representatives. Exclude those working for family owned/operated businesses, home-based occupations, seasonal occupations, government employees and those with multiple occupations.

### Eligibility:

- Minimum 2 years of employment stability including employment status, occupation/job duties, hours worked per week and insurable earned income.
- Insurable earned income of at least \$7,200 per year (financial documentation required).
- Ages 25 - 50
- Standard Medical risks.

### Benefits Available:

- Elimination periods of 30 days and higher.
- Benefit periods of 2 years or less.
- Maximum total monthly benefit not to exceed \$2,000/month according to Base Benefit I & P Chart or Base with Integrated Benefit I & P Chart.
- No offer of coverage when participating with existing DI coverage.
- Return of Premium and Integrated Monthly Benefit are the only optional riders available.

## SEASONAL OCCUPATIONS

Applicants employed in seasonal occupations are eligible for coverage provided there is an established and stable pattern of employment and seasonal inactivity. The period of inactivity cannot exceed 90 days and a corresponding minimum policy elimination period will be required.

## MULTIPLE OCCUPATIONS

When an applicant has two full-time occupations or a full-time and a part-time occupation, use the classification appropriate for the most hazardous work or occupation and include only the earned income derived from the primary occupation at the primary business. Do not

include earned income from any secondary or part-time occupation when calculating monthly benefit amount eligibility. Applicants with multiple part-time occupations or more than two full-time occupations are not insurable.

## GOVERNMENT EMPLOYEES

Federal, state, county and municipal (government) employees are considered individually at the occupation class and benefit period appropriate for their job duties. This includes Law Enforcement, Public Employees, Firefighters and Teachers.

Federal, state, county or municipal government funded/subsidized organizations, or those with similar government sponsored benefit programs such as Postal Workers or Railroad employees, will be subject to the same issue and participation limits as government employees.

Government employees are subject to the following special underwriting issue and participation limits:

- The Base Monthly Benefit is limited to 30% of earned income not to exceed \$2,000 per month.
- The Integrated Monthly Benefit Rider is limited to 40% of earned income not to exceed \$1,800 per month.
- No offer of coverage is possible with any other in force individual or group disability income insurance.
- Guaranteed Insurability Option is not available.

The Integrated Monthly Benefit Rider pays an additional total disability benefit reduced by receipt of Social Insurance Benefits such as Social Security, Worker's Compensation, Railroad Retirement and Government Retirement/Disability Fund. The Base Monthly Benefit is not reduced by receipt of Social Insurance Benefits.

Home Office pre-approval of payroll deduction and list billing plans for government employees is required.





## HOME-BASED OCCUPATIONS

Changes in the economy and technological advancements over the past few years have prompted a significant increase in the number of home-based occupations. Many home-based occupations qualify for coverage subject to the following guidelines:

### Businesses conducted *from* the home:

Less than 50% of the occupation duties are performed inside the home. Usual underwriting guidelines are applicable.

Examples include carpenters, electricians, plumbers, on-site service or repairmen and traveling salespersons.

### Businesses conducted *inside* the home:

50% or more of the occupation duties are performed inside the home.

- Home-based occupations where daily or weekly travel is required:
  - Full-time employment in current occupation for at least two years and home-based for at least one year.
  - Complete federal income tax returns for the past two years with all schedules are required.

Examples include most computer consultants, commercial photographers, most manufacturing representatives, and court reporters.

- Home-based occupations where daily or weekly travel is not required, but the business office is separate from the main home with its own separate entrance. The home office is used exclusively and regularly by patients, clients or customers in the normal course of trade or business:
  - Full-time employment in current occupation for at least two years and home-based for at least one year.
  - Complete federal income tax returns for the past two years with all schedules are required.

Examples include physicians, dentists, licensed massage therapists, licensed hairdressers and CPAs.

- Home-based occupations where daily or weekly travel is not required and the business office is not separate from the main home:
  - Full-time employment in current occupation for at least three years and home-based for at least two years.
  - Complete federal income tax returns for the past two years with all schedules are required.

Examples include licensed day care operators, commercial artists, graphic designers, tailors, picture framers, bookkeepers, technical writers, transcriptionists, and telemarketers.

Non-owner, W-2 employees working from the home can be considered for coverage without home-based restrictions subject to verification of income and one year of full-time employment.

## FARMER GUIDELINES

Many farmers capitalize on farm depreciation and expenses so little or no reportable income is shown for federal income tax purposes. Even so, farmers are usually eligible for paycheck protection. Use either the acreage farmed or the herd size to determine the monthly benefit amount that can be offered when there is no verification of income.

Farm Size (Acres)	Herd Size (Head)	Amount
240+	24-49+	Up to \$1200
360+	50-74+	Up to \$1500
500+	75+	Up to \$2000

- Indicate the number of acres farmed or herd size on the application.
- Any member of a farm family proposed for disability income insurance must demonstrate full-time participation in the farming operation, exclusive of household chores.
- The size and scope of the farming operation must support the total amount of DI proposed on all family members.





The following guidelines apply to farm spouses actively working and participating in the farm operation a minimum 30 hours per week.

<b>Guidelines for Farm Working Spouses</b>		
<b>6 month, 1 Year or 2 Year Benefit Period - Occupation Class 2</b>		
Farm Size (Acres)	Herd Size (Head)	Amount
240+	24-49+	Up to \$1200
360+	50-74+	Up to \$1500
500+	75+	Up to \$2000

The Activities of Daily Living Rider (ADL) is available to farmers and farm working spouses who qualify for coverage based on acreage or herd size. By selling the ADL rider, your farming clients are able to purchase an ADL benefit up to 50% of the base monthly benefit amount allowed based on acreage and herd size.

## STAY-AT-HOME SPOUSES

Illinois Mutual offers DI to stay-at-home spouses when their wage-earning spouse has or is applying for coverage with Illinois Mutual.

- Up to \$500 of monthly benefit
- All elimination periods available
- Maximum 2 year benefit period
- Occupation class 2
- Return of Premium available
- Guaranteed Insurability Option available if the maximum monthly benefit is not initially purchased
- The stay-at-home spouse is not eligible for coverage if their spouse does not financially qualify for coverage, if they do not reside with their spouse, or if they have paycheck protection in force or applied for. If the stay-at-home spouse has a secondary part-time occupation, other guidelines may apply.

An application is required and normal medical underwriting guidelines apply.



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>A</b>				
ACCOUNTANT, CPA.....	5	●	●	●
ACTOR and ACTRESS .....	NI			
ACTUARY .....	5	●	●	●
ADJUSTER, CLAIM, field duties.....	3	●	●	●
office duties only .....	5	●	●	●
<b>ADVERTISING</b>				
Manager, Copywriter or Salesperson .....	5	●	●	●
AESTHETICIAN .....	1	●	●	●
AGRONOMIST .....	3	●	●	●
<b>AIRPORT – AVIATION</b>				
Air Traffic Controller.....	NI			
Baggage/Freight Handler, Airport Security .....	2	●	●	●
Customs Agent .....	5	●		
Dealer or Salesperson (aviation activities excluded by rider).....	5	●	●	●
Instructor, flying .....	NI			
Manager, Office or Clerical Employee .....	5	●	●	●
Mechanic, Ground duties only .....	2	●	●	●
Pilot, Crew Member or Flight Attendant.....	NI			
Refueling, Service, Repair Tech. ....	2	●	●	●
Reservation or Passenger Service Agent.....	5	●	●	●
TSA Employees (See Governmental Employees)				
<b>ANIMAL CARE</b>				
Breeder, Catcher, Farrier, Handler, Kennel, Groomer, Trainer.....	2	●	●	●
Renderer .....	1	●	●	●
<b>Veterinarian</b>				
Small Animal, DVM .....	5	●	●	●
Technician.....	3	●	●	●
Large Animal, DVM .....	2	●	●	●
Technician.....	2	●	●	●
Zoo Workers - see ZOO				
<b>ANTIQUE DEALER</b>				
Administrator, Manager .....	5	●	●	●
Delivery .....	2	●	●	●
Repair/Service Tech. ....	2	●	●	●
Sales Clerk .....	3	●	●	●
<b>APPLIANCE, Sales and Service</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Delivery Driver .....	2	●	●	●
Repair/Service Technician.....	2	●	●	●
Shop Supervisor, Estimator, Parts Clerk .....	3	●	●	●
<b>APPRAISER, Real Estate, no building inspection ..</b>				
building inspection.....	2	●	●	●
ARBORIST .....	1	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>A (cont.)</b>				
ARCHITECT, field supervisor, estimator.....	3	●	●	●
office duties only.....	5	●	●	●
<b>ARMED SERVICES PERSONNEL</b>				
All Branches.....	NI			
<b>ART GALLERY</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Delivery/Display .....	2	●	●	●
<b>ARTIST</b>				
Cartoonist, Commercial, Designer, Illustrator .....	5	●	●	●
Freelance.....	NI			
<b>ASTRONOMER</b>				
Office duties only .....	5	●	●	●
Field duties .....	3	●	●	●
<b>ASSESSOR, Tax – field duties</b>				
office duties only.....	5	●	●	●
ATTORNEY .....	5	●	●	●
AUCTIONEER.....	3	●	●	●
AUDITOR .....	5	●	●	●
<b>AUTHOR or WRITER</b>				
Commercial.....	5	●	●	●
Freelance.....	NI			
<b>AUTOMOBILE - MOTORCYCLE</b>				
<b>Accessories, Sales, Service, Repair</b>				
Administrator, Manager, office duties only .....	5	●	●	●
Bodyman, Painter, Striper .....	2	●	●	●
Dent Repairer.....	2	●	●	●
Detailer, Runner .....	1	●	●	●
Mechanic.....	2	●	●	●
Muffler, Brake, Shocks, Tires, Battery Tech. ....	2	●	●	●
Oil/Lube, Service Tech.....	2	●	●	●
Seat Upholsterer .....	2	●	●	●
Shop Supervisor, Estimator, Parts Clerk.....	3	●	●	●
Windshield Repair/Installation.....	2	●	●	●
<b>Sales</b>				
Franchise Dealership Salesperson, Manager ....	5	●	●	●
Independent Retailer or Wholesaler, Salesperson, Manager .....	2	●	●	●
<b>Service Station</b>				
Manager .....	2	●	●	●
Cashier, Clerk, Attendant.....	2	●	●	●
Road Service, Towing Service.....	2	●	●	●
<b>Other</b>				
Parking/Storage Attendant/Valet.....	1	●	●	●
Repossessor .....	NI			
Salvage Dealer/Recycler –see SALVAGE, SCRAP MATERIALS, JUNK				



