Paycheck Power® Series Disability Income Insurance

Agent Guide

ILLINOIS MUTUAL®

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Welcome

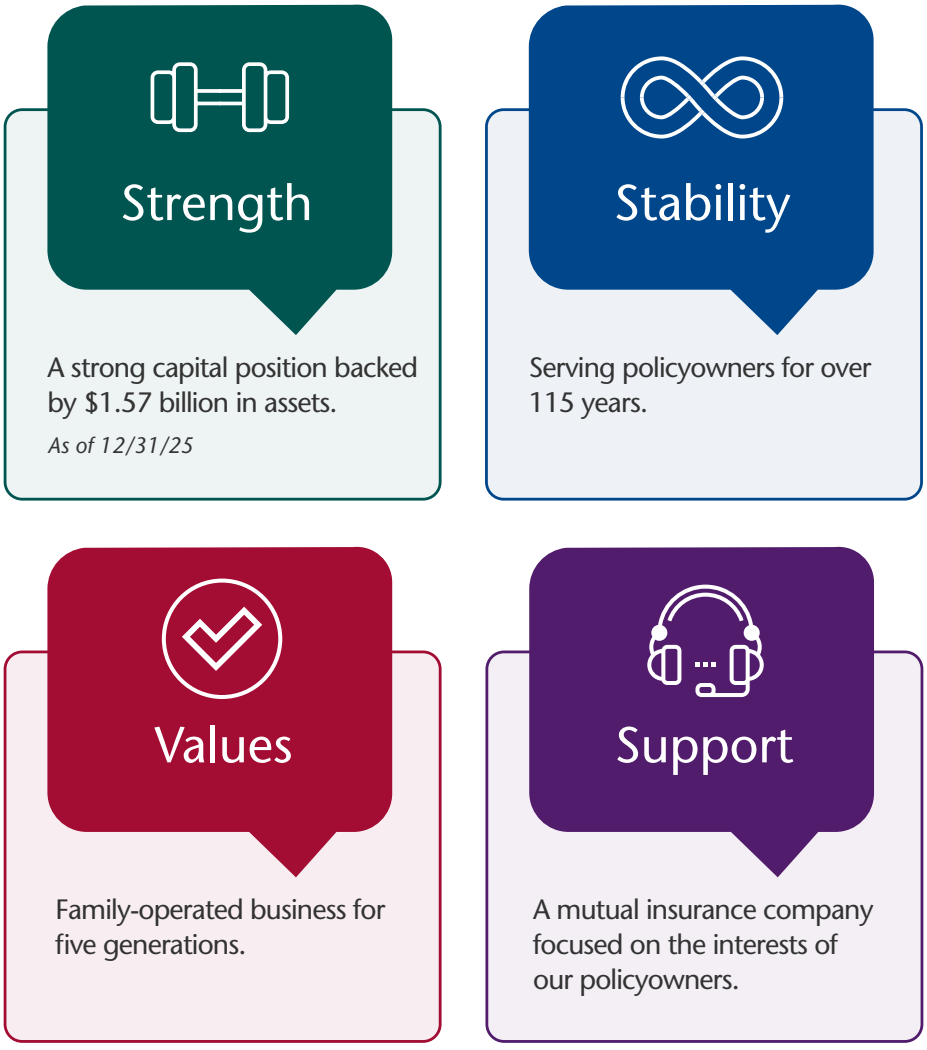
Thank you for choosing Illinois Mutual as your disability income insurance (DI) carrier. As a service-driven business, Illinois Mutual can be essential to your long-term success.

For more than 115 years, we have focused on delivering the best personal service to our policyowners and our agents with respect and integrity. Illinois Mutual helps people achieve and safeguard their financial security by providing competitive life insurance, disability income insurance and worksite insurance solutions.

Illinois Mutual Delivers

Illinois Mutual focuses on financial strength because we know its importance to our customer commitments. We strive to assure our products are competitive, our technology is continuously being enhanced and online resources are available through our Agent Portal and customer website. Our goal is to understand our agents better and position you for success with the best collaborative service experience we can deliver.

See what our agents are saying about Illinois Mutual at ***www.IllinoisMutual/AnnualReport.com***.



Agent Contracting and Commissions

Illinois Mutual sells DI in all states except AK, CA, DC, HI, NM and NY. DI applications taken in states other than those listed below are not accepted. DI applications from someone whose resident state is AK, CA, DC, HI, NM or NY also are not accepted. You must be properly licensed in all states where you sell, solicit or negotiate insurance.

Appointment Guide

State requirements are subject to change. Please contact our Agent Contracting and Commissions team at (800) 437-7355, ext. 748 to verify current licensing requirements for the state in which you are submitting business.

Concurrent Appointment States: In the following states, agents can be appointed after submitting the first application:

Alabama**	Maine**	Oklahoma**
Arizona	Maryland	Oregon
Arkansas**	Massachusetts**	Rhode Island
Colorado	Michigan**	South Carolina**
Connecticut**	Minnesota**	South Dakota**
Delaware**	Mississippi**	Tennessee**
Florida***	Missouri	Texas^
Georgia**	Montana**	Utah**
Idaho**	Nebraska**	Vermont**
Illinois	Nevada**	Virginia^
Indiana	New Hampshire**	Washington**
Iowa^	New Jersey**	West Virginia**
Kansas^	North Carolina**	Wisconsin**
Kentucky**	North Dakota^	Wyoming**
Louisiana**	Ohio^	

Pre-Appointment States: In the following states, agents must be appointed prior to submitting an application:

Pennsylvania^^

All agents must be licensed in the application state at the time of writing an application. The agent application to Illinois Mutual can be on file in the Home Office or can accompany the application (except in pre-appointment states).

Note: Some states have time limits within which Illinois Mutual must appoint agents. These time limits start on the date the first policy application is submitted to the Home Office. Policy applications will be declined if we do not receive your agent application in sufficient time to process your appointment within the time limit. Time limits are as follows (refer to state charts at left):

** 15-day states. These states require Illinois Mutual to appoint within 15 days of receipt of first application.

^ 30-day states. These states require Illinois Mutual to appoint within 30 days of receipt of first application.

*** 45-day states. These states require Illinois Mutual to appoint within 45 days of receipt of first application.

^^ Agent can write on the day Illinois Mutual processes the appointment (minimum three working days from the date agent's paperwork is received in the Home Office).

Agent Responsibility and Limit of Authority

Code of Ethics and Business Conduct

You must act with integrity and utmost good faith in the solicitation, sale and distribution of Illinois Mutual products, in all customer relationships, and in dealing with Illinois Mutual. At Illinois Mutual, our corporate culture is rich in a tradition of leadership, respect, integrity, teamwork and accountability that reaches back more than 115 years.

We align our business practices with our Core Values to foster a commitment to ethical and compliant business practices. In turn, we expect you, as our agent, to do not only what is legal but also what is right when dealing with applicants, customers, and the Company.

Our Values

Be honest,
reliable & respectful

Work together
to create results

Think of
others first

Stand out with personal,
caring service

Below are a few tips to help you continue to uphold a high level of integrity and ethics in your daily work:

- Be familiar with applicable statutes and regulations. If you are licensed in more than one state, remember that different states sometimes have different legal requirements.
- You must remain current with your state's continuing education requirements.
- Illinois Mutual strongly encourages you to obtain Errors and Omissions insurance.
- Put your clients' needs first. Always explain how a product works before you make the sale, and recognize that some products are not a good fit for all clients. Take time to answer any questions your clients may have. Familiarize yourself with our disability income insurance products.
- Do not promise things you cannot deliver – e.g., a specific underwriting outcome, or a definitive timetable for processing claims that have not yet been approved.
- Respect your clients' privacy. Unless your client authorizes you to do so, don't use an existing client's name to advertise your services to a potential new client.
- In the event you become aware that another individual has violated the rules and regulations governing the conduct of Illinois Mutual's business, the violation should be promptly reported to our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447.

Ethically transitioning from another insurer

We recognize that the insurer with which you were formerly associated may have obligated you contractually regarding your activities after termination of your contract. It is important to you and to us that you fully comply with these post-termination obligations. Should you have any questions regarding provisions in your contract with the former insurer, we recommend that you seek the legal advice from your own counsel as we cannot provide legal advice to you. Compliance with the prior insurer's contract remains solely your responsibility, not Illinois Mutual's.

Replacements. The wholesale replacement of your prior insurer's business with Illinois Mutual, or Illinois Mutual's business with another insurer, is prohibited by Illinois Mutual. We strive to act in the best interests of our policyowners by assuring products meet their needs and we expect our agents to act similarly.

We appreciate your attention to these standards. We want to be sure that our relationship is productive and financially beneficial to you and your customers.

Doing business with Illinois Mutual

Your agent's contract provides you shall observe the instructions set forth in this guide and any additional instructions provided. Prior to appointment, you must submit an Illinois Mutual Agent's Application and Form SD-274, Notification/Release of Information, along with a copy of the resident state license and any non-resident state license in which you intend to conduct business.

- Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
- Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
- Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
- In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.

Privacy

Protecting the privacy of customers is not only the law, but also an important aspect of providing excellent customer service. Federal and state laws require you, and Illinois Mutual, to safeguard customer non-public personal information (NPI) collected in the process of selling insurance products. NPI can include information such as name, gender, age, Social Security number, bank account number, or other health or financial information. Illinois Mutual has a Customer Privacy Notice that you can access through the Agent Portal, and you have agreed in your agent's contract that you will use the information you receive from customers applying for insurance only for the purpose of qualifying the person for insurance or servicing the policy.

