

# GRADED BENEFIT DISABILITY INCOME PROTECTION

## PLATINUM eZ-Select

### QUICK REFERENCE GUIDE



Platinum eZ-Select is arranged for Licensed Agents of Risk

PLATINUM eZ-SELECT

Platinum eZ-Select - Graded DI Product for applicants with medical impairments	
<b>Issue Ages</b>	18-60 age last birthday
<b>Maximum Benefit</b>	\$15,000 per Month
<b>Minimum Benefit</b>	\$500 per Month
<b>Rates</b>	Male/Female Tobacco / Non Tobacco Level to Age 65 No Occupational Classes
<b>Benefit Period</b>	1, 2, 3, or 5 years
<b>Elimination Period</b>	30 Days (BP 1 & 2 yr) 60 Days (BP 1, 2 & 3 yr) 90 Days (BP 1, 2, 3 & 5 yr) 120 Days (BP 2, 3 & 5 yr) 180 Days (BP 2, 3 & 5 yr) 365 Days (BP 2, 3 & 5 yr) or 730 Days (BP 2, 3 & 5 yr)
<b>Renewability</b>	Guaranteed to Age 65 Conditionally to Age 70 (must be actively at work)
<b>Replacement Ratio</b>	60% of earned income
<b>Participation Ratio</b>	In conjunction with other coverage participation ratios up to 75% of salary may be issued. Participation ratios vary by income level and are subject to underwriting approval.
<b>Disabilities Due to Sickness</b>	For disabilities commencing during: 1 <sup>st</sup> Policy Year - 40% 2 <sup>nd</sup> Policy Year - 75% Thereafter - 100%
<b>Definition of Total Disability</b>	Own Occupation for full benefit period
<b>Presumptive Disability</b>	Total and irreversible loss of speech and hearing, sight in both eyes, both feet (amputated at or above the ankle), both hands (amputated at or above the wrist) or one hand and one foot. The monthly benefit amount for the maximum benefit period will be paid whether or not the insured is able to work. The elimination period does not apply to this benefit.
<b>Mental or Nervous Disorders Limitation</b>	50% of the monthly benefit amount for total disability due to injury or sickness; Monthly benefits are limited to 6 months
<b>Partial Disability</b>	50% of the monthly benefit; Monthly benefits are limited to 6 months
<b>Surviving Spouse Benefit</b>	One-time benefit amount equal to 2 times the last full monthly benefit amount paid after 180 days of disability benefits
<b>Waiver of Premium</b>	After 90 days or the elimination period whichever is longer
<b>Hospital Indemnity Benefit</b>	\$30 per day up to 90 days after 30 days of hospitalization
<b>AD&amp;D Benefit</b>	Up to \$5,000
<b>Requirements</b>	Actively at work for at least 30 hours per week for the last 12 months and \$30,000 or more per year earnings

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1-866-747-5434

[www.NonStandardDI.com](http://www.NonStandardDI.com)

1111 Brickell Avenue, Suite 2600, Miami, FL 33131

*Specializing in Impaired Risk DI*

Insurance Underwritten and Administered by:

Fidelity Security Life Insurance Company, Kansas City, Missouri, Not Available in All States.

Platinum Plus Group SD-28 / Policy Form No. M-4021; Platinum Plus Individual SD-29 / Policy Form No. M-4022; Platinum/Silver/Blue Group DI-139C, DI-139D, DI-141A/ Policy Form No. M-4004; Platinum / Silver Individual SD-16 & SD-17 / Policy Form No. M-4012 / Platinum eZ-Select Group SD-32, SD-33 / Policy Form No. M-4024; Platinum eZ-Select Individual SD-34 & SD-35 / Policy Form No. M-4025.