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>B</b>				
<b>BAKERY</b>				
Administrator, Manager .....	5	●	●	●
Baker/Cake Decorator .....	2	●	●	●
Counter Clerk and Cashier .....	3	●	●	●
<b>BAILBONDSMAN</b> .....	NI			
<b>BANK</b>				
Administrator, Manager, Salesperson, Teller .....	5	●	●	●
Guard was removed—see “Guard” section				
<b>BAR</b> , Owner, Employees .....	NI			
<b>BARBER</b> .....	2	●	●	
<b>BEEKEEPER</b> .....	1	●	●	
<b>BICYCLE SALES/SERVICE</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Assembly, Service Tech .....	3	●	●	●
<b>BIOCHEMIST, BIOLOGIST</b> , office duties only .....	5	●	●	●
Lab duties .....	3	●	●	●
<b>BLACKSMITH</b> .....	2	●	●	
<b>BOAT/SHIP INDUSTRY</b>				
Accessories, Mariners, Repairs, Sales, Service				
Marina - dry dock only				
Administrator, Manager —office duties only ....	5	●	●	●
Detailer .....	1	●	●	
Fuel Attendant, Towing Service .....	2	●	●	
Lift Operator, Repair Tech., Painter, Striper ....	2	●	●	
Mechanic .....	2	●	●	●
Oil/Lube Service Tech .....	2	●	●	
Shop Supervisor, Estimator, Parts Clerk .....	3	●	●	●
Mariners (sailing from US Ports only - one month or less per trip and no more than nine months per year)				
Boat - Barge, Charter, Ferry, Fishing, Tour,				
Tug Captain .....	2	●	●	
Crewmember .....	1	●	●	
Ship - Cargo, Freight,er, Cruiseline, Tanker				
Captain, Executive Officers .....	1	●	●	
Crewmember .....	NI			
Sales				
Franchise Dealership Salesperson, Manager, showroom duties only .....	5	●	●	●
Independent Retailer or Wholesaler,				
Salesperson, Manager .....	2	●	●	●
Other				
Harbor Master, Pilot .....	3	●	●	
<b>BOILERMAKER</b> .....	NI			
<b>BOOKKEEPER</b> .....	5	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>B (cont.)</b>				
<b>BOWLING ALLEY</b>				
Administrator, Manager .....	5	●	●	●
Bartender .....	NI			
Cashier/Rental Counter Clerk .....	3	●	●	●
Maintenance, Repair Tech .....	2	●	●	
Snack Bar Cook, Counter Clerk .....	2	●	●	
<b>BRICK LAYER or MASON</b> .....	2	●	●	
<b>BRIDGETENDER</b> .....	2	●	●	
<b>BROKER</b>				
Insurance				
Life/Health, Property/Casualty .....	5	●	●	●
Mortgage .....	5	●	●	●
Produce/Livestock, office duties only .....	5	●	●	●
feed lot, stock yard .....	3	●	●	●
Real Estate – Agent, Realtor .....	5	●	●	●
Stock, Bond or Investment -office duties only .....	5	●	●	●
Day Trader .....	NI			
Floor trader .....	NI			
Investor on own account .....	NI			
Commodity, Futures, Options .....	NI			
<b>BUILDING MANAGEMENT, MAINTENANCE</b>				
Administrator, Manager (non-resident) .....	5	●	●	●
Manager (resident) .....	2	●	●	
Custodian, Janitor, Maintenance/Repair Tech .....	1	●	●	
<b>BUSINESS MACHINE SALES and SERVICE</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Delivery .....	2	●	●	
Repair, Service Tech .....	3	●	●	●
<b>BUTCHER SHOP, MEAT LOCKER</b>				
Administrator, Manager .....	5	●	●	●
Shop Supervisor .....	3	●	●	●
Butcher, Meat Wrapper/Packer .....	2	●	●	
Slaughtering .....	1	●	●	
<b>C</b>				
<b>CPA, ACCOUNTANT</b> .....	5	●	●	●
<b>CABINETMAKER</b> .....	2	●	●	●
<b>CAFETERIA</b>				
– see <b>RESTAURANT INDUSTRY (fast food)</b>				
<b>CAMPGROUNDS/CABIN</b>				
Cabin/Camp Operator .....	3	●	●	●
Maintenance .....	1	●	●	



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>C (cont.)</b>				
<b>CAR WASH</b>				
Administrator, Manager -office duties only .....	5	●	●	●
Manager (primarily supervisory) .....	2	●	●	
Cashier, clerk, attendant .....	2	●	●	
Detailer .....	1	●	●	
Repair/Service Tech. ....	2	●	●	●
<b>CARPENTER</b> .....	2	●	●	●
<b>CARPET CLEANER</b> .....	2	●	●	
<b>CARPET INSTALLER</b> .....	NI			
<b>CARTOGRAPHER</b>				
Field duties .....	3	●	●	●
Office duties only .....	5	●	●	●
<b>CASHIER, RETAIL</b> .....	3	●	●	●
<b>CATERER</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Food Preparer .....	2	●	●	
Supervisor (on site) .....	3	●	●	●
<b>CEMETERY, MAUSOLEUM</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Engraver .....	2	●	●	
Equipment Operator, Maintenance .....	2	●	●	
<b>CHECK/CASH ADVANCE STORE</b> .....	2	●	●	
<b>CHEF – see RESTAURANT INDUSTRY</b>				
<b>CHEMIST</b> Office duties only .....	5	●	●	●
Lab duties .....	3	●	●	●
<b>CHIMNEY SWEEP or CLEANER</b> .....	2	●	●	
<b>CHIROPRACTOR</b> .....	1	●		
<b>CITY EMPLOYEE</b>				
– see GOVERNMENTAL EMPLOYEES				
<b>CIVIC CENTER and ARENA</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Concessions .....	NI			
Custodian, Janitor, Maintenance .....	1	●	●	
Stagehand, Soundperson .....	2	●	●	
<b>CLERGY</b> .....	5	●	●	●
<b>COMPTROLLER</b> .....	5	●	●	●
<b>COMPUTER INDUSTRY</b>				
Administrator, Manager, Salesperson .....	5	●	●	●
Analyst, Consultant, Data Entry, Programmer .....	5	●	●	●
Delivery .....	2	●	●	
Repair, Service Tech .....	3	●	●	●
<b>CONSIGNMENT SHOP, clothes</b> .....	5	●	●	●
<b>CONTRACTOR, CONSTRUCTION,</b>				
<b>BUILDING TRADES</b>				
Contractor				
Administrator, Estimator (not on job site) .....	5	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>C (cont.)</b>				
Appraiser, Real Estate, no building inspection... 5		●	●	●
building inspection..... 2		●	●	●
Architect, field supervisor, estimator .....	3	●	●	●
office duties only .....	5	●	●	●
Civil Engineer .....	3	●	●	●
Contract Manager, office duties only..... 5		●	●	●
on job site, primarily supervisory .....	3	●	●	●
Draftsman..... 5		●	●	●
Engineer.....				
Bridge or Dam .....	NI			
Field, Safety Construction Site, not bridge or dam..... 3		●	●	●
Office duties only .....	3	●	●	●
Operating – see also specific industry..... 2		●	●	
Train – see RAILROAD				
Geographer..... 3		●	●	●
Manager, Estimator (on job site, primarily supervisory)..... 3		●	●	●
Property/Land Acquisition Specialist				
Office duties only .....	5	●	●	●
Onsite, primarily supervisory .....	3	●	●	●
Purchasing Agent..... 5		●	●	●
Safety Director, office duties only..... 5		●	●	●
Safety Supervisor – Onsite .....	2	●	●	
Superintendent, Supervisor, Inspector-no labor. 3		●	●	●
Surveyor..... 3		●	●	●
Urban/Regional Planner (on Job site)..... 3		●	●	●
Zoning Specialist..... 3		●	●	●
<b>Construction</b>				
Awning Design/Repair..... 2		●	●	●
Basement Dewatering..... 2		●	●	●
Blaster, handling explosives..... NI				
Boilermaker..... NI				
Bridge, Dam, Tunnel or Highrise Projects..... NI				
Building mover/demolition (no explosives)..... 1		●		
Cell Tower Construction/Maintenance .....	1	●		
Cutter/Trimmer .....	2	●	●	●
Direction Driller..... 1		●	●	
Dredge Operator .....	2	●	●	
Dumpster Delivery/Pickup..... 2		●	●	
Equipment Operator/Excavator				
Backhoe, Forklift, Loader, Tractor, Trencher... 2		●	●	
Bulldozer, Grader, Power Shovel .....	1	●	●	
Crane, Dragline .....	1	●	●	
Truck –see DRIVER				



