

## Rehabilitation

If you become disabled, the Company will make available a rehabilitation program for you. The program is one that is mutually agreed upon by you and the Company and approved by a governmental agency competent to approve such programs, with consideration for such items as additional living expenses, tuition and books. The monthly indemnity paid during this rehabilitation period is subject to the terms of the agreement.

## Important Optional Benefit

### • Residual Benefits

Following a disability (lasting the longer of 30 days or until the end of the elimination period), residual benefits are payable provided you are:

1. Residually disabled (unable to perform one or more of the substantial and material duties of your occupation or unable to perform them for as much time as is normally required.)
2. Experiencing a 20% or greater loss of prior monthly income, as a result of your disability.
3. Receiving medical care from a duly licensed physician other than yourself.
4. Not being paid Total Disability Benefits under this coverage.

### Residual Formula

Loss of		Monthly Benefit		Residual
<u>Monthly Income</u>	X	for Total	=	Disability
Prior Monthly		Disability		Benefit*
Income		Benefit		

\* During the first six months of residual disability benefits, we will pay the greater of the residual disability benefit or 50% of the monthly benefit for total disability. The combined period for which total and residual disability benefits are payable may not exceed the maximum benefit period and in no event will payment for residual disability benefits continue beyond age 65.

**IMPORTANT:** If your percentage loss of income is greater than 80%, we will deem you to be totally disabled.

## Qualification

Acceptance into the plan is subject to evidence of insurability as determined by the underwriting Company. Depending upon the amount of coverage applied for it may be necessary for you to have a paramedical exam, blood test and urinalysis, all of which can be conducted at your convenience and at no expense to you.

## Exclusions

Your policy does not cover disabilities or losses caused by or contributed to by, or resulting from: War, any act of war, or military service; suicide, attempted suicide, or intentionally self-inflicted injury; active participation in a riot; test or experimental flying, operating or traveling in any aircraft as a student pilot, pilot, officer or other member of the crew, or any aircraft operated by or under the direction of the military; pregnancy commencing prior to or 30 days after the effective date of the policy; service in the armed forces; participation in the commission or attempted commission of a felony; engagement in an illegal occupation; cosmetic or elective surgery. Also, no benefits are payable for any period during which you are incarcerated or under any house arrest.

## Limitations

The maximum benefit period for covered disabilities due to Mental or Emotional Disorders or substance (alcohol and/or drug) abuse is 24 months.

## Billing Procedure

You will be billed semi-annually every April 15 and October 15th of each year. New enrollees and changes in benefits will be prorated to the above dates. Premiums are determined by attained age in each category and renewal premiums change April 15 or October 15 following a change in age.

## How To Apply

Return your completed application. You need not send in your premium now. If your application is approved, a certificate will be sent to you along with a premium notice. Your coverage will begin on the date your application is approved, as long as your premium is paid and you are actively at work. If you are not actively at work on the effective date of your coverage, insurance will not take effect until the first of the month on or following completion of 30 consecutive days of full-time active work.

If you are not satisfied, you can return your certificate within 30 days after you receive it and obtain a full refund of your payment, if any had been paid. If your certificate is returned, it will be considered void, just as if your certificate had not been issued.

## Administered By



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[www.bollingeraffinity.com/picpa](http://www.bollingeraffinity.com/picpa)

## Long Term Disability Insurance

## Disability Insurance Protection for Your Financial Wellbeing



This brochure is for illustration purposes only. For complete terms consult your certificate (Form ADI-4001-CRT A (UIC)) and/or your company representative.



Coverage described in this brochure underwritten by:

**Unimerica Insurance Company**  
Association Administrative Address:  
P.O. Box 17828  
Portland, ME 04112-8828



## Your Occupation Protection

If you are totally disabled and unable to perform the substantial and material duties of your occupation due to a covered accident or sickness, you are eligible to receive benefits.

## Eligible Applicants and Amounts of Insurance

**Members:** under age 60 who are citizens of the United States and who are actively performing the duties of their profession on a full-time basis at least 30 hours per week are eligible to apply for up to 70% of their monthly earnings. The amount of insurance for which a member may apply is:

under age 50 .....up to \$10,000 per month\*  
ages 50-54.....up to \$ 6,000 per month\*  
ages 55-59.....up to \$ 3,000 per month\*

\*Minimum Monthly Coverage: \$500.

If an insured is not receiving claim benefits, any monthly coverage in excess of \$2,200 will be reduced to a maximum of \$2,200 on the premium renewal date on or following the insured's 65th birthday and the premium adjusted accordingly.

**Guaranteed Acceptance:** Evidence of Insurability is not required under the Guarantee Issue Plan:

1. within 90 days of becoming a member of the Policyholder; or
2. within 90 days of establishing your own practice for the first time; or
3. if you are an employee, and you contribute any of the premium, within 90 days of the date of your eligibility; or
4. if you are an employee, and the coverage is paid entirely by your employer, within 90 days of the end of your eligibility waiting period; provided that you are under Age 46 at the time of application.

**Guarantee Issue Plan:** Plan 5/5 with a 90 day Elimination Period and Maximum Monthly Benefit not to exceed \$2,000 per month.

## Termination

This coverage will terminate when you do not pay the renewal premium within the grace period, reach age 70, retire or cease to be actively engaged full time in your profession, or if you cease to be a member of the organization named in the application, if the organization withdraws sponsorship of the program, or sponsors a similar plan.

## Choice of Elimination Periods

The Elimination Period is the number of consecutive days during which you must be disabled before benefits are payable. You can choose from 0/7 days, 30 days, 60 days, 90 days, 180 days, or 365 days.