Illinois Mutual provides customers with a privacy notice at the time of application, and then annually to policyowners thereafter, as required by law. As an independent agent, you may have an obligation to provide your own privacy notice to customers depending on how your business is conducted. You are responsible for complying with federal and state laws and regulations with respect to the information you gather.

Other than as permitted by law, you may not disclose NPI you receive from Illinois Mutual to any person without prior written consent from Illinois Mutual.

Information Security

As an agent of Illinois Mutual, you are required to safeguard NPI. While this includes only using such information as allowed by applicable laws and regulations, it also includes ensuring a secure environment in which NPI from Illinois Mutual is properly stored, handled, and disposed. Your office security should be designed to reasonably protect NPI from unauthorized access or disclosure and to preserve the integrity of such information.

At a minimum, you should consider the following guidelines in developing your own information security policy for your business:

- Keep your computer secured in your office if you are away for any extended period of time, and lock your computer or laptop screen every time you step away.
- Keep all paperwork containing NPI in locked filing cabinets. Be sure that your office building and individual offices and file rooms are sufficiently secured with locking doors.
- Use a strong password that contains at least eight characters with both upper and lower cases, at least one number, and at least one specialized symbol with any and all devices, including your smart phone or tablet.
- Do not share your passwords or write them down on paper attached to your computer or other device.
- Use anti-virus protection on any device you use with access to NPI or that you use to conduct business for Illinois Mutual. Also, install appropriate firewalls and ensure a secure network for both direct and wireless connections.
- Unsecured connections, for example hot spots at public locations, should not be used when accessing NPI unless you are using a secured VPN.
- Any emails that are sent with NPI must be encrypted.
- If you wish to dispose of physical documents that contain NPI, you must use a destruction method that protects the information from access by unauthorized persons, such as shredding.

If you become aware of any compromise of the security of NPI you have received from Illinois Mutual, you must immediately contact our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447 to report the incident.

Complaints

Illinois Mutual believes that timely and proper identification and handling of customer complaints serves several purposes: delivering high quality customer service; proactively identifying market conduct issues; and preventing a potentially serious and costly liability with early resolution. A copy of our Complaint Handling Policy can be found on the Agent Portal.

What is a complaint?

We define a complaint as a written or oral communication primarily expressing a grievance involving Illinois Mutual and our products, services, practices or agents. Distinguishing grievances from mere inquiries can be difficult. Use your best judgment and whenever in doubt, treat it as a complaint.

Here are some guide points:

- What is the tone and volume of the caller? Use your best judgment to distinguish disappointment versus a grievance.
- Is this a repetitive issue? If so, it is a complaint.
- Is the caller threatening legal action or going to a governmental agency? If so, it is a complaint. Never discourage a caller from going to a government agency or seeking legal counsel.
- Does the proposed resolution require special handling? If so, it is a complaint.

Who can file a complaint?

Complaints can originate from various sources—your clients, their families or friends, beneficiaries, other agents and regulatory agencies. Notwithstanding the source of the complaint, Illinois Mutual requires the complaint to be forwarded immediately to our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447.

How should regulatory complaints be handled?

If you receive a regulatory complaint regarding Illinois Mutual, its products or services, or its policyowners or others with an interest in Illinois Mutual, you should immediately notify Illinois Mutual by sending a copy of the complaint and any explanatory material to our Compliance Department. If the regulatory inquiry prohibits you from contacting us, do not contact us but follow the directions of the regulatory agency. If the regulatory complaint is silent, send it to us immediately.

How should non-regulatory (verbal or written) complaints be handled?

It is important to be alert for verbal complaints, as often dissatisfied customers do not want to take time to write a formal complaint. Verbal complaints are more difficult to identify but should be treated the same as written complaints. As an insurance licensee, you and Illinois Mutual are required by law to identify non-regulatory complaints. Illinois Mutual interprets this requirement to include treating verbal complaints the same as a written complaint.

For verbal complaints, you may relay the information to Illinois Mutual or have the complainant contact our Compliance Department or call our confidential toll-free hotline: (800) 437-7355, ext. 447. If you have identified a verbal complaint, send a written summary of the complaint with any explanatory materials to our Compliance Department.

For written complaints, send the written complaint and any explanatory materials to:

ATTN: Compliance Department
300 SW Adams Street
Peoria, IL 61634
LegalContact@IllinoisMutual.com

What are explanatory materials?

Explanatory materials include the complaint (if written) or your summary if verbal; any policy forms; any illustrations or sales material used by you or anyone working on your behalf; notes of meetings/calls; any written communications regarding the complainant or the matter complained of; any hierarchy materials regarding the complaint; and any other materials you believe are relevant.

What are your responsibilities in handling complaints?

During investigations of complaints, we usually contact you as the agent to provide information, documents, including any notes, and a written statement. We expect our agents to respond accurately, timely and fully to our inquiries. Late responses can result in administrative penalties. Failure to respond to our request for a statement is a serious matter that will result in the review of your status with Illinois Mutual. This is your opportunity to give us your side of the story and to service your customer in a quality manner. Therefore, it is very important for you to respond to us with a complete statement within the time period requested.

Important: You and anyone working on your behalf or in your hierarchy should NEVER discuss or settle a complaint with a customer without prior written consent from Illinois Mutual.

How are complaints resolved?

Complaints may be resolved in a number of ways. No matter the resolution, Illinois Mutual has the unilateral right to determine in its sole discretion how to best resolve the complaint. At no time are you authorized to initiate or discuss settlement or resolution of a complaint with your customer or any regulatory agency. Occasionally the resolution of a complaint may result in a chargeback of commission. If this occurs, we will notify you and adjust any debit balances.

Fraud or Suspected Fraud

Insurance fraud is costly to the insurance industry, which in turn leads to higher costs for consumers. We want to keep our products affordable for your clients and potential clients – and one way you, our valued agent, can help Illinois Mutual achieve that goal is by helping Illinois Mutual combat fraud.

Illinois Mutual's Anti-Fraud Plan is available on our Agent Portal. Agents have an affirmative duty to report any known or suspected fraudulent or suspicious activities, which include, but are not limited to, any activity that constitutes fraud or deceit, misappropriation of funds or personal property, forgery, embezzlement, or unauthorized alteration of documents. Illinois Mutual has established a confidential toll-free hotline where you may report suspected wrongdoing: (800) 437-7355, ext. 447.

Illinois Mutual will cooperate fully, and expects its agents to cooperate fully, with law enforcement and regulatory agencies in the investigation and reporting of fraud or suspected fraud. Illinois Mutual also expects its agents to cooperate fully in any internal fraud investigations by Illinois Mutual's Special Investigative Unit.

Here are a few tips to help you avoid allegations of fraud:

- Make sure your clients answer application questions accurately. This includes accurately recording the client's statements or representations with respect to the insurance application. A material misrepresentation in the application can void the policy and may result in loss of coverage and commission chargebacks. If you think an applicant may have provided an incorrect or incomplete answer, please clarify with your client. If a mistake is made on the application, place a line through the mistake and have the applicant date and initial above the strike-through. If you still think there is an inaccuracy, relay your concerns to our Underwriting Department.
- Make sure your clients understand the key benefits and features of the products you are recommending. Insurance products can be confusing, especially if your client has not purchased the coverage previously.
- Inform our Claims Department if you suspect a policyowner has not truthfully reported an incident or condition in an attempt to be paid for a loss that is not covered by his or her policy.

Remember, in many states, any person who knowingly engages in insurance fraud, or has knowledge or reasonable belief that a fraudulent insurance act is being committed, may face criminal penalties.

Recordkeeping

An accurate, contemporaneous, and complete client record is the best way to document the care and time you took with your clients to determine the best products for them. Carefully maintained files and records are your best protection against wrongful complaints that may not occur until well into the future. Additionally, Illinois Mutual requires you to maintain and make available on request to Illinois Mutual your client records related to the sale and purchase of Illinois Mutual products.

You should keep in your records for each client:

- Original sales proposals;
- A copy of any needs analysis completed during the solicitation;
- A copy of any sales materials and advertisements used during the sales process;
- Any written correspondence to or from the applicants/contract owners regarding the solicitation, issuance of the contract or subsequent service of the contract;
- Documentation of phone calls to or from the applicants/contract owners addressing the above issues; and
- Notes from meetings with the applicants/contract owners.

We recommend that you keep your records for at least seven years after the policy is no longer in force, but many states have laws and regulations regarding document retention. You will need to comply with the laws and regulations in the states in which you are licensed with respect to retaining your client records.

Sales Policies and Practices

Advertising/Sales Promotion Material Compliance

Illinois Mutual has developed a robust package of advertising materials to assist you in selling our products. Many of our materials may be customized, or you may use our shelf materials (see the Illinois Mutual Agent Portal). Below is important information regarding compliance in advertising.

Trademarks and Service Marks

Illinois Mutual is the owner of all common law and statutory trademark rights associated with products provided by Illinois Mutual. Agents may use the trademarks only for the purpose of promoting, advertising and selling the products or services of Illinois Mutual as authorized or permitted by Illinois Mutual. An agent will acquire no ownership rights in Illinois Mutual's marks. All consumer advertising and Agent Use Only recruiting material or sales literature created by you which either (i) reference Illinois Mutual or Illinois Mutual products or (ii) use Illinois Mutual trademarks must be submitted for advertising review and approval PRIOR TO USE. Agents are prohibited from registering trademarks, domain names and trade names that consist of or contain any of Illinois Mutual's trademarks or imitation of any such trademark. Further information regarding Illinois Mutual's brand standards and guidelines is available through our Marketing, Communication and Research (MCR) Department.

