

# GRADED BENEFIT DISABILITY INCOME PROTECTION

## PLATINUM eZ-Select

### QUICK REFERENCE GUIDE



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% 2nd 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 \$20,000 or more per year earnings

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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.