

# GRADED BENEFIT DISABILITY INCOME PROTECTION

## EXECUTIVE PLATINUM

### QUICK REFERENCE GUIDE



#### Executive Platinum - Graded DI Product for applicants with medical impairments

<b>Issue Ages</b>	18-63 age last birthday
<b>Maximum Benefit</b>	\$15,000 per Month
<b>Minimum Benefit</b>	\$500 per Month
<b>Rates</b>	Unisex Level No Occupational Classes
<b>Benefit Period</b>	5 years
<b>Elimination Period</b>	60, 90, 120, 180, or 365 Days
<b>Renewability</b>	Conditionally
<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>Graded Benefit</b>	For disabilities commencing during: 1 <sup>st</sup> Policy Year - 33% 2nd Policy Year - 66% Thereafter - 100%
<b>Definition of Total Disability</b>	<b>Own Occupation</b> - during the first 24 months of disability following the satisfaction of the elimination period, <b>Any Occupation</b> for which the Insured is reasonably qualified – thereafter
<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>	Available as a rider
<b>Surviving Spouse Benefit</b>	One-time benefit amount equal to 2 times the last full monthly benefit amount paid.
<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
<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
<b>5-Year Own Occupation Rider</b>	Extends period of own occupation from 2 years to 5 years
<b>Partial Disability Benefit Rider</b>	50% of the monthly benefit; Monthly benefits are limited to 6 months
<b>Home Health Care Benefit Rider</b>	\$50 - \$100 per day for home health care services up to 2 year
<b>Hospital Indemnity Benefit Rider</b>	\$25 - 100 per day up to 365 Days

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**Risk** *insurance and reinsurance solutions*

1-866-747-5434

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*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 Group DI-139C & DI-139D / 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.