Additionally, we take care to assure that all advertising materials, including those developed by you, our agents, comply with the National Association of Insurance Commissioners' model laws governing insurance advertising. It is your responsibility as our licensed insurance agent to be familiar with Illinois Mutual's advertising procedures and policies.

Your Responsibilities:

- **Advertising Files.** As a best practice, we recommend you keep a record of which sales materials, whether our shelf materials or your approved and customized materials, that you used with each of your clients. (See section on Recordkeeping on page 11).
- **Customized (Agent-Developed) Advertising.** You may develop customized sales materials about Illinois Mutual products so long as you obtain our approval before using them. For any of your customized sales materials, the insurance advertising rules require you to maintain a separate file of these materials.

What is advertising?

- Printed & published material
- Telemarketing scripts
- Circulars, leaflets, booklets
- Form letters
- Prepared sales talks & presentations
- Radio & television scripts
- Seminar/symposium presentations
- Business cards
- Lead generating & prospecting materials
- Invitations to seminars
- Audio-visual material
- Descriptive literature & sales aids
- Webpages, Internet & social media publications
- Sales illustrations & quotes
- Newspapers, magazines, billboard ads
- Voice mail & mobile applications
- Materials to recruit agents
- LinkedIn, Facebook & other listings
- Mailers promoting you or insurance

What is not advertising?

Advertising does not include communications to the public, policyowners or customers that are not designed to promote the purchase, increase, modification, reinstatement or retention of a policy. If your individual communications with current clients are not one of the above, then the communication is not advertising. For example, a letter or email regarding an underwriting requirement for a current application or regarding new ways to pay premium for an existing policy is not advertising.

Agent-developed advertising

Under state laws governing insurance advertising, insurance companies are responsible for the content, form and distribution of advertising, no matter who develops the advertising. Therefore, Illinois Mutual has established a review process for agent-developed advertising. Use of unapproved advertising may result in termination of your agent agreement with us. In addition, some violations could result in regulatory sanctions.

What is the process for approval of agent-developed advertising?

Review the information below when submitting your personally developed advertising:

What must be submitted?

As a general rule, prior to use, any sales material not originating from Illinois Mutual that promotes Illinois Mutual or our products and services, or that uses our logo, must be submitted in writing to our Marketing, Communication and Research (MCR) Department for approval. General advertising not referencing Illinois Mutual or its products does not need to be submitted. If you are uncertain whether something must be submitted, please contact MCR for guidance.

How is advertising submitted?

Proposed advertisements must be submitted to Illinois Mutual by email to ***AgentMarketing@IllinoisMutual.com***, by fax to the Marketing Department at (309) 674-7355 or by mail addressed to:

Illinois Mutual Life Insurance Company
ATTN: Marketing Department
300 SW Adams Street
Peoria, IL 61634.

The submission must include the following information:

- Agent/contact name
- Agency/marketing organization
- Name of publication/medium
- States where advertisement will appear
- Quantity of distribution
- Audience type
- Telephone number
- Proposed date of distribution
- Proposed final approval deadline

How long does it take for advertising to be approved?

We recognize that time is often of the essence, and we will strive to meet your deadlines. Generally, a review should be completed within five business days, but if revisions are necessary, the process may take longer. Illinois Mutual may require the use of disclaimers on the pieces you develop.

How long is the approval valid?

Approved advertising may be used for a period of two years, unless we notify you otherwise.

Do's & Don'ts of Agent-Developed Advertising

To help you with creating your own advertising, here are some do's and don'ts. These guide points also apply to your solicitation and sales presentations.

Do:

- Be truthful and not misleading in fact or in implication. Look at your sales presentations from the viewpoint of your average client.
- Describe the product by the type of insurance, e.g., whole life insurance, term life insurance, disability income.
- If the advertisement references an Illinois Mutual product, name Illinois Mutual by its entire name, i.e., "Illinois Mutual Life Insurance Company," at least once in each piece.
- Use only clear and unambiguous words, phrases and illustrations.
- Accurately and prominently describe not only key features but also exclusions and limitations.
- Disclose costs and describe premiums accurately, e.g., if they are level, increase each year or are step-rated. If step-rated, disclose how the steps work.
- If using statistics, cite the source and use the most recent available statistics.

Don't:

- Create undue fear or anxiety by emphasizing negative statistics with statements such as "cancer kills someone every two minutes" or references to a "total number of accidents" without stating the total population from which the statistics are drawn.
- Exaggerate policy advantages, e.g., by describing the free-look period as a "money-back guarantee."
- Design or use any name, service mark, slogan, symbol or device in a manner that implies that you, Illinois Mutual, or our policies are connected with a government agency, such as the Social Security Administration or the Department of Health and Human Services.
- Use any testimonial. Illinois Mutual prohibits the use of testimonials in agent-developed advertising.
- Disparage other insurers or other agents.
- Use comparisons of products, services or other insurers.
- Imply that your clients are specially selected or are guaranteed coverage with you or by Illinois Mutual unless true.
- Use the existence of the guaranty fund in your state as an inducement to purchase.
- Imply membership in a group by using "certificate" or similar word when the policy is an individual coverage.

Prohibited Terms

Advertising using the following terms will not be approved:

- Investment or investment plan
- Deposit
- Profit, profits, profit sharing, private pension plan, retirement plan, interest plan, savings, savings plan
- Premium described as low, low cost, or budget, or statements that coverage is “free”
- “New,” “unique,” “a bonus,” “a breakthrough,” “extra,” “special” or “added” or any term implying a policy’s benefits or the policy itself is unusual
- “Financial disaster,” “financial distress,” “financial shock”
- “Here is all you do to apply,” or words such as “simply” or “merely” to describe the application process unless guaranteed issue
- “Only,” “just,” “merely,” “minimum,” “necessary” or similar words or phrases to describe the applicability of any exceptions, reductions, limitations or exclusions
- For senior citizens, phrases that unduly excite fear of dependence upon relatives or charity or any phrases that imply that long sicknesses or hospital stays are common among the elderly
- “Low cost,” “competitive,” or similar words

Advertising Disclaimers

Illinois Mutual uses disclaimers to clarify for its customers the availability of products, product taxation, and other matters as required. Here are some guide points for your advertising. Remember, you can always contact our Marketing, Communications and Research (MCR) Department for assistance with disclaimers.

Product Taxation

Illinois Mutual does not give tax advice and recommends that its customers seek advice from their tax advisors or attorneys. We urge our agents to follow this practice in the sale of Illinois Mutual products. If your material references tax benefits or disadvantages, it should include the following disclaimer: “Illinois Mutual, its agents and representatives may not give legal or tax advice. An accountant or attorney should be consulted regarding individual circumstances.”

Social Media

Social media is a valuable tool in today’s world for the solicitation of insurance and promotion of your business. Use of a social media site to solicit or induce a person to purchase or inquire about a life insurance, annuity or accident and health insurance product is advertising and must follow the advertising rules. If you would like assistance with using social media for advertising, contact the MCR Department.

CAN-SPAM: Using Email as a Sales Tool

Email can be a great marketing tool – but you should be aware that you can face stiff penalties if your messages promoting products or services do not comply with laws governing electronic communications, such as the federal CAN-SPAM Act. Unwanted or unsolicited emails have been the subject of litigation and regulatory investigations.

Here are a few guide points:

- Your email address must clearly identify you or your business as the sender.
- Make sure the email's subject line is not misleading.
- Identify the message as an advertisement if recipients have not "opted in" to your distribution list.
- Tell your clients how to unsubscribe from future emails.
- Include a valid postal address so recipients know where you are located.

As a reminder, do not forward the emails you receive as a member of Illinois Mutual's valued agent force to your clients – these pieces are not intended for distribution to the general public. In addition, please remember that your marketing emails, like any sales material not originating from the Company, must be submitted in writing to our Marketing, Communications and Research (MCR) Department for approval prior to publication and distribution.

Do Not Call Lists/Telemarketing (Telephone Consumer Protection Act or "TCPA")

The Telephone Consumer Protection Act (TCPA) regulates telemarketing. Telemarketing is defined as "the initiation of a telephone call or message for the purpose of encouraging the purchase or rental of, or investment in, property, goods, or services, which is transmitted to any person." The TCPA applies to both voice and text messages made to residential landlines and cell phones. The Federal Communications Commission has established a national Do Not Call Registry to protect consumers from unsolicited telemarketing on their landlines or cell phones. Calling or texting a number that is on the Do Not Call Registry is a violation of the TCPA. The TCPA also prohibits auto-dialed calls, texts and pre-recorded voice calls unless the prior written consent of the called party is received. Many states also have laws restricting cold calling and telemarketing. You are responsible for knowing Federal Communications Commission, Federal Trade Commission and state telemarketing rules, which can be found on their websites.

Here are some basic guide points:

- Check the Do Not Call registry to be sure that your prospect is not on the list. It is a best practice not to send unsolicited sales texts or make unsolicited calls.
- If someone asks you not to contact him or her, do not make any further contacts on behalf of yourself or Illinois Mutual and be sure to note that this person is not to be called. If a complaint is received or you are investigated, a record of your compliance is essential.
- Compare and update your telemarketing lists with state and federal lists at least once every 31 days.
- Observe time restrictions, i.e., no calls before 8 a.m. or after 7 p.m.