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>C</b> (cont.)				
Foreman.....	2	●	●	●
Handyman - residential.....	2	●	●	
Industrial Machinery Mechanic.....	2	●	●	●
Inspector				
Building/Home.....	2	●	●	●
Fire.....	1	●	●	
Iron Worker – see <b>STRUCTURAL STEEL</b>				
Laborer.....	1	●	●	
Portable Sanitation Service.....	1	●	●	
Power Washer.....	2	●	●	
Pump/Compressor Operator.....	2	●	●	
Rebar Worker (Reinforcing Metal Worker).....	1	●	●	
Residential/Commercial Building Cleaner.....	1	●	●	
Road/Highway				
Airhammer, Flagman, Construction Laborer ...	1	●	●	
Supervisor, no labor.....	3	●	●	●
Sandblaster.....	1	●	●	
Septic/Sewer				
Installation, Backhoe Operator.....	2	●	●	
Servicing.....	1	●	●	
Steamfitter.....	1	●	●	
Structural Iron Worker				
Highrise Projects (More than 2 stories).....	NI			
Lowrise Projects (2 stories or less).....	2	●	●	●
Traffic Control Installation/Maintenance.....	2	●	●	
Welder – no unusual hazard.....	1	●	●	
Windmill Construction/Maintenance (less than 2 stories).....	1	●		
Building Trades				
Asbestos Removal.....	1	●	●	
Bathtub Refinisher.....	2	●	●	●
Block Layer, Mason.....	2	●	●	
Cabinet Maker.....	2	●	●	●
Carpet Installer.....	NI			
Carpenter.....	2	●	●	●
Caulker.....	2	●	●	●
Ceiling Tile Installer.....	2	●	●	
Cement Finisher/Paver.....	2	●	●	
Concrete				
Driveway, Sidewalk.....	2	●	●	
Foundation.....	1	●	●	
Drywall Installer, Taper, Finisher.....	2	●	●	
Electrician.....	2	●	●	●
Etchers/Engravers.....	2	●	●	
Fence Installer.....	2	●	●	●
Fire/Water Restoration Specialist.....	2	●	●	

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>C</b> (cont.)				
Floors, Covering/Finishing				
Carpet Layer.....	NI			
Cleaning, Sanding/Finishing, Marble, Mosaic, Tile Layer/Setter, Vinyl Coverings.....	2	●	●	
Garage/Overhead Door				
Administrator, Estimator (not on job site).....	5	●	●	●
Installation, Maintenance & Repair Tech.....	2	●	●	
Manager, Estimator (on job site, primarily supervisory).....	3	●	●	●
Glazier.....	2	●	●	
Granite/Counter Top Installation.....	2	●	●	
Heating, Ventilation, Air Conditioning Tech.....	2	●	●	●
Insulation Installer.....	2	●	●	●
Ironworker – see <b>STRUCTURAL STEEL</b>				
Metal Fabricator.....	1	●	●	
Ornamental Ironworker (installs stairs, rails).....	2	●	●	●
Painter				
Highrise (more than 2 stories).....	NI			
Lowrise (2 stories or less)				
Commercial/Residential.....	2	●	●	●
Highway, directional lines.....	1	●	●	
Signs and Billboards.....	2	●	●	
Shop only.....	2	●	●	●
Paper Hanger.....	2	●	●	●
Pattern and Model Maker.....	2	●	●	●
Pipefitter.....	1	●	●	
Plaster/Stucco Applicator.....	1	●	●	
Plastic Fabricator.....	2	●	●	
Plumber.....	2	●	●	●
Roofer.....	NI			
Security System				
Installer or Repair Tech.....	2	●	●	●
Sales (no installation or repair).....	5	●	●	●
Siding/Gutter Installer.....	2	●	●	
Sign Maker/Installation.....	2	●	●	
Solar Panel Installer (not over 2 stories).....	2	●	●	●
Sprinkler Installer.....	2	●	●	●
Surround Sound/Home Theater				
Electronics Installer.....	2	●	●	●
Window/Door Installer.....	2	●	●	
<b>CONVENIENCE STORE</b>				
Manager, Owner.....	2	●	●	
Employee, Cashier.....	2	●	●	



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>C</b> (cont.)				
<b>COOK –see RESTAURANT INDUSTRY</b>				
<b>CORONER</b> .....	5	●	●	●
<b>COSMETIC SALES</b>				
Retail.....	5	●	●	●
Manufacturer's Rep.,.....	3	●	●	
<b>COSMETOLOGIST</b> .....	1	●	◐	
<b>COUNSELOR, SOCIAL SERVICES</b>				
Office duties only.....	3	●	●	
Field Counselor/Social Worker.....	2	●	◐	
Psychoanalyst/Psychotherapist (office duties only).....	3	●	●	●
<b>COURT, FEDERAL OR MUNICIPAL</b>				
– see GOVERNMENTAL EMPLOYEES				
Bailliff, Guard.....	1	●	◐	
Judge.....	5	●	●	●
Reporter, Clerical.....	5	●	●	●
<b>CURATOR, Library, Museum or Art Gallery</b> .....	5	●	●	●
<b>CUSTODIAN – see JANITORIAL SERVICE</b>				
<b>D</b>				
<b>DAYCARE CENTER</b>				
Director, Administrator, Manager.....	5	●	●	●
Child Care Provider.....	3	●	●	
<b>DAY TRADER</b> .....	NI			
<b>DECORATOR</b>				
Interior, consulting only.....	5	●	●	●
Window and Display.....	3	●	●	●
Others including Paper Hangers.....	2	●	●	●
<b>DENTAL</b>				
Administrator, Manager, Receptionist, Sales.....	5	●	●	●
Dentist.....	4	●	●	●
Dental Asst./Hygienist, Lab Tech.....	3	●	●	●
Dental Supply Delivery.....	2	●	●	●
Denturist.....	3	●	●	●
Endodontist.....	4	●	●	●
Oral Surgeon.....	4	●	●	●
Orthodontist.....	4	●	●	●
<b>DETECTIVE, Private</b> .....	1	●	◐	
<b>DIETICIAN, no food preparation</b> .....	5	●	●	●
preparing food.....	2	●	◐	
<b>DINER</b>				
– see RESTAURANT INDUSTRY (fast food)				
<b>DISC JOCKEY, Not Bar or Night Club</b> .....	3	●	●	●
<b>DISPATCHER</b> .....	3	●	●	●
<b>DOG GROOMER</b> .....	2	●	◐	
<b>DRAFTSMAN</b> .....	5	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>D</b> (cont.)				
<b>DRAPERY</b>				
Custom Maker and Installer.....	3	●	●	●
Sales.....	5	●	●	●
<b>DRIVER</b>				
Long Haul (driving more than 200 miles one way).....	1	●	◐	
minimum 60 day elimination period required.				
Short Haul (driving within 200 miles one way).....	1	●	◐	
Ambulance.....	2	●	●	●
Armored Car, Courier Service.....	1	●	◐	
Bus, Charter, City, Transit District.....	1	●	◐	
School.....	2	●	◐	
Cement or Redi-Mix Truck.....	2	●	◐	
Delivery (Food/Medical Supplies).....	2	●	◐	
Dump Truck (not semi-truck, not mine or quarry, CDL - Class 3).....	2	●	◐	
Fertilizer Application Truck.....	2	●	◐	
Garbage Truck, Refuse or HazMat Waste Hauler.....	1	●	◐	
Limo Service (not metered, prepaid fare).....	2	●	◐	
Panel or Straight Truck, Step-Van (not UPS) Franchise.....	2	●	●	●
Independent.....	2	●	◐	
Semi-Trailer, Tractor-Trailer (not UPS).....	1	●	◐	
Semi-Trailer/Tractor-Trailer Driver Instructor.....	1	●	◐	
Taxi-Cab.....	NI			
Tanker Truck (not semi-trailer).....	2	●	◐	
Tow Truck.....	2	●	◐	
UPS Driver.....	NI			
<b>DRY CLEANING</b>				
Administrator, Manager (primarily supervisory).....	5	●	●	●
Cashier, Counter Clerk.....	3	●	●	●
Laundry Tech.....	1	●	◐	
<b>DRYWALL</b>				
Installer.....	2	●	◐	
<b>E</b>				
<b>ECONOMIST</b> .....	5	●	●	●
<b>EDITOR, Magazine and Newspaper</b> .....	5	●	●	●
<b>ELECTED OFFICIAL (Political Office)</b> .....	NI			
<b>ELECTRICAL INDUSTRY</b>				
Electrician, Electrical Tech.....	2	●	●	●
Engineer, office duties only.....	5	●	●	●
Field Supervisor, Estimator.....	3	●	●	●
Overhead Lines, Conduits, Tunnels.....	NI			





Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>E (cont.)</b>				
<b>ELECTROLYSIS TECHNICIAN</b> .....	1	●	●	
<b>ELECTRONIC SALES AND SERVICE</b>				
Administrator, Salesperson, Manager .....	5	●	●	●
Delivery Driver .....	2	●	●	
Repair/Service Tech .....	2	●	●	●
Shop Supervisor, Estimator, Parts Clerk .....	3	●	●	●
<b>ELEVATOR</b>				
Commercial Construction or Installation .....	NI			
Residential Construction or Installation .....	2	●	●	●
Inspector .....	3	●	●	●
Repair and Service Mechanic/Tech .....	2	●	●	●
<b>EMBALMER – see FUNERAL</b>				
<b>EMPLOYMENT AGENCY</b>				
Agency Administrator, Manager Recruiter .....	5	●	●	●
Temporary assignee .....	NI			
<b>ENGINEER – see CONTRACTOR</b>				
<b>ENTOMOLOGIST</b>				
Office duties only .....	5	●	●	●
Field or Lab .....	3	●	●	●
<b>ENVIRONMENTAL CONSULTANT</b>				
Office duties only .....	5	●	●	●
Field or Lab .....	3	●	●	●
<b>EQUIPMENT OPERATOR</b>				
Backhoe, Forklift, Loader, Tractor, Trencher .....	2	●	●	
Bulldozer, Grader, Power Shovel .....	1	●	●	
Crane, Dragline .....	1	●	●	
Truck – see DRIVER				
<b>EVENT PLANNER</b> .....	3	●	●	●
<b>EXPLOSIVES HANDLER</b> .....	NI			
<b>EXECUTIVE, CORPORATE</b>				
Office duties primarily, little or no foreign travel .....	5	●	●	●
<b>EXTERMINATOR, FUMIGATOR</b> .....	2	●	●	●
<b>F</b>				
<b>FACTORY, MANUFACTURING, INDUSTRIAL, PROCESSING PLANT</b>				
Administrator, Manager, Supervisor (not on factory floor) .....	5	●	●	●
Assembly Tech .....	1	●	●	
Carpenter .....	2	●	●	●
Control Board Operator (shielded from machine, no labor) .....	3	●	●	●
Electrician .....	2	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>F (cont.)</b>				
Foreman .....	2	●	●	●
Forklift Driver .....	2	●	●	
Janitor .....	1	●	●	
Laborer .....	1	●	●	
Lab Technician .....	3	●	●	●
Machine Operator, Machinist-Millwright, Tool & Die Maker .....	2	●	●	
Maintenance Tech .....	2	●	●	
Manufacturing Tech .....	1	●	●	
Material Handler .....	1	●	●	
Painter .....	2	●	●	
Plumber .....	2	●	●	●
Processing Tech .....	1	●	●	
Security Guard .....	2	●	●	
Shipping/Receiving, Warehouse (no truck driving) .....	2	●	●	
Supervisor, Superintendent, Inspector, no labor ..	3	●	●	●
Tow Motor Operator .....	2	●	●	
Welder .....	1	●	●	
<b>FARM IMPLEMENT DEALER</b>				
Accessories, Sales, Service, Repair				
Administrator, Manager, office duties only .....	5	●	●	●
Mechanic .....	2	●	●	●
Service Tech .....	2	●	●	
Shop Supervisor, Estimator, Parts Clerk .....	3	●	●	●
Sales				
Franchise Dealership Salesperson, Manager ....	5	●	●	●
Independent Retailer or Wholesaler, Salesperson, Manager .....	2	●	●	●
<b>FARMER , Farm Laborer</b> .....	2	●	●	●
Temporary, seasonal, part-time hired hands or migrant workers .....	NI			
<b>FEDERAL GOVERNMENT EMPLOYEE – see GOVERNMENTAL EMPLOYEES</b>				
<b>FEED MILL or GRAIN ELEVATOR</b>				
Administration, Management, Sales office duties only .....	5	●	●	●
Manager, Operator .....	2	●	●	●
Maintenance Tech .....	2	●	●	●
<b>FENCE INSTALLER –see BUILDING TRADE</b>				
<b>FINANCIAL CONSULTANT</b> .....	5	●	●	●



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67	Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>F</b> (cont.)					<b>G</b> (cont.)				
<b>FIRE DEPARTMENT</b>					Supervisor, Cashier, Dealer, Game Operator, Security, Cage Personnel ..... 3		●	●	
– see <b>GOVERNMENTAL EMPLOYEES</b>					<b>GAME WARDEN</b> ..... 2		●	●	
– see <b>VOLUNTEER FIREFIGHTER -REFER TO PRIMARY OCC</b>					<b>GARAGE/OVERHEAD DOOR</b>				
Chief, Marshal, Superintendent					Administrator, Estimator (not on job site) ..... 5		●	●	●
No firefighting duties ..... 3		●	●	●	Manager, Estimator (on job site, primarily supervising) ..... 3		●	●	●
Firefighter, Medic, Inspector ..... 1		●	●		Installation, Maintenance, Repair Tech. .... 2		●	●	
Paramedic, EMT, No Firefighting duties ..... 2		●	●	●	<b>GARDENER – see LANDSCAPE</b>				
<b>FIRE/WATER RESTORATION SPECIALIST</b> ..... 2		●	●		<b>GEOLOGIST</b> (working in the USA or Canada only)				
<b>FISHING INDUSTRY</b>					Above ground or Field Worker ..... 3		●	●	●
– see <b>BOAT/SHIP INDUSTRY</b>					Below ground ..... NI				
<b>FITNESS INSTRUCTOR/PERSONAL</b>					Office and consulting duties only ..... 5		●	●	●
Trainer ..... 2		●	●		<b>GLASS BLOWER</b> ..... 2		●	●	
<b>FLOORS, COVERING/FINISHING</b>					<b>GLAZIER</b> ..... 2		●	●	
Carpet Layer ..... NI					<b>GOLF – see SPORTS</b>				
Cleaning, Sanding/Finishing, Tile Layer/Setter, Vinyl coverings ..... 2		●	●		<b>GRAIN ELEVATOR – see FEED MILL</b>				
<b>FLORIST</b>					<b>GRAPHIC DESIGNER</b> ..... 5		●	●	●
Greenhouse and Light Delivery ..... 2		●	●		<b>GROCERY</b>				
Retail store duties only ..... 5		●	●	●	Administrator, Manager ..... 5		●	●	●
<b>FOREST RANGER</b> ..... 2		●	●		Assistant Manager, Supervisor, Cashier, Sales Clerk (no stocking) ..... 3		●	●	●
<b>FOUNDRY WORKER – see FACTORY</b>					Butcher, Meat Wrapper/Packer ..... 2		●	●	
<b>FUNERAL HOME, MORTUARY, CREMATORIUM</b>					Stock Clerk, Warehouser ..... 2		●	●	
Administrator, Manager, Salesperson ..... 5		●	●	●	Store Display ..... 2		●	●	
Mortician, embalming ..... 3		●	●	●	<b>GUARD – see GOVERNMENTAL EMPLOYEES</b>				
no embalming ..... 5		●	●	●	Armored Car ..... 1		●	●	
Embalmer ..... 3		●	●	●	Bank (with gun) *reduced from class 2 ..... 1		●	●	
<b>FURNITURE MAKER</b> ..... 2		●	●	●	Penal Institution, Transit Systems ..... 1		●	●	
<b>FURNITURE MOVER</b> (including machinery)					Security (armed) ..... 1		●	●	
Local ..... 2		●	●		(unarmed) ..... 2		●	●	
Long Haul – see <b>DRIVER</b>					<b>GUIDE, Sports/Recreation</b> ..... 1		●	●	
<b>G</b>					<b>GUNSMITH</b> ..... 2		●	●	
<b>GAMBLING INDUSTRY</b> (Casino, Riverboat, Off-Track Betting Paramutual Horse/Dog Track, where legalized and operated in conformity with ... the Law. All considered employees must be experienced, qualified and have worked in their present position for a minimum period of one year)					<b>H</b>				
Boat Captain, Executive Officer ..... 2		●	●		<b>HAIRDRESSER</b>				
Jockey, Animal Handler, Bartender ..... NI					Administrator, Manager, Sales ..... 5		●	●	●
Operating Manager (office duties only) ..... 5		●	●	●	Cosmetologist, Stylist ..... 1		●	●	
					<b>HARDWARE STORE, HOME IMPROVEMENT CENTER</b>				
					Administrator -office duties only ..... 5		●	●	●
					Manager, Supervisor ..... 3		●	●	●
					Cashier, Sales Clerk, Stock Clerk, Warehouser ... 2		●	●	
					<b>HAZARDOUS WASTE HANDLER</b> ..... 1		●	●	