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# PLATINUM eZ-SELECT

PRODUCT INFORMATION



Platinum eZ-Select Plan is arranged for Licensed Agents of Risk

## Guaranteed Renewable Disability Income Protection for Individuals with Moderate to Severe Medical Impairments

- **Graded Benefit for Disabilities due to Sickness**
- **No Grading for Disabilities due to Injuries**
- **Maximum Monthly Benefit up to \$15,000**
- **No Exams or Blood Work up to \$13,000 Monthly Benefit**
- **Flexible Plan Design**
  - Available Benefit Periods - 1, 2, 3 or 5 years
  - Available Elimination Periods Range from 30 to 730 Days  
Not all elimination periods will be available for all benefit periods.
- **Participation Ratios up to 60% of Salary May Be Issued.**
- **Included in All Policies**
  - Level Premium to Age 65
  - Own Occupation Coverage for Full Benefit Period
  - Presumptive Disability
  - Partial Disability
  - Surviving Spouse Benefit
  - Hospital Indemnity Benefit - \$30 per Day up to 90 Days
  - AD&D Benefit - up to \$5,000

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**Requirements**

Actively at work for at least 30 hours per week for the last 12 months and \$30,000 or more per year earnings

**Issue Ages**

18-60 age last birthday

**Maximum Monthly Base Benefit**

\$15,000 per Month

**Medicals**

Up to \$13,000 per month no exam, no blood work required

**Minimum Monthly Benefit**

\$500 per Month

**Rates**

Male/Female; Tobacco/Non Tobacco;  
Level to Age 65; No Occupational Classes

**Benefit Periods**

1, 2, 3, or 5 years

**Elimination Periods**

30 Days (BP 1 & 2 yr)	60 Days (BP 1, 2 & 3 yr)
90 Days (BP 1, 2, 3 & 5 yr)	120 Days (BP 2, 3 & 5 yr)
180 Days (BP 2, 3 & 5 yr)	365 Days (BP 2, 3 & 5 yr)
730 Days (BP 2, 3 & 5 yr)	

**Renewability**

Guaranteed to Age 65;  
Conditionally to age 70 which means that the insured may renew his or her coverage under the policy each year to age 70, provided that:

- the insured pays the required premiums, subject to the grace period; and
- the insured continues to be actively at work.

Premiums will increase each year on the anniversary date of the Insured's coverage under the Policy beginning with the anniversary date following the Insured's attainment of Age 65.

**Replacement Ratio**

60% of earned income

**Participation Ratio**

In conjunction with other coverage participation ratios up to 75% of salary may be issued. Participation ratios vary by income level and are subject to underwriting approval.

**Grading - Graded as follows:**

	For Disabilities Commencing During the		
	1 <sup>st</sup> Policy Year	2 <sup>nd</sup> Policy Year	Thereafter
Disabilities due to Illness	40%	75%	100%
Disabilities due to Injury (Not Graded)	100%	100%	100%

**Definition of Total Disability**

Own Occupation for Full Benefit Period this means that because of Injury, Sickness, or Nervous or Mental Disorder, the Insured cannot perform the material and substantial duties of the Insured's own occupation.

**Presumptive Disability**

Disability is presumed if the insured suffers total and irreversible loss of speech and hearing, sight in both eyes, both feet, both hands or one hand and one foot whether or not the insured is able to perform the material and substantial duties of the Insured's own occupation. The elimination period does not apply.

**Partial Disability**

Provides up to 50% of selected monthly benefit for partial disability up to six months upon completion of the elimination period or immediately following a period of total disability. Does not include benefits for mental and nervous.

**Surviving Spouse Benefit**

Two times the amount of the last monthly benefit paid to the insured is provided to the surviving spouse. The insured must have been disabled for 180 days and receiving benefits.