Client and Agent Signatures

Illinois Mutual requires you to obtain the appropriate signatures whenever you make a sale. The applications, forms, and other documents that you present to the applicant are essential to underwriting, complying with various laws and regulations, and establishing a relationship with the applicant. The completeness and accuracy of these documents is of paramount importance, and obtaining applicant signatures to signify that the applicant has reviewed and approved of the information on those documents is key to the insurance process.

You may not sign another person's name on any form, even if the other person has granted written or verbal permission to do so. In addition, you may not ask or require an applicant, policyowner, or insured to sign a blank or incomplete application or other form(s). Dates from an application or other forms may not be omitted and then later be pre-dated or post-dated. Additionally, you may not sign the application if you did not personally sell the contract. For web-based applications, if all parties agree to the content and terms of the application, the e-signature process complies with the signature requirements for paper forms.

We will accept forms signed pursuant to a valid power of attorney, letters of guardianship or conservatorship. Illinois Mutual must receive and approve of any such powers of attorney, or letters of guardianship or conservatorship before they will be honored.

Cross-State Sales

A cross-state sale occurs when an agent submits an application for an applicant who resides outside of the application state. As a general rule, Illinois Mutual will accept a cross-state sale application when there is sufficient connection to the application state. Examples include second residence or worksite.

What are the requirements for a cross-state sale?

If you take an application in a state other than where the applicant is a resident, Illinois Mutual requires you to:

- Be licensed to sell the product in the state in which the sale occurs.
- Be appointed with Illinois Mutual to do business in that state.
- Advertise a product only in a state where it is approved, using sales materials and illustrations approved for use in the non-residence state.

Illinois Mutual will not accept a cross-state sale DI application if the applicant's residence state is AK, CA, DC, HI, MA, MN, NM, NY, UT, or WA.

For cross-state sales, the sale will be governed by the state where the solicitation occurs.

Reporting adverse underwriting information before delivery

What if you become aware of adverse changes to a client's health information or financial situation after the application is submitted, but before the policy is delivered?

If there are any adverse changes to the information provided in the application during the underwriting process and up to and including the date the policy is placed in force, meaning that all premium and all necessary requirements are received to put the policy into effect, you must inform Illinois Mutual immediately of this additional information. Such changes include, but are not limited to, changes in health and financial situation. For example, if you, before delivery of the policy, learn that the proposed insured has suffered a heart attack, you must inform the Illinois Mutual underwriter immediately. You also must not deliver the policy before Illinois Mutual has had the opportunity to consider the new adverse information in its underwriting process. Illinois Mutual will let you know if you may follow through with delivery of the policy.

Why is notifying Illinois Mutual of changes important?

While Illinois Mutual completes its underwriting process and makes its decision of whether or not to accept the proposed insured's application and risk, the proposed insured must make a full and complete disclosure to Illinois Mutual of any additional facts that make any portion of the previously submitted application incorrect. If you are aware of any new adverse information and fail to present the new adverse information to Illinois Mutual, or if you were in a position to know about the new adverse information, and the adverse information would have resulted in a different underwriting decision, your agency with Illinois Mutual could be terminated for cause.

Unfair Trade Practices

Illinois Mutual wants your clients to understand our product information and have a clear understanding of the features, benefits and limitations of the Illinois Mutual products being sold. Fair competition requires you to fully disclose information about contract benefits and values, to ensure any comparisons between Illinois Mutual products and any other insurers' products are complete and balanced, and to not disparage or defame any insurer, its products, or another agent in the course of selling Illinois Mutual products.

Illinois Mutual is committed to fair competition and expects the same from you as a valued agent.

You may not:

- Make any misrepresentation concerning the benefits, advantages, conditions or terms of any Illinois Mutual policy;
- Provide false information or fail to provide full disclosure of all requested information on an application for Illinois Mutual products;
- Use false or misleading information to induce the purchase, lapse, forfeiture, exchange, conversion or surrender of any Illinois Mutual policy. This is commonly referred to as "twisting";
- Make any misrepresentation as to an insurer's financial strength or position.

Other Prohibited Practices

Rebates

Illinois Mutual does not permit rebating.

What is a rebate?

A rebate is defined as offering anything of value to a customer which is not stated in the insurance policy and is intended to induce the purchase of the policy.

Rebates include:

- An offer to pay or return premiums to the customer
- Returning premium based on the persistency of the policy, e.g., refunding part of the premium after two years
- Giving the customer all or part of your or another agent's commissions or bonuses
- Offering anything else of value as an incentive to purchase or retain the policy. Nominal gifts (also called advertising incentives or promotional items) are permitted in some states if offered to all of your customers notwithstanding whether they purchase insurance from you or someone working on your behalf. Examples are office trinkets, calendars with your agency name, etc. You are responsible for determining if your state permits such gifts and the dollar value of "nominal" in your state.

What are your responsibilities?

It is your responsibility to know the anti-rebating laws in your state and to be careful to comply with anti-rebating prohibitions. If you are unsure whether it is a rebate, ask yourself:

- Is the item of more than nominal value being provided to an insured or prospective insured outside the provisions of the insurance contract?
- Is the item of more than nominal value being provided to an insured or prospective insured intended to induce the purchase of an insurance contract?

If the answer to either of these questions is "yes," it is a rebate, Illinois Mutual does not permit it, and it may be illegal.

Other prohibited and restricted practices include:

Customer Funds

Illinois Mutual does not permit you to withhold, misappropriate, convert or comingle customer funds with your funds. You may not place customer funds in any account under your control, pay for products or services for your clients, or borrow from or lend money to your clients. Checks should be made out to Illinois Mutual and forwarded to the Home Office immediately.

Beneficiary Relationships

You should avoid placing yourself in a conflict of interest situation when it comes to beneficiary designations. You, and/or members of your household, should not be listed as beneficiaries for a client's Illinois Mutual policy where the insured is not an immediate family member.

Illinois Mutual is Your Back Office Support

We are here to answer your questions and provide you the technology, tools and training you need to succeed.

Quick-Generating Illustration Software

- Provides you with an online tool to generate quick estimates to help you sell.
- Easy access available through the Agent Portal.
- Utilizes an intuitive, tab-based user interface with interactive controls.
- Allows for synchronization of sales efforts.
- Include others you work with as users of the software.

5G QUOTE®

Create and email quotes to your prospects anytime, anywhere with your computer, tablet or mobile phone with Internet connectivity. Just go to ***www.5GQUOTE.com*** or access from the Agent Portal log in screen.

Application Software

Our Agent Portal offers easy access to quickly generate quotes/illustrations. Use our application software to submit electronic applications over the web.

- Can automatically populate clients' information by pulling directly from the illustration if you choose to create one.
- Or, move straight into the application and immediately start calculating rates for your clients.
- Results in a faster underwriting decision by promoting a fully completed application.
- Sign and submit electronically over the web.

Marketing Materials

Illinois Mutual offers a variety of materials to help you promote DI to your clients. From sales strategy, brochures and handouts to presentations, you have access to a wide selection of tools both online through the Agent Portal at ***Agent.IllinoisMutual.com*** or through our Supply Department.

These guides are also excellent DI informational resources that are available for download on our Agent Portal's Resource Library:

- DI Occupation Guide (A9761)
- Paycheck Power Series® Product Overview (A9512)

Sales and Underwriting Teams

Your dedicated regional DI sales teams are here to help you with every aspect of your DI sale.

Contact your team for product or sales-related questions, illustrations, forms and marketing tools.

Our underwriters are just a phone call away, too. Contact the underwriter working on your pending case or call them to discuss a potential case.

Both the DI Sales and DI Underwriting Teams can be reached at (800) 437-7355.

- DI Sales - Option 2
- DI Underwriting - ext. 790

Register for the Agent Portal

The Agent Portal is open to all agents licensed with Illinois Mutual, or those who have had contact with the Home Office but are not yet appointed. ***Sign up for the Agent Portal today!***

Why Sell DI?

If you have clients who rely on their paycheck, then you have clients who need disability income insurance (DI). With DI, you can provide more than just insurance coverage to your clients; you can help them protect their most valuable asset – their ability to earn an income.

Advantages of the Paycheck Power® Series

The Paycheck Power® Series from Illinois Mutual includes two DI plans.

- Personal Paycheck Power® is an individual DI policy which provides a benefit to help your clients pay basic monthly living expenses should they become sick or hurt and Totally Disabled.
- Business Expense Power® is a business expense DI policy which reimburses your clients for eligible business expenses each month should they become sick or hurt and Totally Disabled.

These two plans give you the power to help your clients protect their incomes and their businesses.

Add DI to Your Offerings

DI can be a smart addition to your business, and the need for this type of coverage continues to grow. DI can help add value to your business by showing clients you have an array of products so you can be their one-stop shop for their insurance needs. DI offers a great opportunity to grow your business and increase sales.

A Fit for the Middle Market

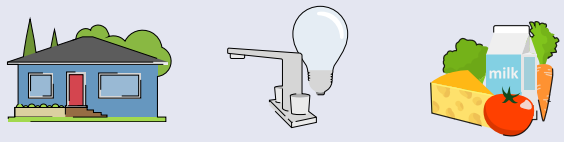
Our flexible plans were designed for budget-conscious consumers, which makes them a great fit for the middle market. From mechanics and nurses to hairstylists and small business owners, we understand the vast range of occupations in the American workforce and can provide solutions to fit your diverse clients' needs.

DI and BE Sales Strategies

Use these effective sales concepts with your clients to easily explain the need for DI.