## Choice of Benefit Periods

This Disability Income program offers a variety of plans from which to choose. Depending on your age, desired benefits and length of coverage, you may choose the benefit plan designed to meet your needs.

## PLAN L-65

### Eligible Applicants and Amounts of Insurance

Members under age 60, may apply for the following maximum benefit amounts:

Under Age 50 ..... up to \$10,000 per month  
Ages 50-54 ..... up to \$ 6,000 per month  
Ages 55-59 ..... up to \$ 3,000 per month

### Accident Benefits Are Payable

- For your lifetime for disabilities which begin before age 60.
- To age 65 for disabilities which begin on or after age 60 and before 63.

For two years for disabilities which begin on or after age 63.

### Sickness Benefits Are Payable

- To age 65 for disabilities which begin before age 63.
- For two years for disabilities which begin on or after age 63.

## Benefits Included With Your Disability Income Policy

- Physician's fees for treatment for non-disabling injuries, to a maximum of one-quarter month's indemnity provided no other indemnity is payable for such injury under the policy.
- Pregnancy treated as any other illness - Pregnancies commencing 30 or more days after the effective date of the policy are covered.
- Benefits are payable regardless of other carriers' insurance. No offsets for social security.
- Total Disability will be presumed if the insured suffers irrecoverable loss of any one of the following:
  - 1) speech or hearing in both ears;
  - 2) the sight of both eyes;
  - 3) the use of both hands, or of both feet, or of one hand and one foot.
- \$1,000 accidental death benefit (Principal Sum). Also pays benefits for accidental loss of limbs, sight, speech and hearing, as scheduled in the certificate.
- Premium payments waived, while the policy is in force, after you receive total disability benefits for six continuous months provided the disability begins prior to age 60. Continues as long as you continue to receive benefits.
- Pays a minimum lump sum amount for specific fractures and dislocations, see certificate.
- Survivor Insurance - If you die while totally disabled and have been so disabled for 12 consecutive months, your beneficiary may receive up to three months of payments.

## PLAN 5-5

### Eligible Applicants and Amounts of Insurance

Members under age 60, may apply for the following maximum benefit amounts:

Under Age 50 ..... up to \$10,000 per month  
Ages 50-54 ..... up to \$ 6,000 per month  
Ages 55-59 ..... up to \$ 3,000 per month

### Accident or Sickness Benefits Are Payable

- For five years for disabilities which begin prior to age 60.
- To age 65 for disabilities which begin on or after age 60 and before 63.
- For two years for disabilities which begin on or after age 63.

## PLAN 5-2

### Eligible Applicants and Amounts of Insurance

Members under age 60 may apply for the following maximum benefit amounts:

Under Age 50 ..... up to \$10,000 per month  
Ages 50-54 ..... up to \$ 6,000 per month  
Ages 55-59 ..... up to \$ 3,000 per month

### Accident Benefits Are Payable

- For five years for disabilities which begin prior to age 60.
- To age 65 for disabilities which begin on or after age 60 and before 63.
- For two years for disabilities which begin on or after age 63.

### Sickness Benefits Are Payable

- For two years for disabilities which begin prior to age 63
- For twelve months or to age 65 for disabilities which begin on or after age 63.

# Semi-Annual Rate Schedule

Premiums Per \$1,000 of Monthly Benefit, applicable when insurance becomes effective and adjusted at attained age on renewal.

## 30 DAY ELIMINATION PERIOD

Attained Age	Plan L/65	Plan L/65 With Residual	Plan 5/5	Plan 5/5 With Residual*	Plan 5/2	Plan 5/2 With Residual*
Under 30	\$ 65.75	\$ 77.25	\$ 50.80	n/a	\$ 37.40	n/a
30-39	87.90	105.10	67.00	n/a	50.15	n/a
40-49	146.95	180.85	120.50	n/a	87.20	n/a
50-59	240.40	295.50	208.70	n/a	154.10	n/a
60-64	247.25	304.25	247.25	n/a	231.15	n/a
65-69	281.65	**	281.65	n/a	281.65	n/a

## 60 DAY ELIMINATION PERIOD

Attained Age	Plan L/65	Plan L/65 With Residual	Plan 5/5	Plan 5/5 With Residual*	Plan 5/2	Plan 5/2 With Residual*
Under 30	\$ 51.15	\$ 61.05	\$ 38.50	n/a	\$ 28.05	n/a
30-39	68.40	85.80	50.75	n/a	37.60	n/a
40-49	114.30	143.30	91.25	n/a	65.40	n/a
50-59	187.00	234.50	158.00	n/a	115.80	n/a
60-64	185.45	232.55	185.45	n/a	173.35	n/a
65-69	211.25	**	211.25	n/a	211.25	n/a

## 90 DAY ELIMINATION PERIOD

Attained Age	Plan L/65	Plan L/65 With Residual	Plan 5/5	Plan 5/5 With Residual*	Plan 5/2	Plan 5/2 With Residual*
Under 30	\$ 41.10	\$ 50.10	\$ 31.22	n/a	\$ 22.00	n/a
30-39	54.95	70.75	41.15	n/a	29.50	n/a
40-49	91.85	118.35	74.00	n/a	51.30	n/a
50-59	150.25	193.55	128.20	n/a	90.85	n/a
60-64	145.45	187.25	145.50	n/a	135.95	n/a
65-69	165.70	**	165.70	n/a	165.70	n/a

\*Not available with 5/2 or 5/5 plan. \*\*Residual option discontinues at age 65.

Monthly benefits in excess of \$2,200 are reduced to \$2,200 upon attainment of age 65 if not disabled.

Elimination Periods of 0/7, 180 and 365 days available, contact administrator for further details.