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>H</b> (cont.)				
<b>HEALTH CLUB/SPA</b>				
Administrator, Manager -office duties only .....	3	●	●	●
Attendant, Instructor or Trainer.....	2	●	●	
Masseuse .....	1	●	●	
<b>HEATING and AIR CONDITIONING</b>				
Administrator, Estimator (not on job site).....	5	●	●	●
Manager, Estimator (on job site, primarily supervisory).....	3	●	●	●
Heating, Ventilation & Air Conditioning Tech.....	2	●	●	●
<b>HEAVY EQUIPMENT OPERATOR</b>				
– see EQUIPMENT OPERATOR				
<b>HOME-BASED OCCUPATIONS</b>				
– see ELIGIBILITY SECTION				
<b>HORSESHOER, FARRIER</b> .....	2	●	●	
<b>HORSE TRAINER/HANDLER</b> .....	2	●	●	
<b>HOTEL, MOTEL</b>				
Administrator, Manager -office duties only .....	5	●	●	●
Administrator, Manager (primarily supervisory) ....	3	●	●	●
Bellhop.....	1	●	●	
Bed & Breakfast Owners .....	1	●	●	
Cashier, Desk Clerk.....	3	●	●	●
Housekeeping, Maid.....	1	●	●	
Custodian, Janitor, Maintenance/Repair Tech.....	1	●	●	
<b>HOUSECLEANING/MAID SERVICE</b> .....	1	●	●	
<b>HOUSEMOVER or DEMOLITION</b> .....	1	●	●	
<b>I</b>				
<b>IMMIGRATION OFFICIAL</b> -office duties only .....	5	●	●	●
<b>INSPECTOR</b>				
Building/Home .....	2	●	●	●
Fire.....	1	●	●	
Meat.....	3	●	●	●
<b>INSULATION INSTALLER</b> .....	2	●	●	●
<b>INSURANCE AGENT/BROKER</b> .....	5	●	●	●
<b>INTERIOR DECORATOR – see DECORATOR</b>				
<b>INTERPRETER</b> .....	5	●	●	●
<b>IRON WORKER</b>				
– see STRUCTURAL IRON WORKER				
<b>J</b>				
<b>JANITORIAL SERVICES</b>				
Administrator, Manager, Estimator (not on job site).....	5	●	●	●
Manager, Supervisor, Estimator (on job site, no labor).....	3	●	●	●
Custodian, Janitor, Maintenance/Repair Tech.....	1	●	●	

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>J</b> (cont.)				
<b>JEWELRY</b>				
Administrator, Manager, Salesperson (Retail) .....	5	●	●	●
Appraiser .....	5	●	●	●
Design and Repair .....	3	●	●	●
Salesperson (wholesale or craft shows) .....	3	●	●	●
<b>JOURNALIST, (not freelance)</b> .....	5	●	●	●
<b>K</b>				
<b>KARATE INSTRUCTOR</b> (no contact) .....	2	●	●	
<b>L</b>				
<b>LABORER – see specific industry</b>				
<b>LANDSCAPE, LAWN, GARDEN, &amp; NURSERY</b>				
Architect, Administrator, Designer, office duties only .....	5	●	●	●
Manager, Estimator, on-site, primarily supervisory .....	3	●	●	●
Gardener, Landscaper, Mower, Driver .....	2	●	●	
Landscape Sprinkler Installation.....	2	●	●	
Tree Trimmer, Surgeon/Fumigator/ Stump Removal.....	1	●	●	
<b>LAUNDRY or DRY CLEANING</b>				
Administrator, Manager, supervisory duties only.....	5	●	●	●
Cashier, Counter Clerk .....	3	●	●	●
Laundry Tech.....	1	●	●	
<b>LAWYER</b> .....	5	●	●	●
<b>LIBRARY – see GOVERNMENTAL EMPLOYEES</b>				
Administrator, Curator, Librarian.....	5	●	●	●
Maintenance Tech. ....	2	●	●	
<b>LICENSE AND TITLE SERVICE</b> .....	5	●	●	●
<b>LIQUOR SALES, Retail Package Store</b>				
Administrator, Manager (primarily supervisory) ....	3	●	●	
Cashier, Sales Clerk (no stocking) .....	3	●	●	
Stock Clerk, Warehouser.....	2	●	●	
<b>LITERARY AGENT</b> .....	5	●	●	●
<b>LITHOGRAPHER</b> .....	3	●	●	●
<b>LOBBYIST</b> .....	3	●	●	
<b>LOCKSMITH</b> .....	3	●	●	●
<b>LONGSHOREMAN</b> .....	NI			
<b>LUMBER INDUSTRY</b>				
Building Products, Lumber Yard, Retail Sales Administrator, Manager (primarily supervisory) .	5	●	●	●
Cashier, Sales Clerk (no stocking or order filling).....	3	●	●	●
Delivery .....	2	●	●	
Stock Clerk, Warehouser, Yard Attendant .....	2	●	●	



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>L (cont.)</b>				
Logging				
Buyer, Grader/Scaler, Inspector, Surveyor .....	2	●	●	
Manager, Superintendent, Clerical - office duties only .....	5	●	●	●
Bucker, Choke Setter, Faller, Rigging Slinger, Laborer, Chain Saw Timber Cutter/Logger....	NI			
Equipment Operator (not chain saw)				
Skidder/Forwarder, Grapple Loader, Debarker, Feller/Shears/Harvesters, Truck Driver .....	1	●	●	
Saw Mill				
Administrator, Manager -office duties only .....	5	●	●	●
Equipment Operator, Loader, Saw Operator, Stacker .....	1	●	●	
Manager, Supervisor (no labor) .....	3	●	●	
<b>M</b>				
<b>MACHINE SHOP</b>				
Administrator, Manager -office duties only .....	5	●	●	●
Manager, Estimator (no labor) .....	3	●	●	●
Grinder, Buffer, Polisher, Machinist .....	2	●	●	
Millwright .....	2	●	●	
<b>MAIL CARRIER</b>				
U.S. Post Office .....	2	●	●	
Independent Contractor .....	2	●	●	
<b>MANICURIST</b> .....				
1		●	●	
<b>MANUFACTURER'S REPRESENTATIVE</b>				
Minimal physical dexterity demands, no labor .....	5	●	●	●
Others .....	2	●	●	
<b>MARKET RESEARCH ANALYST</b> .....				
5		●	●	●
<b>MASON and BRICK LAYER</b> .....				
2		●	●	
<b>MASS TRANSIT SYSTEM</b>				
– see <b>GOVERNMENTAL EMPLOYEES</b>				
Baggage Handler .....	2	●	●	●
Clerical, Computer Operator, Customer Service, Manager, Scheduler, Supervisor -office duties only .....	5	●	●	●
Conductor .....	2	●	●	
Driver, Engineer or Crew Member .....	1	●	●	
Electrician .....	2	●	●	●
Control Room Operator, Dispatcher, Electronic Switching and Traffic Controller .....	3	●	●	●
Maintenance or Repair Tech .....	1	●	●	
Toll Booth Operator .....	1	●	●	
<b>MASSAGE THERAPIST/MASSUSE</b> .....				
3		●	●	
<b>MASSEUSE (Health Club only)</b> .....				
1		●	●	