The M.U.G.® Plan

If your clients experience income-interrupting disabilities due to illness or injury, how would they pay their most basic monthly expenses – such as their mortgage, utilities and groceries? While some expenses may be reduced or eliminated during times of financial stress, generally M.U.G.® expenses must be paid. This easy-to-understand approach shows your clients the importance of having an income protection plan in place if the unexpected happens.



Mortgage + **U**tilities + **G**roceries

=

The M.U.G.® Plan

Small Business Owners Need BE

When small business owners become disabled, there is more at stake than just their personal obligations. Ongoing business expenses such as rent, utilities, employee salaries, and property and payroll taxes cannot be forgotten. Business Expense Power® helps clients keep their business viable by reimbursing them monthly for actual fixed business expenses in the event of Total Disability.

Eligible Business Expenses Include:

- Employee Salaries (excludes salary of the insured, someone who replaces the insured and any family member working less than three months for the insured)
- Facility Expenses such as lease or rent payments, mortgage and loan interest, property and liability insurance, maintenance, utilities
- Operational Expenses such as equipment (lease or rental)/tools, office maintenance and repairs, billing and collection fees, postage
- Professional Expenses such as dues and subscriptions, memberships (e.g. Chamber of Commerce), professional license fees
- Property and payroll taxes, depreciation

Ask our DI sales team for sales ideas & free sales tools!

(800) 437-7355, Option 2

Sales@IllinoisMutual.com

4 Reasons to Sell

Simplified Issue Disability Income Insurance (SIDI)

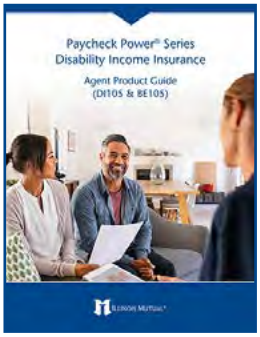
Fast underwriting decisions

Simple, electronic application process

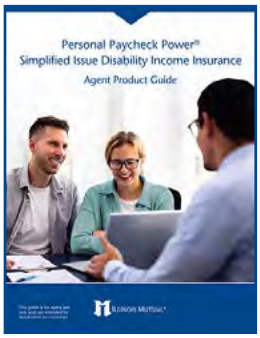
Elimination periods as short as 0/7 days available in many states

Premium rates are unisex and uni-tobacco

Agent Product Guides



DI105 & BE105 Product Guide (A9642)



SIDI Product Guide (A9758)

Personal Paycheck Power® Policy Features

(Policy Form DI105*)

Base Policy Features Include:

- Guaranteed Renewable to age 67
- Conditionally Renewable to age 75
- Occupation Classes 5, 4, 3, 2, 1
- Receive base benefits in addition to Social Security or workers' compensation
- 24-hour coverage, 7 days a week, on or off the job
- Coverage if your clients are Totally Disabled from their own occupation for a specified period of time (generally two years but may be shorter**) and then Totally Disabled from any occupation

***May vary by state*

Issue Ages (age last birthday):

- Ages 18 to 55: 6 Month, 1 Year, 2 Year, 5 Year, 10 Year, or To Age 67 plans
- Ages 56 to 60: 6 Month, 1 Year, 2 Year, or To Age 67 plans (5 Year and 10 Year not available)

Minimum Earned Income: $600/month

Minimum Issue: $200/month

Maximum Issue: $10,000/month[1]

For the maximum participation limit of $12,000/month,[1] use the Base and Integrated Benefits chart on page 68.

To determine issue amounts based on income, refer to the DI Issue Limits charts on page 64.

[1] *Maximum $8,000/month issue limit and $10,000/month participation limit for all Class 4 occupations and Chiropractors.*

Benefit Periods:

- The length of time during which a benefit is payable.
  - Classes 5, 4, 3 and 2: 6 Month, 1-Year, 2-Year, 5-Year, 10-Year, To Age 67
  - Class 1: 6 Month, 1-Year, 2-Year, 5-Year
- The benefit period must be at least twice the length of the elimination period
- Maximum 90-day elimination period on a six month or one year benefit period – AR, CT, IA, ID, KS, ME, OK, PA, SC, TX, UT, VA, WA, WV
- Maximum 180-day elimination period on a two year benefit period – AR, CT, IA, ID, KS, ME, OK, PA, SC, VA, WA, WV
- To Age 67 consideration requires minimum annual earned income of $20,000 and three years in occupation

Elimination Periods:

Elimination Period refers to the number of continuous days an insured must be Totally or Partially Disabled before benefits begin to accrue or become payable.

- No benefits are payable for the Elimination Period unless so stated in the Policy.
- Elimination periods include 30, 60, 90, 180, 365, or 730-day.
- CO, CT, DE, KS and SD require a minimum 60-day elimination period.
- MD, MA, NJ, OR, RI and WA require a minimum 90-day elimination period.
- 730-day is not available in AR, CT, IA, ID, KS, MD, ME, NJ, OK, PA, SC, TX, UT, VA, WA or WV.

**Not available in AK, CA, DC, HI, NM, NY or VT.*

Basic Policy Provisions (may vary by state):

- Organ Donor Benefit:
  Pays a benefit if Total Disability results from giving an organ for use as a transplant, including bone marrow donations. No Elimination Period will apply to this benefit. Policy must be in force for at least six months before benefit is payable. Not available in ID.
- Partial Disability Monthly Benefit:
  Pays a benefit if injury or sickness causes a Partial Disability. Benefit is payable for up to six months for any one period of Partial Disability.
- Presumed Total Disability Benefit:
  Total Disability will be presumed if injury or sickness results in the total and irrecoverable loss of: sight in both eyes; or hearing of both ears; or speech; or use of both hands; or use of both feet; or use of a hand and a foot.
- Recurrent Disability Benefit:
  A recurrence of disability from the same or related causes will be considered a continuation of the prior period, unless the insured has been engaged in any gainful occupation for more than six continuous months.
- Retraining and Home Modification Benefit:
  If benefits have been paid for at least six months in a row for Total Disability and you continue to be Totally Disabled. This pays a benefit up to six times the monthly benefit amount for: the actual costs of tuition, books and equipment that are required for a formal retraining program; the actual costs to modify the insured's home to accommodate a disabling condition.
- Retroactive Waiver of Premium Benefit:
  If injury or sickness causes Total Disability for 90 continuous days, we will waive the payment of any premiums which become due for as long as Total Disability continues. All premiums paid in the first three months of total disability will be returned.
- Survivor Benefit:
  If death occurs during a current period of Total Disability, and the insured has been receiving a Total Disability monthly benefit for six continuous months, four times (three times in MD) the Total Disability Monthly Benefit will be paid to a spouse or estate.
- Suspension of Policy During Unemployment Benefit:
  After the Policy has been in force for at least one year, the insured may temporarily suspend the Policy if unemployed and after having received eight weeks of government unemployment benefits. No benefits are payable during periods of suspension. Policy may be suspended only once in any 24-month period.
- Total Loss of Sight and Double Dismemberment Benefit:
  Pays a benefit if an injury or a sickness causes the loss, by actual severance, of both hands, or both feet, or a hand and a foot, or irrecoverable loss of sight of both eyes.

Total Disability

Total Disability* for any one period of disability starting while this policy is in force means:

(a) During the first 24 months, your inability to perform the substantial and material duties of your occupation and you are not engaged in any other occupation for wage or profit.

(b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might expect to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.

**Definition of Total Disability differs in LA and UT. See policy for complete terms of coverage.*

Policy Form DI105 - Exceptions, Reductions and Limitations

Pre-Existing Condition Limitation

During the first two years after the Date of Issue, this Policy will not pay benefits: (1) for any conditions diagnosed or treated by a physician within two years prior to the Date of Issue; or (2) for any condition which caused symptoms within two years prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment. One year in MN, MT, NC, ND and VA; nine months in NH.

Exceptions and Reductions

We will not pay benefits for disability that results (a) from normal pregnancy or childbirth (not excluded in KS); (b) from intentionally self-inflicted injury or sickness; (c) from your commission or attempted commission of a felony; (d) from war, declared or not; (e) from any military service, except during active duty for training of less than 60 days. The pro rata premium will be refunded for a period during which you are not covered for such military reason; or (f) we will not pay benefits while you are incarcerated in any penal or correctional institution (not applicable in MN, ND, NJ or VA.).

Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse

The total amount payable under the policy for total disability caused or contributed to by a mental or nervous disorder or alcoholism or drug abuse shall not exceed a cumulative lifetime maximum of 24 months.

Limited Benefits for Foreign Travel

If Totally Disabled due to an injury or sickness sustained or continued while outside of the United States, Canada or Mexico, the Maximum Total Disability Benefit Period will be limited to 90 days. After the 90 day period, benefits will not be paid until returning to the United States, Canada or Mexico. Any benefits paid will be deducted from the remaining period of disability if you are still Totally Disabled upon your return to the United States, Canada or Mexico.

Personal Paycheck Power® Optional Riders

The optional riders are available with Policy Form DI105 for an additional cost.

Guaranteed Insurability Option (GIO) Rider

(Future Purchase Option in FL) (Policy Form 9267)

- Provides option to purchase future base benefits without evidence of good health.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 45
- Five options prior to age 55
- First purchase must be made at least 24 months after policy's date of issue.
- Each purchase must be at least 24 consecutive months apart, or after a qualifying life change (marriage, death of a spouse, divorce, or birth or adoption of a child).
- Additional purchases are contingent upon exercise of the option by policyowner.
- Option amounts $100, $200, $300, $400, $500 or $600
- Option amount cannot exceed the Total Disability Monthly Benefit amount.

