

## GROUP/MULTI-LIFE HIGH LIMIT DISABILITY

Proposed Use of This Insurance: Personal Disability

Term of Insurance: 5 year(s)

Proposed Additional Monthly Benefit: 60% to \$50,000

Elimination Period: 180 days

Benefit Period: 60 months or to age 67, whichever is lesser but never less than 12 months

Optional Residual Rider: Included

Optional Automatic Benefit Increase: Included

Maximum Lump Sum Benefit: The lesser of \$1,000,000 or the equivalence of the maximum monthly benefit payable to age 67, but never more than 5 times annual income.

## PARTICIPATION

A 15% Multi-Life Discount has been applied to the premium.

*This is a brief description of the insurance provided by this plan.  
The Certificate of Insurance is the complete description of coverage.*



### MONTHLY DISABILITY BENEFIT FEATURES

- **TOTAL DISABILITY MONTHLY BENEFIT** : means that solely due to an Accident or Sickness, You are not able to perform the substantial and material duties of Your Occupation, even if You are at work in another occupation.
- **PRESUMPTIVE DISABILITY**: Benefits will be paid for the maximum Benefit Period even if you are able to return to any other occupation should you lose the use of both hands, both feet, one hand and one foot, the sight in both eyes, hearing in both ears, or the ability to speak. The medical care requirements and the elimination period will be automatically waived.
- **RECURRENT DISABILITIES**: If You incur a further Total Disability within six months of a prior Total Disability, it will be continued as the same disability. Or if you have returned to your regular occupation, for six months or longer and You incur a further Total Disability from the same or different cause it will be considered a new claim with a new Elimination Period and new Benefit Period.
- **TRANSPLANT BENEFIT**: Total Disability benefits will be paid to you while disabled following surgery in which you donate an organ from your body to another person. This benefit is applicable after the policy has been in force for six months or longer.

### MONTHLY DISABILITY BENEFIT OPTIONS

- **RESIDUAL DISABILITY**: Benefits will be paid when you are engaged in your occupation and your income is reduced due to a disability by 15% or more. The benefit will be calculated by multiplying the monthly benefit by the percentage of reduced income compared to Your average monthly Earned Income for the highest twelve (12) consecutive months out of the last twenty-four (24) calendar months, just prior to the date that You became Disabled.
- **AUTOMATIC BENEFIT INCREASE**: The Automatic Benefit Increase allows for an insured to increase their monthly benefit automatically, provided their income has increased and can be documented. With this endorsement attached to a policy the insured may elect to increase his/her coverage up to 60% in participation, not to exceed the policy maximum. The additional premium for the increased amount will be pro-rata of the current premium.

### LUMP SUM BENEFIT - SPECIAL FEATURES

- The **LUMP SUM BENEFIT**: means that if solely due to an Accident or Sickness, You are not able to perform the substantial and material duties of Your Occupation and in the opinion of Competent Medical Authority recovery from such disability is not expected, even if You are at work in another occupation.

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## **Policy Features**

**True Own Occupation Disability Definition** - "You are not able to perform the substantial and material duties of Your Occupation, even if you are at work in another occupation."

**Waiver of Premium** Any premium installments due while the Insured is disabled and receiving benefits will be waived. Premium modes cannot be changed while You are disabled. When You are no longer eligible for benefits, premium installments will resume.

**Term of Insurance** is the period of time that the policy is non-cancellable. The terms of the policy nor the premium can be altered by the insurance carrier provided you pay your premium on time.

**Passive War and/or Terrorism** are covered unless the act includes the use of nuclear, biological or chemical weapons.

**Pre-existing Condition** means a condition, disease or injury for which medical advice, diagnosis, care or treatment including but not limited to the use of prescription medication was recommended by or received from a licensed health care practitioner during the six (6) months immediately preceding the Retro Date, and/or any symptom, condition, disease or injury which would have caused an ordinarily prudent person to seek medical attention during the six (6) months immediately preceding the Retro Date, and will remain a Pre-existing Condition until a twelve (12) month period from the Retro Date on this certificate has expired. No benefits are payable for any disability resulting from a Pre-existing Condition occurring prior to the conclusion of the twelve (12) month period from the Retro Date, even if the disability continues beyond the Pre-existing Condition period.

**Retro Date** is the date that your Monthly Disability Benefit or Lump Sum Disability Benefit was first effective provided Your coverage has been continuous. If additional benefits are purchased following the Retro Date, the Retro Date for those additional benefits would be the date the additional benefits become effective provided that Your coverage has been continuous.

## **Standard Policy Exclusions**

Not covered by the certificate of insurance include: Suicide or Intentional self inflicted injury or poisoning; committing or attempting to commit a felony; taking illegal or non-prescribed drugs, or addiction or misuse of prescription drugs; alcohol abuse or addiction, or being under the influence of alcohol as defined by the vehicle code of the state or province in which the accident has occurred; mental and/or nervous disorders; pregnancy and pregnancy related conditions; nuclear, biological or chemical exposure as a result of terrorism or war; active participation in terrorism or war.

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# **PRIVACY POLICY STATEMENT**

## **PETERSEN INTERNATIONAL UNDERWRITERS**

Petersen International Underwriters wants you to know how we protect the confidentiality of your non-public personal information which we may collect. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

### **INFORMATION WE MAY COLLECT**

The non-public personal information that we may collect about you includes, but is not limited to:

- \* Personal information such as name, date of birth, address and contact information;
- \* Financial information including credit history;
- \* Health history.

### **CONFIDENTIALITY AND SECURITY**

Only our employees and other third parties, who need or who have the legal right to, the information to service your account have access to your personal information. We have measures in place to secure your data within our paper files and computer systems.

### **RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of your personal information in our possession.