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>M (cont.)</b>				
<b>MECHANIC</b> .....				
2		●	●	●
<b>MEDICAL/HEALTH CARE</b>				
(Physicians performing surgery will be classified as a surgeon)				
Acupuncturist .....	3	●	●	●
Administrator -office duties only .....	5	●	●	●
Ambulance Driver .....	2	●	●	●
Anesthesiologist, Anesthetist (CRNA) .....	4	●	●	●
Audiologist .....	5	●	●	●
Billing Clerk, Clerical or Data Processing .....	5	●	●	●
Blood Bank, Lab, X-Ray, or Medical Tech .....	3	●	●	●
Cardiologist .....	4	●	●	●
Certified Nursing Assistant (CNA) .....	1	●	●	
Chiropractor .....	1	●		
Dermatologist .....	5	●	●	●
Dietician, no food preparation .....	5	●	●	●
preparing food .....	2	●	●	
Emergency Medical Physician .....	4	●	●	●
Ear, Nose, & Throat (ENT) .....	4	●	●	●
Gastroenterologist .....	4	●	●	●
Gynecologist .....	4	●	●	●
Health Official, field duties .....	3	●	●	●
Hematologist .....	5	●	●	●
Hypnotherapist .....	3	●	●	●
Infectious Disease Physician .....	5	●	●	●
Intern .....	NI			
Internal Medicine (Internist, Primary Care, Family Medicine, General Practitioner) .....	5	●	●	●
Life Flight – Pilot and Crew .....	NI			
Maintenance or Janitorial .....	1	●	●	
Midwife .....	2	●	●	
Licensed .....	4	●	●	●
Naturopath .....	5	●	●	●
Neurologist .....	4	●	●	●
<b>Nurse</b>				
<b>Home Health Care</b>				
RN .....	2	●	●	●
LPN .....	2	●	●	
CNA .....	1	●	●	
LVN .....	2	●	●	
<b>Hospital/Nursing Home</b>				
RN .....	2	●	●	●
LPN .....	2	●	●	
CNA .....	1	●		



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>M</b> (cont.)				
Physician's Office/Clinic				
RN .....	3	●	●	●
LPN.....	2	●	●	●
CNA.....	1	●	◐	
Nurse Practitioner .....	4	●	●	●
Obstetrician.....	4	●	●	●
Oncologist.....	4	●	●	●
Oral Surgeon .....	4	●	●	●
Osteopath .....	4	●	●	●
Paramedic or EMT .....	2	●	●	●
Paramedic Examiner .....	3	●	●	●
Pathologist/Toxicologist .....	5	●	●	●
Pediatrician .....	5	●	●	●
Pharmacist, Pharmacologist .....	5	●	●	●
Pharmacy Technician .....	3	●	●	●
Phlebotomist .....	3	●	●	●
Physical or Occupational Therapist .....	3	●	●	●
Physical Therapist Assistant.....	3	●	●	●
Physician, General Practitioner .....	5	●	●	●
Physician's Assistant .....	5	●	●	●
Podiatrist.....	4	●	●	●
Prosthetics Technician.....	3	●	●	●
Psychiatrist .....	5	●	●	●
Psychologist.....	5	●	●	●
Radiologist.....	5	●	●	●
Resident.....	NI			
Rheumatologist.....	5	●	●	●
Respiratory Therapist .....	3	●	●	●
Rolfer .....	3	●	●	●
Surgical Assistant .....	3	●	●	●
Speech Therapist.....	5	●	●	●
Surgeon .....	4	●	●	●
Surgical Assistant .....	3	●	●	●
Urologist.....	4	●	●	●
X-Ray Tech, Sonographer .....	3	●	●	●
<b>MERCHANDISER</b>				
Office duties only .....	5	●	●	●
Display setup .....	3	●	●	●
<b>METEOROLOGIST</b>				
Office duties only .....	5	●	●	●
Field duties .....	3	●	●	●
<b>METER READER</b> .....	3	●	●	●
<b>MILLWRIGHT</b> .....	2	●	◐	

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>M</b> (cont.)				
<b>MINE and QUARRY</b>				
Explosion Handler.....	NI			
Surface Operation (Strip Mine, Gravel Pit, Quarry)				
Assayer, Engineer, Inspector, Superintendent, Surveyor.....	3	●	●	●
Carpenter, Operating Engineer, Mechanic, Electrician.....	2	●	●	●
Chemist, Manager, Clerical Office duties only .....	5	●	●	●
Crane and Equipment Operator, Truck Driver, Laborer.....	1	●	◐	
Underground Operation, All Employees .....	NI			
<b>MINISTER</b> .....	5	●	●	●
<b>MOBILE HOME MOVER or SET-UP</b> .....	1	●	◐	
<b>MOTOR FREIGHT</b>				
Dispatcher.....	3	●	●	●
Driver – see <b>DRIVER</b>				
Handler or Dock Worker .....	2	●	◐	
<b>MOVIE THEATER</b>				
Cashier .....	3	●	●	●
Manager.....	3	●	●	●
Ticket and Theatre Attendant, Concessions .....	2	●	◐	
<b>MUNICIPAL EMPLOYEE</b> – see <b>GOVERNMENTAL EMPLOYEES</b>				
<b>MUSEUM</b>				
Administrator, Curator.....	5	●	●	●
Maintenance Tech. ....	2	●	◐	
Restoration Tech. ....	2	●	●	●
Tour Guide.....	3	●	●	●
<b>MUSICAL INSTRUMENT REPAIR</b> .....	3	●	●	●
<b>MUSICIAN</b>				
Concert, Theater, Symphony.....	3	●	●	
Night Club, Disco or Touring Group, Freelance..	NI			
<b>N</b>				
<b>NANNY</b> .....	2	●	◐	
<b>NEWSPAPER – MAGAZINE PUBLISHING</b>				
Account Executive, Manager .....	5	●	●	●
Editor, Copywriter, Journalist, Publisher, or Reporter -office duties only .....	5	●	●	●
Journalist, Reporter -field duties .....	3	●	●	●
Delivery Driver .....	2	●	◐	
Distributor .....	1	●	◐	
Photographer .....	3	●	●	●
Journalist, Photographer, Reporter (freelance) ..	NI			



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>N</b> (cont.)				
<b>NUCLEAR or POWER PLANT EMPLOYEE</b>				
Administrator, Control Board Operator, Engineer, Manager -office duties only.....	5	●	●	●
Manager, Supervisor, Tradesman, Maintenance Tech., Hazardous Waste Handler .....	1	●	●	●
<b>NURSE – see MEDICAL</b>				
<b>NURSERY, Plants, Trees, etc. – see LANDSCAPE</b>				
<b>NURSING HOME – see MEDICAL</b>				
Activities Director .....	3	●	●	●
<b>O</b>				
<b>OCCUPATIONAL THERAPIST</b> .....	3	●	●	●
<b>OFFICE PERSONNEL</b> .....	5	●	●	●
<b>OIL-GAS FIELD EMPLOYEES</b>				
Working in USA or Canada only .....	1	●	●	●
Foreign or Off-Shore.....	NI			
<b>OPTICAL</b>				
Ophthalmologist, Optician, Optometrist .....	5	●	●	●
Receptionist, Optical or Eyeglass Tech (measuring, fitting) .....	5	●	●	●
Lab Tech (manufacture, grinding, repairing) .....	3	●	●	●
<b>P</b>				
<b>PAINTER</b>				
Lowrise (2 stories or less)				
Commercial/Residential .....	2	●	●	●
Highway, directional lines.....	1	●	●	●
Signs and Billboards .....	2	●	●	●
Shop only .....	2	●	●	●
Highrise (more than 2 stories) .....	NI			
<b>PARALEGAL</b> .....	5	●	●	●
<b>PARAMEDIC, EMT</b> .....	2	●	●	●
<b>PARAMEDICAL EXAMINER</b> .....	3	●	●	●
<b>PATTERN and MODEL MAKER</b>				
Metal, wood, plastic, paper, wax.....	2	●	●	●
<b>PAWNBROKER, PAWNSHOP EMPLOYEE</b> .....	NI			
<b>PERSONAL TRAINER/FITNESS</b>				
<b>INSTRUCTOR</b> .....	2	●	●	●
<b>PEST CONTROL, Inspection and Service</b> .....	2	●	●	●
<b>PET STORE</b>				
Administrator, Manager -office duties only .....	5	●	●	●
Manager, primarily supervisory.....	3	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>P</b> (cont.)				
Cashier, Sales Clerk (no labor, stocking or order filling) .....	3	●	●	●
Delivery, Stock Clerk, Warehouse .....	2	●	●	●
Groomer, Handler .....	2	●	●	●
<b>PHARMACIST</b> .....	5	●	●	●
<b>PHOTOGRAPHER and CAMERAMAN</b>				
Aerial .....	2	●	●	●
Commercial, In Studio, Newspaper or Magazine .....	3	●	●	●
Freelance .....	NI			
<b>PIANO REPAIRER or TUNER</b> .....	3	●	●	●
<b>PICTURE FRAMING</b>				
Clerk, no labor .....	5	●	●	●
Framer .....	2	●	●	●
<b>PIPEFITTER</b> .....	1	●	●	●
<b>PIZZA MAKER</b> .....	2	●	●	●
<b>PLASTERER</b> .....	1	●	●	●
<b>PLASTIC FABRICATOR</b> .....	2	●	●	●
<b>PLUMBER</b> .....	2	●	●	●
<b>POLE BUILDING TRADESMAN</b> .....	2	●	●	●
<b>POLICE/LAW ENFORCEMENT</b>				
<b>– see GOVERNMENTAL EMPLOYEES</b>				
Fish and Game Warden.....	2	●	●	●
Police Superintendent, Commander, Captain, Supervisor, Chief, Sergeant, Lieutenant				
Office duties only.....	3	●	●	●
Supervisory field duties .....	2	●	●	●
Police Dispatcher.....	3	●	●	●
Police Officer, Sheriff, Deputy Sheriff, Patrol, Trooper (uniformed) .....	1	●	●	●
<b>Special Units</b>				
Animal Control .....	1	●	●	●
Bailiff, Court Security .....	1	●	●	●
Bicycle, Segway.....	1	●	●	●
Bomb Squad .....	NI			
Canine Corps.....	1	●	●	●
Detective, Investigator, Inspector (not undercover).....	1	●	●	●
Harbor Patrol .....	1	●	●	●
Horseback.....	1	●	●	●
Instructor, firearms.....	1	●	●	●
Motorcycle .....	1	●	●	●
Parking Enforcement (unarmed).....	3	●	●	●
Riot Squad .....	NI			
School/College/University.....	1	●	●	●
SWAT .....	NI			
Traffic, Parking.....	1	●	●	●





Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>P (cont.)</b>				
Probation, Truant Officer .....	1	●	●	
Special Agents (field duty, not undercover, no foreign service)				
ATF, DEA, FBI, INS (Border Patrol, Immigration).....	1	●	●	
Bureau of Diplomatic Security .....	NI			
Forest Service/National Park Security, Ranger .....	2	●	●	
Secret Service .....	NI			
Prison/Jail or Penal/Correctional/Rehabilitative Institution				
Correctional Officer, Guard, Jailer .....	1	●	●	
Counselor .....	2	●	●	
Nurse, RN.....	2	●	●	
Physician .....	4	●	●	
Warden .....	2	●	●	
<b>POOLS</b>				
Cleaning, Installation, Repair, Servicing .....	2	●	●	
Sales .....	5	●	●	●
<b>POSTAL SERVICE –see GOVERNMENTAL EMPLOYEES guidelines</b>				
Postmaster/Administrator (office duties only) .....	5	●	●	●
Window/Counter clerk.....	3	●	●	●
Mail Carrier .....	2	●	●	
Mail Sorter/Processor .....	2	●	●	
<b>POTTERY MAKER</b> .....	2	●	●	
<b>POWER WASHER</b>				
2 stories or less.....	2	●	●	
<b>PRINCIPAL – see SCHOOL</b>				
<b>PRINTING and PUBLISHING</b>				
Administrator, Clerical, Manager .....	5	●	●	●
<b>PRINTING and PUBLISHING (cont.)</b>				
Machine Operator, Pressman, Printer, Engraver, Bookbinder				
Shielded from Machinery, no labor.....	3	●	●	●
Not Shielded from Machinery, labor .....	2	●	●	
<b>PROCESS SERVER</b> .....	1	●	●	
<b>PROCESSING PLANT – see FACTORY</b>				
<b>PROFESSOR – see SCHOOL</b>				
<b>PSYCHIATRIST</b> .....	5	●	●	●
<b>PSYCHOLOGIST</b> .....	5	●	●	●
<b>PURCHASING AGENT</b> .....	5	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>R</b>				
<b>RADIO and TELEVISION PRODUCTION</b>				
Air Traffic Reporter .....	2	●	●	
Broadcasting				
Control, Switchboard and Transmission Engineer.....	3	●	●	●
Announcer, Newscaster, Disc Jockey or Reporter .....	3	●	●	●
Camera Crew, Film or Tape Processor.....	3	●	●	●
Producer, Program and Studio Director, Copywriter, Salesperson .....	5	●	●	●
Stagehand.....	2	●	●	
<b>RAILROADS – see GOVERNMENTAL EMPLOYEES guidelines</b>				
Baggage and Freight Handler.....	2	●	●	
Clerical, Computer Operator, Customer Service, Manager, Scheduler, Supervisor, Office duties only.....	5	●	●	●
Conductor .....	2	●	●	
Electrician .....	2	●	●	●
Engineer .....	1	●	●	
Tower and Electronic Switching and Traffic Controller.....	3	●	●	
Train Crew Member, Passenger or Freight .....	1	●	●	
Yard Maintenance or Repair .....	1	●	●	
<b>RANCHER, Ranch laborer</b> .....	2	●	●	●
Temporary, seasonal or part-time.....	NI			
<b>REAL ESTATE AGENT</b> .....	5	●	●	●
<b>RECEPTIONIST</b> .....	5	●	●	●
<b>RECRUITER</b> .....	5	●	●	●
<b>RECYCLING CENTER</b>				
Employees, manual duties.....	1	●	●	
Manager, no manual duties .....	2	●	●	
<b>REFEREE</b> .....	3	●	●	●
<b>REPORTER</b>				
Court.....	5	●	●	●
Magazine, Newspaper, Radio, Television				
Primarily office duties .....	5	●	●	●
Field duties .....	3	●	●	●
<b>RESTAURANT INDUSTRY</b>				
Primarily food sales, not fast food				
Administrator, Manager, Bookkeeper (office duties only) .....	5	●	●	●
Administrator, Manager, Head chef (primarily supervisory).....	3	●	●	●
Administrator, Manager, Host/Hostess (no bartending) .....	2	●	●	●



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>R (cont.)</b>				
Chef, Cook, Waiter/Waitress, Cashier, Caterer	2	●	●	
Bartender, Dishwasher, Kitchen Assistant, Table Attendant	NI			
Fast food, Cafeteria, Deli, Diner				
Manager (supervisory only)	2	●	●	
Waiter/Waitress, Cashier, Host/Hostess	2	●	●	
Cook	1	●	●	
Dishwasher, Kitchen Assistant, Table Attendant	NI			
Primarily liquor sales	NI			
<b>RETAIL (not otherwise classified)</b>				
Retailer, General Merchandise (not convenience store)				
Administrator, Manager (primarily supervisory)	5	●	●	●
Cashier, Sales Clerk (no stocking)	3	●	●	●
Stock Clerk, Warehouse	2	●	●	
Loss Prevention Specialist	2	●	●	
Adult Merchandiser	NI			
<b>ROOFING</b>				
Contractor				
Administrator, Estimator (not on job site)	5	●	●	●
Manager, Estimator (on job site, primarily supervisory)	3	●	●	●
Contractor performing roofing duties	NI			
Roofer (laborer)	NI			
<b>S</b>				
<b>SALESPERSON – see also specific industry, or BROKER</b>				
Advertising	5	●	●	●
Auto –				
Franchise Dealership Salesperson	5	●	●	●
Independent Retailer or Wholesaler, Salesperson	2	●	●	●
Computer, Industrial Products, Business Machines (no delivery/repair)	5	●	●	●
Manufacturers Representative				
Minimum physical demands, no labor	5	●	●	●
Others	2	●	●	
Retail Sales Clerk (no stocking or order filling)	3	●	●	●
Route Salesperson				
delivery by truck/van – see DRIVER				
Door-to-door, canvassing	NI			
Soliciting Order, delivery by auto only	3	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>S (cont.)</b>				
<b>SALVAGE, SCRAP MATERIALS, JUNK</b>				
Dealer, Recycler				
Administrator, Manager, Salesperson - office duties only	5	●	●	●
Collector, Yard Employees	1	●	●	
Parts Clerk -counter duties only	3	●	●	●
<b>SAND BLASTER (2 stories or less)</b>	1	●	●	
<b>SCHOOL</b>				
<b>Private School/Public School –see GOVERNMENTAL guidelines)</b>				
Administrator, Athletic Director, Counselor, Principal, Secretary, Superintendent	5	●	●	●
Bus Driver	2	●	●	
Cafeteria	1	●	●	
Custodian, Janitor, Maintenance/Repair Tech	1	●	●	
Instructor (other than classroom duties only)				
Aerobics	2	●	●	
Art	3	●	●	●
Coach	3	●	●	●
Dance	2	●	●	
Driving	3	●	●	●
Martial Arts	2	●	●	
Music	3	●	●	●
Physical Education	3	●	●	●
Shop or Industrial Arts	2	●	●	●
Librarian	5	●	●	●
Nurse	2	●	●	●
School Teacher (classroom duties only)	5	●	●	●
Teacher's Aide	2	●	●	
University Professor	5	●	●	●
<b>SEAMSTRESS, DRESSMAKER</b>	3	●	●	●
Sewing machine operator in factory	2	●	●	
<b>SECRETARY</b>	5	●	●	●
<b>SECURITY SYSTEMS</b>				
Installer or Repair Tech.	2	●	●	●
Sales (no installation or repair)	5	●	●	●
<b>SEPTIC/SEWER</b>				
Installation, Backhoe Operator	2	●	●	
Servicing	1	●	●	
<b>SERVICE STATION – see AUTOMOBILE</b>				
<b>SEWING MACHINE REPAIR</b>	2	●	●	●
<b>SHEET METAL WORKER</b>				
Installation (2 stories or less)				
Commercial	2	●	●	
Residential	2	●	●	●
Installation (more than 2 stories)	NI			
Shop Tech	2	●	●	●



Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>S</b> (cont.)				
<b>SHERIFF and DEPUTY</b>				
– see <b>POLICE/LAW ENFORCEMENT</b>				
<b>SHIPPING or RECEIVING CLERK</b>				
– see <b>WAREHOUSE</b>				
<b>SHOES</b>				
Custom Made .....	3	●	●	
Repair Tech .....	3	●	●	
Shoeshiner .....	1	●	●	
<b>SIDING INSTALLER</b> .....	2	●	●	●
<b>SILK SCREEN PRINTER</b> .....	3	●	●	●
<b>SNAP ON TOOL, Owner/Operator</b> .....	2	●	●	●
<b>SOCIAL WORKER –see COUNSELOR</b>				
<b>SPEAKER – MOTIVATIONAL</b> .....	3	●	●	
<b>SPORTS</b>				
Athlete, professional .....	NI			
Billiard and Pool Parlor				
Equipment Maintenance or Repair .....	2	●	●	
Food or Beverage Service .....	2	●	●	
Proprietor, Manager, Cashier .....	2	●	●	
Diver, scuba, sky diving or instructor .....	NI			
Golf				
Course Maintenance Tech .....	2	●	●	
Instructor or Golf Pro, not on tour .....	3	●	●	
Proprietor, Manager of Golf Course or				
Driving Range .....	3	●	●	●
Racquetball, instructor .....	2	●	●	
Riding School				
Instructor .....	2	●	●	
Proprietor, Manager (primarily supervisory) .....	3	●	●	●
Stablehand .....	1	●	●	
Skating Rink				
Proprietor, Manager (primarily supervisory) .....	3	●	●	●
Instructor .....	2	●	●	
Skiing, instructor, rescue and patrol .....	NI			
Tennis, professional, not on tour .....	3	●	●	
Tournament Professional and All Others .....	NI			
<b>SPRINKLER SYSTEM INSTALLER - building</b>				
<b>SPRINKLERFITTER</b> .....	2	●	●	●
<b>STATE AND MUNICIPAL EMPLOYEES</b>				
–see <b>GOVERNMENTAL EMPLOYEES</b>				
<b>STEAMFITTER, non-hazardous industries</b> .....	1	●	●	
<b>STEEL BUILDING, Pole Building Tech</b> .....	2	●	●	●
<b>STEEL MILL – see FACTORY</b>				
<b>STENOGRAPHER</b> .....	5	●	●	●

Occupation	Classification	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>S</b> (cont.)				
<b>STRUCTURAL IRON WORKERS</b>				
Lowrise Projects (2 stories or less) .....	2	●	●	●
Highrise Projects (more than 2 stories) .....	NI			
<b>SURGEON</b> .....	4	●	●	●
<b>SURVEYOR</b> .....	3	●	●	●
<b>T</b>				
<b>TAILOR</b> .....	3	●	●	●
<b>TANNING SALON ATTENDANT</b> .....	2	●	●	
<b>TATTOO ARTIST</b> .....	NI			
<b>TAXI-CAB DRIVER</b> .....	NI			
<b>TAXIDERMIST</b> .....	3	●	●	●
<b>TECHNICAL WRITER</b> .....	5	●	●	●
<b>TELEMARKETER</b> .....	5	●	●	●
<b>TELEPHONE</b>				
Installation or Repair (no pole climbing) .....	2	●	●	●
Lineman/Pole Climber .....	NI			
Tower Service or Installation .....	NI			
<b>TELEVISION, CABLE and DISH</b>				
Installation or Repair (no pole climbing) .....	2	●	●	●
Lineman/Pole Climber .....	NI			
<b>TEMPORARY EMPLOYEES</b> .....	NI			
<b>TILE LAYER or SETTER</b> .....	2	●	●	
<b>TOLL BOOTH OPERATOR</b> .....	1	●	●	
<b>TOOL and DIE MAKER</b> .....	2	●	●	
<b>TOPOGRAPHER</b>				
Office duties only .....	5	●	●	●
Field duties .....	3	●	●	●
<b>TRAVEL AGENT</b> .....	5	●	●	●
<b>TRUCK DRIVER – see DRIVER</b>				
<b>U</b>				
<b>UPHOLSTERER</b> .....	2	●	●	●
<b>V</b>				
<b>VACUUM CLEANER DEALER</b>				
Administrator, Manager (primarily supervisory) .....	5	●	●	●
Cashier, Sales Clerk (no stocking) .....	3	●	●	●
Delivery/Collection Driver .....	2	●	●	
Door-to-Door Salesperson .....	NI			
Repair/Service Technician .....	2	●	●	●
Stock Clerk, Warehouse .....	2	●	●	
<b>VENDING MACHINES</b>				
Installer, Repairman, Service Tech .....	2	●	●	●



<b>Occupation</b>	<b>Classification</b>	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>V (cont.)</b>				
<b>VETERINARIAN</b>				
Small Animal, DVM .....	5	●	●	●
Tech .....	3	●	●	●
Large Animal, DVM .....	2	●	●	●
Tech .....	2	●	●	●
<b>VIDEO STORE</b>				
Administrator, Manager (primarily supervisory) ....	5	●	●	●
Cashier, Sales Clerk .....	3	●	●	●
Stock Clerk .....	2	●	◐	
Adult Merchandiser .....	NI			
<b>W</b>				
<b>WAITER or WAITRESS</b>				
Bar and Lounge .....	NI			
Restaurant .....	2	●	◐	
<b>WALLPAPER, Hanger</b> .....	2	●	●	●
<b>WAREHOUSE</b>				
Shipping and Receiving				
Administrator, Manager -office duties only .....	5	●	●	●
Checker, Crater, Forklift, Packer, Stocker or Powered Truck Operator .....	2	●	◐	
Manager, Checker (primarily supervisory) .....	3	●	●	●
<b>WATCH or CLOCK REPAIR</b> .....	3	●	●	●
<b>WATER COMPANY/WATER TREATMENT PLANT</b>				
Administrator, Chemist, Manager				
office duties only .....	5	●	●	●
Lab Chemist, Water Tester .....	3	●	●	●
Maintenance Tech .....	1	●	◐	
Monitoring, Filter, Pump Techs .....	2	●	●	●
Plant Manager (Primarily Supervisory) .....	3	●	●	●
<b>WATER SOFTENING SERVICE</b>				
Delivery .....	2	●	◐	
Administrator, Manager, Salesperson (primarily supervisory) .....	5	●	●	●
Service and Installation (no delivery) .....	2	●	●	●
<b>WELDER</b>				
No unusual hazard .....	1	●	◐	
<b>WELL DRILLER (water)</b> .....	2	●	◐	
<b>WINDOW WASHER, 2 stories or less</b> .....	2	●	◐	

<b>Occupation</b>	<b>Classification</b>	6 mo. 1 yr. 2 yr.	5 yr. 10 yr.	To Age 67
<b>X</b>				
<b>X-RAY MACHINE</b>				
Delivery .....	2	●	◐	
Operator, Tech .....	3	●	●	●
Salesperson .....	5	●	●	●
Service/Repair Tech, Tester .....	2	●	●	●
<b>Z</b>				
<b>ZOO</b>				
Administrator, Director, Manager - office duties only .....	5	●	●	●
Attendant, Breeder, Feeder, Groomer, Trainer .....	NI			
Director, Manager (field duties, primarily supervisory) .....	3	●	●	●