Retroactive Injury Benefit Rider

(Policy Form 9253)

- Pays benefits from the date of Total Disability due to injury if Total Disability occurs within 30 days of the injury and continues through the elimination period.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60

Activities of Daily Living (ADL) Rider

(Policy Form 9259)

- Pays an additional benefit if the insured cannot perform two activities of daily living (ADLs) or if cognitively impaired.
- Up to 100% of earned income can be replaced with base benefit, plus integrated benefit, plus ADL benefit.
- Occupation Classes 5, 4, 3, 2, and 1
- Maximum 2-Year, 5-Year and To Age 67 ADL benefit periods available.
    - Ages 18 to 55: 2 Year, 5 Year, or To Age 67 ADL benefit period available.
    - Ages 56 to 60: 2 Year or To Age 67 ADL benefit period available.
- Available with 2-Year, 5-Year, 10-Year, and To Age 67 benefit periods.
- Elimination period must be the same as base plan.
- If using the Base Benefit Chart, the ADL benefit cannot exceed two times the base benefit amount. If using the Base and Integrated Benefit Chart, the ADL benefit cannot exceed two times the combined amount of Base and Integrated benefit.
- ADL benefit period cannot exceed the base plan benefit period.
- Not available in CT.

Return of Premium Rider

(Policy Form 9266)

- From ages 65 to 67, clients are eligible to receive 100% of the premiums paid less any benefits received.
- In the event your client cancels the coverage prior to age 65, he or she may be eligible to receive a percentage of premiums paid less any benefits received.
- The policy ends after the return of premium is paid and cannot be reinstated.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 55
- Not available with 365- or 730-day elimination periods.
- Not available in CT or MA.

Integrated Monthly Benefit Rider

(Policy Form 9264)

- Pays an additional Total Disability benefit reduced by receipt of Social Security, workers' compensation, Railroad Retirement and Government Retirement/Disability Fund.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2-Year, 5-Year, 10-Year, To Age 67 benefit periods.
- Benefit period and elimination period must be same as base policy benefit period and elimination period.
- Not available in CT or NJ.

Automatic Increase Benefit Rider

(Policy Form 9252)

- Automatically increases the Total Disability Monthly Benefit on the first premium due date on or after each of the first five policy anniversaries.
- Amount of increase is 3% of the Total Disability Monthly Benefit at time of policy issue.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 50
- Not included if the monthly benefit is less than $1,000 or if the policy is issued with an extra premium rating.
- No premiums are charged for the Automatic Increase Benefit Rider. However, when an automatic benefit increase takes place, policy premiums will increase in accordance with the increase in benefits. The additional benefit premium will be based on the insured's classification at policy issue and attained age at the time of the increase.
- Client may opt out of this benefit at any time after policy issue.

Cost of Living Adjustment (COLA) Rider

(Policy Form 9260)

- Increases base benefit payment starting in the second year of Total Disability, based on the cost of living adjustment.
- Occupation Classes 5, 4, 3, and 2
- Ages 18 to 60
- Available with 5-Year, 10-Year, and To Age 67 benefit periods.

Five Year Own Occupation Extension Rider

(Policy Form 9257)

- Amends the policy by deleting the Definition of Total Disability* and replacing it with the following provision:
  Total Disability for any one period of disability starting while this policy is in force means:
  a) During the first 60 months, your inability to perform the substantial and material duties of your occupation and you are not engaged in any occupation for wage or profit;
  b) After 60 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage of profit.
- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with 5-Year, 10-Year, and To Age 67 benefit periods.
- If the Two Year Pure Own Occupation Rider (Form 9255) has been purchased in addition to this rider, the definition of Total Disability during the two year period will be governed by the terms of that rider while it remains in force.

**Rider definition of Total Disability differs in LA and UT. See rider for complete terms of coverage.*

To Age 67 Own Occupation Extension Rider

(Policy Form 9258)

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:
  Total Disability for any one period of disability starting while this policy is in force means:
  a) To Age 67, your inability to perform the substantial and material duties of your occupation and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with To Age 67 benefit periods.
- Not available in LA or UT.
- If the Two Year Pure Own Occupation Rider (Form 9255) or Five Year Pure Own Occupation Rider (Form 9256) has been purchased in addition to this rider, the definition of Total Disability during the two or five year period as applicable will be governed by the terms of those riders while they remain in force.

Non-Cancelable Policy Rider

(Policy Form 9251)

- Adds Non-Cancelable (Guaranteed Premium) feature to policy
- Guaranteed Renewable to Age 67
- Occupation Classes 5, 4, and 3
- Ages 18 to 60

Two Year Pure Own Occupation Rider

(Policy Form 9255)

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:
  Total Disability for any one period of disability starting while this policy is in force means:
  a) During the first 24 months, your inability to perform the substantial and material duties of your occupation.
  b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2-Year, 5-Year, 10-Year, and To Age 67 benefit periods.
- Not available in LA and UT.
- Applicants in FL are required to purchase either this rider or Five Year Pure Own Occupation Rider (Form 9256).

Five Year Pure Own Occupation Rider

(Policy Form 9256)

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:
  Total Disability for any one period of disability starting while this policy is in force means:
  a) During the first 60 months, your inability to perform the substantial and material duties of your occupation.
  b) After 60 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, and 3
- Ages 18 to 60
- Available with 5-Year, 10-Year, and To Age 67 benefit periods.
- Not available in LA and UT.
- Applicants in FL are required to purchase either this rider or Two Year Pure Own Occupation Rider (Form 9255).
- Applicants who purchase Five Year Pure Own Occupation Rider must also purchase either Five Year Own Occupation Extension (Form 9257) or To Age 67 Occupation Extension Rider (Form 9258).

Residual Disability Benefit Rider

(Policy Form 9261 or Policy Form 9263)

- Pays a benefit for residual disability which means the inability to perform one or more of the substantial and material duties of your occupation or unable to do said duties for as long as usually required and the loss of 20% or more of your prior monthly income.
- If the insured qualifies for both a residual benefit and a partial disability benefit, the insured will receive the greater benefit of the two, but not both.
- Occupation Classes 5, 4, 3, and 2
- Ages 18 to 60
- Minimum earned income of $2,000/month
- Available with 2-Year, 5-Year, 10-Year, To Age 67 benefit periods.

Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse

(Policy Form 9265)

- Amends the Policy by deleting the Policy provision entitled “Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse”.
- While the Rider remains in force, Total Disability caused or contributed to by Mental or Nervous Disorder or Alcoholism or Drug Abuse will be treated as any other Sickness under the Policy.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Not available in CT.

Business Expense Power® Policy Features

(Policy Form BE105*)

Base Policy Features Include:

- Guaranteed Renewable to age 67
- Conditionally Renewable to age 75
- Occupation Classes 5, 4, 3, 2, 1
- Premiums generally tax deductible as a business expense**
- No offset with Social Security or workers' compensation
- 24-hour coverage, 7 days a week, on or off the job

***Illinois Mutual, its agents and representatives may not give legal or tax advice. You should consult an independent tax advisor regarding your particular circumstances.*

Eligibility:

- Business must have been in existence for a minimum of one year or the insured must have been in the same occupation for three years immediately preceding self-employment.
- Insured must be active full-time in the ownership, management and administration of the business. Business must be dependent on full-time personal services of the insured. This policy is not available to persons having only financial interests in the business.
- Home-operated businesses are eligible, but expenses attributed to the home are not covered.

Issue Ages (age last birthday):

Ages 18 to 60

Minimum Earned Income:

$600/month

Minimum Issue:

$200/month

Maximum Issue:

100% of eligible business expenses up to a maximum $10,000/month issue limit[1]

Elimination Periods:

- The number of continuous days an insured must be Totally or Partially Disabled before benefits begin to accrue or become payable.
- No benefits are payable for the Elimination Period unless so stated in the Policy.
- Elimination periods include 30-, 60-, or 90-day.
- CO, CT, DE, KS and SD require a minimum of 60-day elimination period.
- MD, MA, NJ, OR, RI and WA require a minimum 90-day elimination period.

Benefit Periods:

- The length of time during which a business expense benefit is payable.
- 12 months, 18 months, or 24 months

[1] *Maximum $8,000/month issue limit and $10,000/month participation limit for all Class 4 occupations and Chiropractors.*

**Not available in AK, CA, DC, HI, NM, NY or VT.*

Basic Policy Provisions (may vary by state):

- Monthly Business Expense:
  Eligible business overhead expenses include those actually incurred in the operation of the business. This term includes lease or rent payments, utilities, office maintenance and repairs, billing and collection fees, depreciation, mortgage and loan interest, property and payroll taxes, property and liability insurance, employee salaries (except those of the insured, someone who replaces the insured, and any family member working less than three months), postage, professional service fees, dues and subscriptions.
- Partial Disability Monthly Business Expense Benefit:
  Pays a business expense benefit if injury or sickness causes a Partial Disability. Benefit is payable for up to six months.
- Recurrent Disability:
  A recurrence of disability from the same or related causes will be considered a continuation of the prior period, unless the insured has been engaged in any gainful occupation for more than six continuous months.
- Organ Donor Benefit:
  Pays a benefit if Total Disability results from giving an organ for use as a transplant, including bone marrow donations. No Elimination Period will apply to this benefit. Not available in ID.
- Retroactive Waiver of Premium Provision:
  If injury or sickness causes Total Disability for 90 continuous days, we will waive the payment of any premiums which become due for as long as Total Disability continues. All premiums paid in the first three months of Total Disability will be returned.
- Conversion Provision:
  Prior to age 60, provides the right to apply for a Total Disability policy, guaranteed renewable, which will replace the business expense policy.