**Waiver of Premium Benefit**

After 90 days or the elimination period whichever is longer

**Hospital Indemnity Benefit**

If a hospitalization occurs because of a covered injury, sickness, or nervous or mental disorder  
\$30 per day up to 90 days after 30 day elimination period

**AD&D Benefit**

Principal Sum Up to \$5,000

**Recurrent Disability**

6 months return to work

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## PLATINUM eZ-SELECT

### EXCLUSIONS AND LIMITATIONS



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Benefits are not paid for any injury, sickness, or nervous or mental disorder:

- o caused by riot, insurrection, war, declared or undeclared, or acts of war;
- o while the insured is in the military, naval or air force of any country or international organization. Any unearned premium paid by the insured for a period not covered because of this exclusion will be returned on a pro-rata basis. If the insured is released from active duty within 5 years from the date he or she entered active military service, he or she may restore their coverage under the Policy by making written application and paying the required premium within 90 days of his or her release from active duty. No proof of insurability is needed. Premiums will be based on the Insured's attained age as of the date of the new Application. The restored policy will cover only Injuries that occur after the restoration date and Sickness which makes itself known more than 10 days after the restoration date;
- o caused by normal pregnancy, including childbirth or elective abortion, except when loss results from Complications of Pregnancy, as defined in the Policy;
- o the Insured intentionally inflicts on himself or herself while sane or insane (in Colorado or Missouri, while sane);
- o caused by the Insured engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations;
- o caused by poison, gas, or fumes voluntarily taken, absorbed or inhaled, except for the involuntary or unintentional ingestion of poison or inhalation of poisonous gases or fumes;
- o caused by an accident that occurs while an insured has been determined to be intoxicated
  - o by judicial or administrative judgment or order;
  - o by evidence of an alcohol concentration in the insured's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
  - o by other evidence demonstrating the insured was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug unless the same was administered on the advice of a physician and was taken according to the prescribed dosage; and the use of such substance was the proximate cause of the Accidental Bodily Injury;
- o caused by pre-existing conditions: a pre existing condition means a sickness or injury for which the insured has consulted a physician or received any medical advice, treatment, medical supplies, prescription medication or services within 12 months immediately before the effective date of insurance, or for which symptoms of a condition have occurred that would have led a prudent person to seek diagnosis, care or treatment during the 12 months immediately before the effective date of insurance, or until the insured has been covered for 24 months. A condition listed on the application and not excluded by a rider is covered.

#### Reductions, Other Limitations, and Individual Termination

- o If the Insured receives or is eligible to receive loss of time benefits under any Workers' Compensation Law, Occupational Disease Law, or similar legislation the benefit will be reduced by 100% of the loss of time benefit amount the Insured receives or is eligible to receive under such legislation on the date benefits become payable under the Policy. If the Insured receives a lump sum payment for loss of time under any Workers' Compensation Law, Occupational Disease Law, or similar legislation, it will be prorated on a monthly basis to the end of the Maximum Benefit Period.
- o Nervous or mental disorder benefit is one-half the maximum monthly benefit to a maximum benefit period of six months.
- o If the insured has other disability income coverage in effect at the time of total disability, the benefit will be reduced so the total benefit does not exceed 100% of the insured's gross monthly income.
- o The insured's coverage terminates on the earliest of: the premium due date when required premium is not paid, the premium date after the insured retires or ceases to actively perform the material and substantial duties of regular occupation, the premium due date following attainment of age 70, the next premium due date upon request for cancellation, or the premium due date after the insured has a change in employment to an ineligible occupation. Benefit period reduces by 50% at age 65 and terminates at age 70.

#### Additional AD&D Benefit Exclusions

- o Bodily infirmity or disease in any form, or medical or surgical treatment.
- o Bacterial infection, except infections from an accidental injury or unintentional ingestion of an infectious organism.
- o Travel or flight in any kind of aircraft, except on a regularly scheduled commercial flight as a fare-paying passenger. Suicide, or any attempt, while sane or insane (in Colorado or Missouri, while sane).

#### Additional Hospital Indemnity Benefit Exclusions

Confinement, treatment or care performed outside the U.S., not recommended or prescribed by a physician, or is not medically necessary.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on state of residence. Please refer to the Policy for full details of limitations and exclusions contained in this coverage.

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