

# DISABILITY INSURANCE SOLUTIONS

**A Proposal For  
Personal Disability Insurance  
Specifically Designed For**

Sample  
Age 45

**Occupation:**  
Masters, Mates & Pilots

**Proposal Date:**  
01/12/2012



Distributed By:



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**PETERSEN**  
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# DISABILITY INSURANCE

## Sample

Proposed Use of This Insurance: Personal Disability  
Occupation: Masters, Mates & Pilots  
Actual Age: 45  
Term of Insurance: 5 years

**Total Disability** means that due to sickness or injury you cannot engage in your occupation.

Coverage	Benefit	Annual Premium
Monthly Benefit Amount	\$5,000	\$2,231
Elimination Period	90 days	
Benefit Period	60 months	
<b>Optional Riders:</b>		
Residual Disability Rider		\$144
Cost of Living Adjustment Rider		\$144
Total Annual Premium (Including Taxes and Fees):		<b>\$2,519</b>

## **Optional Riders**

**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 the average income for the preceding twelve months at the time of disability. If your loss is greater than 80% this will be considered a 100% loss.

**Cost of Living Adjustment (COLA):** Benefits will annually automatically increase based upon the Consumer Price Index (CPI), but not to exceed 10% per year.

## **Included Features**

**Presumptive Disability:** Benefits will be paid for the maximum Benefit Period even if you are able to return to work 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:** resulting from the same cause or causes are considered a new claim with a new benefit period if you have returned to your regular occupation, full-time, for six months or longer.

**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.

**Survivorship Benefit:** If the insured is receiving benefits for Total Disability at the time of their death, we will pay a survivorship benefit equal to three times the monthly benefit amount.

**Rehabilitation Benefit:** We may help for a rehabilitation program if we are paying benefits under the certificate and if we approve the program in advance.

*This is a brief description of the insurance provided by this plan. The certificate of insurance is the complete description of coverage. This proposal is non-binding and valid for 30 days.*



# DISABILITY INSURANCE

## Policy Features

**True Own Occupation Disability Definition** - "Cannot engage in your occupation."

**Waiver of Premium** takes place after 90 days of being disabled and will continue to be waived for as long as you are disabled, but not beyond the expiry date of the certificate of insurance.

**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.

## 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 crime; 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 or nervous disorders; conditions not disclosed during underwriting; subjective pain or other symptoms unless supported by objective medical findings; pregnancy and pregnancy related conditions; nuclear, biological or chemical exposure as a result of war and terrorism.

## Underwriting Requirements

**Medical:** Application, Paramed Exam, Full Blood Profile, Urinalysis

*This is a brief description of the insurance provided by this plan. The certificate of insurance is the complete description of coverage. This proposal is non-binding and valid for 30 days.*



# DISABILITY INSURANCE

## Sample

Proposed Use of This Insurance: Personal Disability  
Occupation: Masters, Mates & Pilots  
Actual Age: 45  
Term of Insurance: 5 years

## BENEFIT AND PREMIUM SUMMARY

	<u>Level Annual Premium</u>	<u>Level Monthly Premium</u>
Monthly Benefit Amount:	\$5,000	
Elimination Period:	90 days	
Benefit Period:	60 months	
Premium:	\$2,231	\$191.87
Optional Residual Rider:	\$144	\$12.38
Optional COLA Rider:	\$144	\$12.38
<b>Total Premium:</b>	<b>\$2,519</b>	<b>\$216.63</b>

**Single Pay Premium: \$10,076.00 equal to 5 annual premiums with a 20% discount for a savings of \$2,519.00.**

## UNDERWRITING REQUIREMENTS

**Medical Underwriting Requirements:** Application, Paramed Exam, Full Blood Profile, Urinalysis



# DISABILITY INSURANCE

## *A PROPOSAL FOR PERSONAL DISABILITY INSURANCE SPECIFICALLY DESIGNED FOR*

### Sample

Occupation: Masters, Mates & Pilots  
 Actual Age: 45  
 Term of Insurance: 5 years