Tax Deductible Premiums

Current federal tax law permits the insured to take as a business expense deduction the premiums paid for a plan designed specifically for the purpose of reimbursing the insured for business overhead expense incurred during periods of disability and for which the insured is personally liable. Disability benefits received under such a plan must be treated as business income. Such income, however, is offset by the business expenses which this plan covers. Any proceeds received under the Return of Premium Rider would also be treated as business income.*

**Illinois Mutual, its agents and representatives may not give legal or tax advice. You should consult an independent tax advisor regarding your particular circumstances.*

Total Disability

Total Disability** for any one period of disability starting while this policy is in force means your inability to perform the substantial and material duties of your occupation and you are not engaged in any other occupation for wage or profit.

***Definition of Total Disability differs in LA and UT. See policy for complete terms of coverage*

Policy Form BE105 - Exceptions, Reductions and Limitations

Pre-Existing Condition Limitation

During the first two years after the Date of Issue, this Policy will not pay benefits: (1) for any conditions diagnosed or treated by a physician within two years prior to the Date of Issue; or (2) for any condition which caused symptoms within two years prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment. One year in MN, MT, NC, ND and VA; nine months in NH.

Exceptions and Reductions

We will not pay benefits for disability that results (a) from normal pregnancy or childbirth (not excluded in KS); (b) from intentionally self-inflicted injury or sickness; (c) from your commission or attempted commission of a felony; (d) from war, declared or not; (e) from any military service, except during active duty for training of less than 60 days. The pro rata premium will be refunded for a period during which you are not covered for such military reason; or (f) we will not pay benefits while you are incarcerated in any penal or correctional institution (not applicable in MN, ND, NJ or VA.).

Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse

The total amount payable under the policy for total disability caused or contributed to by a mental or nervous disorder or alcoholism or drug abuse shall not exceed a cumulative lifetime maximum of 24 months.

Limited Benefits for Foreign Travel

If Totally Disabled due to an injury or sickness sustained or continued while outside of the United States, Canada or Mexico, the Maximum Total Disability Benefit Period will be limited to 90 days. After the 90 day period, benefits will not be paid until returning to the United States, Canada or Mexico. Any benefits paid will be deducted from the remaining period of disability if you are still Totally Disabled upon your return to the United States, Canada or Mexico.

Business Expense Power® Optional Riders

The optional riders are available for an additional cost.

Guaranteed Insurability Option (GIO) Rider

(Policy Form 3166)

- Provides option to purchase future base benefits without evidence of good health.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 45
- Five options prior to age 60
- First purchase must be made at least 12 months after policy's date of issue.
- Each purchase must be at least 12 consecutive months apart.
- Additional purchases are contingent upon exercise of the option by policyowner.
- Option amounts $100, $200, $300, $400, $500 or $600
- Option amount cannot exceed the Total Disability Monthly Business Expense Benefit amount.

Retroactive Injury Benefit Rider

(Policy Form 9253)

- Pays benefits from the date of Total Disability due to injury if Total Disability occurs within 30 days of the injury and continues through the elimination period.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60

Two Year Pure Own Occupation Rider

(Policy Form 9255)

- Amends the policy by deleting the Definition of Total Disability and replacing it with the following provision:
  Total Disability for any one period of disability starting while this policy is in force means:
  a) During the first 24 months, your inability to perform the substantial and material duties of your occupation.
  b) After 24 months, your inability to perform the substantial and material duties of any occupation for wage or profit in which you might be expected to be engaged, with due regard to your education, training, experience and you are not engaged in any occupation for wage or profit.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Available with 2-Year benefit period
- Not available in LA or UT.

Return of Premium Rider

(Policy Form 9266)

- From ages 65 to 67, clients are eligible to receive 100% of premiums paid less any benefits received.
- In the event your clients cancel the coverage prior to age 65, they may be eligible to receive a percentage of premiums paid less any benefits received.
- The policy ends after the return of premium is paid and cannot be reinstated.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 55
- Not available in CT or MA.

Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse

(Policy Form 9265)

- Amends the Policy by deleting the Policy provision titled "Limited Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse".
- While the Rider remains in force, Total Disability caused or contributed to by Mental or Nervous Disorder or Alcoholism or Drug Abuse will be treated as any other Sickness under the Policy.
- Occupation Classes 5, 4, 3, 2, and 1
- Ages 18 to 60
- Not available in CT.

Return of Premium Rider

The Return of Premium Rider (ROP) can be added to a DI105 or BE105 policy at issue or within two years from the date of issue. If added after issue, payment of all back premiums for the rider, plus interest, is required.

- From ages 65 to 67, clients are eligible to receive 100% of premiums paid less any benefits received.
- In the event your clients cancel the coverage prior to age 65, they may be eligible to receive a percentage of premiums paid less any benefits received.
- Not available in CT or MA.

Return of Premium Rider Premium Percentages

To obtain the annual premium for the Return of Premium Rider, multiply the annual premium for all other benefits and riders by the appropriate percentage.

RETURN OF PREMIUM RIDER PREMIUM PERCENTAGES (ALL STATES)									
	Elimination Period of Base Policy Benefits					Elimination Period of Base Policy Benefits			
Issue Age	30 Days	60 Days	90 Days	180 Days	Issue Age	30 Days	60 Days	90 Days	180 Days
18-25	20%	25%	30%	35%	41	62%	69%	76%	89%
26	21	26	31	36	42	66	74	82	95
27	22	27	32	38	43	70	79	88	102
28	24	29	34	39	44	75	84	94	108
29	26	31	36	41	45	80	90	100	115
30	28	33	38	44	46	86	99	110	126
31	30	35	40	46	47	93	108	120	137
32	32	37	42	49	48	101	117	130	148
33	34	39	44	53	49	110	126	140	159
34	37	42	47	56	50	120	135	150	170
35	40	45	50	60	51	130	146	162	184
36	43	48	54	64	52	144	160	178	202
37	46	52	58	69	53	163	178	200	227
38	50	56	62	73	54	187	203	228	259
39	54	60	66	78	55	220	235	265	300
40	58	64	71	84					

**This table shows the return of premium percentages at the ends of various policy years. The return of premium percentages for other times will be furnished upon request. The return of premium percentage at any date to which premiums have been paid within a policy year shall be obtained by interpolation to the nearest .1% between the percentages for the beginning and end of such year.*

Return of Premium Percentages

Policyowners who have purchased the Return of Premium Rider with their DI policy will receive all the premiums paid, less any benefits received, at age 67. A policyowner may receive a portion of the premiums paid, less any benefits received, as illustrated in the following table, prior to age 65. The policy ends in either case and may not be reinstated.

TABLE OF RETURN OF PREMIUM PERCENTAGES (ALL STATES)*										
No return of premium benefit is payable until the end of the 5th policy year.										
Age at Issue	**At End of Policy Year**									**At Ages 65-67**
	5	**6**	**7**	**8**	**9**	**10**	**15**	**20**	**30**	
18 - 25	13%	15%	18%	21%	24%	27%	37%	47%	71%	100%
26	13%	15%	18%	21%	24%	27%	37%	48%	74%	100%
27	13%	15%	18%	21%	24%	27%	39%	50%	77%	100%
28	12%	15%	18%	21%	24%	27%	40%	51%	79%	100%
29	12%	15%	18%	21%	24%	27%	41%	53%	81%	100%
30	12%	15%	18%	21%	23%	27%	42%	54%	83%	100%
31	11%	14%	17%	20%	23%	27%	43%	55%	86%	100%
32	11%	14%	17%	20%	23%	27%	44%	57%	90%	100%
33	11%	14%	17%	20%	23%	27%	45%	58%	93%	100%
34	11%	14%	17%	20%	23%	28%	47%	60%	96%	100%
35	11%	14%	17%	20%	23%	28%	48%	62%	100%	100%
36	11%	14%	17%	20%	23%	29%	49%	63%	100%	100%
37	11%	14%	18%	21%	24%	30%	50%	67%	100%	100%
38	11%	14%	18%	22%	25%	31%	52%	71%		100%
39	11%	14%	18%	22%	26%	32%	53%	74%		100%
40	11%	14%	18%	22%	26%	32%	55%	78%		100%
41	11%	15%	19%	23%	27%	33%	57%	81%		100%
42	11%	15%	19%	24%	28%	34%	60%	85%		100%
43	11%	15%	19%	24%	28%	35%	62%	89%		100%
44	11%	15%	19%	24%	29%	36%	65%	94%		100%
45	11%	15%	19%	24%	29%	37%	68%	100%		100%
46	11%	15%	19%	25%	30%	38%	70%	100%		100%
47	11%	15%	20%	26%	31%	39%	75%	100%		100%
48	11%	15%	20%	28%	33%	41%	80%			100%
49	11%	15%	20%	29%	34%	43%	87%			100%
50	11%	15%	20%	30%	35%	45%	100%			100%
51	11%	15%	23%	30%	38%	47%	100%			100%
52	11%	15%	26%	30%	42%	53%	100%			100%
53	11%	15%	29%	35%	47%	62%				100%
54	11%	15%	32%	41%	59%	77%				100%
55	11%	15%	35%	55%	75%	100%				100%

Return of Premium Rider

Frequently Asked Questions

The Return of Premium Rider is a great way to mistake-proof your DI sale. It provides your clients important DI coverage if they need it, and money back if they don't. It is that simple.