### ANNUAL PREMIUM

Elimination Periods:		60 Days	90 Days	180 Days	365 Days	
Benefit Period: 60 Months	Base Premium:	\$2,466.00	\$2,231.00	\$2,148.00	\$1,943.00	
	Residual:	\$167.00	\$144.00	\$135.00	\$115.00	
	COLA:	\$167.00	\$144.00	\$135.00	\$115.00	
	TOTAL:	\$2,800.00	\$2,519.00	\$2,418.00	\$2,173.00	
Benefit Period: 48 Months	Base Premium:	\$2,228.00	\$1,945.00	\$1,711.00	\$1,574.00	
	Residual:	\$143.00	\$115.00	\$92.00	\$78.00	
	COLA:	\$143.00	\$115.00	\$92.00	\$78.00	
	TOTAL:	\$2,514.00	\$2,175.00	\$1,895.00	\$1,730.00	
Benefit Period: 36 Months	Base Premium:	\$2,015.00	\$1,810.00	\$1,633.00	\$1,508.00	
	Residual:	\$122.00	\$101.00	\$84.00	\$71.00	
	COLA:	\$122.00	\$101.00	\$84.00	\$71.00	
	TOTAL:	\$2,259.00	\$2,012.00	\$1,801.00	\$1,650.00	
Benefit Period: 24 Months	Base Premium:	\$1,910.00	\$1,739.00	\$1,609.00	\$1,488.00	
	Residual:	\$111.00	\$94.00	\$81.00	\$69.00	
	COLA:	\$111.00	\$94.00	\$81.00	\$69.00	
	TOTAL:	\$2,132.00	\$1,927.00	\$1,771.00	\$1,626.00	
Benefit Period: 12 Months	Base Premium:	\$1,656.00	\$1,524.00	\$1,328.00	\$1,249.00	
	Residual:	\$86.00	\$73.00	\$53.00	\$45.00	
		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL:	\$1,742.00	\$1,597.00	\$1,381.00	\$1,294.00	

Any endorsement or exclusions noted on original proposal will apply to the above alternative choices as well. This is a proposal for disability insurance only. Rates and terms may change after underwriting.



# DISABILITY INSURANCE

## A PROPOSAL FOR PERSONAL DISABILITY INSURANCE SPECIFICALLY DESIGNED FOR

### Sample

Occupation: Masters, Mates & Pilots  
 Actual Age: 45  
 Term of Insurance: 5 years

### MONTHLY PREMIUM

Elimination Periods:		60 Days	90 Days	180 Days	365 Days	
Benefit Period: 60 Months	Base Premium:	\$212.08	\$191.87	\$184.73	\$167.10	
	Residual:	\$14.36	\$12.38	\$11.61	\$9.89	
	COLA:	\$14.36	\$12.38	\$11.61	\$9.89	
	TOTAL:	\$240.80	\$216.63	\$207.95	\$186.88	
Benefit Period: 48 Months	Base Premium:	\$191.61	\$167.27	\$147.15	\$135.36	
	Residual:	\$12.30	\$9.89	\$7.91	\$6.71	
	COLA:	\$12.30	\$9.89	\$7.91	\$6.71	
	TOTAL:	\$216.20	\$187.05	\$162.97	\$148.78	
Benefit Period: 36 Months	Base Premium:	\$173.29	\$155.66	\$140.44	\$129.69	
	Residual:	\$10.49	\$8.69	\$7.22	\$6.11	
	COLA:	\$10.49	\$8.69	\$7.22	\$6.11	
	TOTAL:	\$194.27	\$173.03	\$154.89	\$141.90	
Benefit Period: 24 Months	Base Premium:	\$164.26	\$149.55	\$138.37	\$127.97	
	Residual:	\$9.55	\$8.08	\$6.97	\$5.93	
	COLA:	\$9.55	\$8.08	\$6.97	\$5.93	
	TOTAL:	\$183.35	\$165.72	\$152.31	\$139.84	
Benefit Period: 12 Months	Base Premium:	\$142.42	\$131.06	\$114.21	\$107.41	
	Residual:	\$7.40	\$6.28	\$4.56	\$3.87	
		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL:	\$149.81	\$137.34	\$118.77	\$111.28	

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