On which policies is the Return of Premium Rider available?

The Return of Premium Rider is available on the Personal Paycheck Power® plan and the Business Expense Power® plan.

Before age 67, will all the premiums be returned to a policyowner at time of lapse or cancellation?

No, only a portion of the premium, minus any benefits paid or payable, is returned prior to age 67. Refer to the Return of Premium Percentages Chart on page 41 of this guide for more information.

When my client receives the Return of Premium benefit, is it taxable?

Your client should contact a tax advisor as to the taxability of the Return of Premium benefit.

How is the Return of Premium Rider affected if the policy lapses and is reinstated?

A reinstatement does not reduce or increase the amount of the Return of Premium benefit. Any past due premium must be paid at time of reinstatement.

Can a policyowner use some of the Return of Premium benefit to pay premiums?

The Return of Premium benefit must remain in the policy until lapse or cancellation. The value cannot be borrowed or used to pay premiums.

How is the Return of Premium benefit affected if someone else owns the policy?

If a company or a person other than the insured owns the policy, any Return of Premium benefit, or the monthly benefits payable at time of disability, will be payable to the owner. The owner has complete control of the policy.

Can the Return of Premium benefit be transferred to another policy or annuity through a 1035 exchange?

A 1035 exchange only applies to life products. It does not apply to disability income insurance products.

What happens when the insured dies?

The Return of Premium benefit is calculated as though the policy had lapsed. The proceeds are then payable to the beneficiary or to the estate.

What are my client's options at age 67?

At age 67, the Return of Premium benefit can be taken in cash, left with Illinois Mutual to accrue interest, paid in installments, or annuitized and paid out over your client's lifetime. Your client will be contacted prior to age 67 and will be given the various options in writing. The policy ends once the Return of Premium is paid.

What happens if any benefits paid out exceed the Return of Premium benefit?

Your client may choose to drop the option from the policy to avoid the added premium costs.

Can the Return of Premium Rider be removed from the policy?

Upon written request from the policyowner, the Return of Premium Rider can be removed. Any Return of Premium benefit accrued at the time the rider is removed will be placed in an account and earn interest at the Company's legal rate of interest accumulation. At age 67, or at time of lapse or cancellation, the accrued Return of Premium benefit, plus accumulated interest, minus any benefits paid or payable will be payable to the owner.

If you have more questions about the Return of Premium Rider, please contact your DI sales team at (800) 437-7355, Option 2.

Simplified Issue DI (SIDI) Policy Features

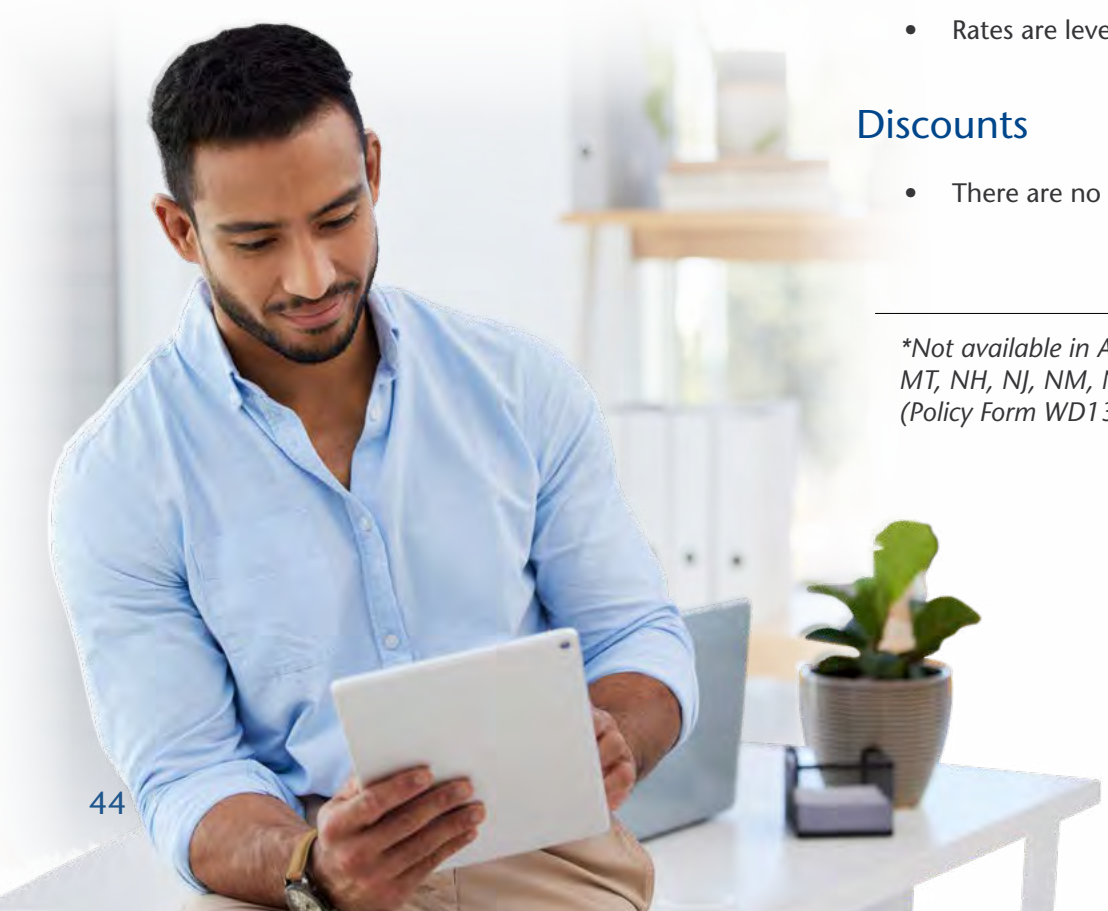
(Policy Form WSD07*)

Issue Ages (Age Last Birthday)

- 17 – 64
- Guaranteed renewable until age 72

Issue Limits

- $200 – $3,000 per month
- Participation Limit: $3,000 per month, including coverage with Illinois Mutual and any other company.
- Maximum Benefit: 60% of monthly income or $3,000 per month, whichever is less.
- Minimum Annual Income: $8,000 per year
- Minimum Coverage Increments: $50 increments
- Government Employees: Benefit is limited to 30% of income not to exceed $2,000 per month. Other existing disability coverage may further limit eligibility.



Advantages of SIDI

- 24-Hour coverage, on or off the job.
- Simple, electronic application process.
- Fast underwriting decisions.
- Premium rates are unisex and uni-tobacco.
- Elimination periods as short as 0/7 days available in many states.
- Disability due to childbirth as the result of a normal pregnancy is covered as any other sickness after the policy has been in effect for nine months.**

***In NC, giving birth as the result of a normal pregnancy will be covered as of the policy's effective date.*

Product features and applicable exclusions, limitations and terms vary by state. Through Illinois Mutual's Agent Portal, you can create customized illustrations for your clients that provide additional information about the policy.

Premium Rates

- Unisex and uni-tobacco rates apply.
- Rates are level through the life of the policy.

Discounts

- There are no discounts available for this product.

**Not available in AK, CA, CO, DC, HI, ME, MT, NH, NJ, NM, NY, OR, RI and VT. (Policy Form WD13 in GA, MD and SC)*

SIDI Benefit and Elimination Periods

BENEFIT PERIOD*	ACCIDENT/SICKNESS ELIMINATION PERIOD**							
	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
3 Months	✓	✓	✓	✓				
6 Months	✓	✓	✓	✓	✓	✓		
12 Months	✓	✓	✓	✓	✓	✓	✓	✓
24 Months	✓	✓	✓	✓	✓	✓	✓	✓

**3-month benefit period not available in VA; 24-month benefit period not available in UT.*

***CT, DE and SD: Minimum 60-day elimination period is available, resulting in a minimum benefit period of 12 months. MD, MA and WA: Minimum 90-day elimination period is available, resulting in a minimum benefit period of 12 months.*

Definition of Total Disability[1]:

1. During the first 12 months of Total Disability: You are unable to perform all the material and substantial duties of your occupation; and you are not engaged in any other occupation.
2. After the first 12 months of Total Disability, if applicable: You are unable to perform the material and substantial duties of any occupation for which you are fitted by education, training or experience; and you are not engaged in any other occupation.

To be totally disabled, you must be under a Physician's care for the injury or sickness causing such Total Disability.

[1]*Definition of Total Disability differs in FL, MO and UT.*

Underwriting

- Only Electronic Applications (eApps) via our Agent Portal will be accepted.
- Policies are issued on an accept/reject basis with no substandard rating or exclusion riders.
- Applicant must be working at least 20 hours per week in primary occupation.
- Effective date will be date of issue.
- Initial premiums will be drafted via EFT at time of issue—there is no "cash with application" option.
- Other existing disability insurance coverage and/or government employee status may affect available benefit amount.

5G Quote®

Create and email quotes to your prospects anytime, anywhere. You can also add a 5G Quote® link to your website to allow visitors to Get a Quote (A7067) themselves. You'll receive notifications from us when they do, including their information and the quote they generated.

Individual Accident Insurance

(Policy Form WSA07*)

If the unexpected happens and an accident occurs, your clients could face financial strain. Accident Insurance from Illinois Mutual can help relieve that strain by providing a lump-sum cash benefit which can be used for any purpose, such as replacing lost income, buying groceries, or paying for uncovered medical bills. When combined with Personal Paycheck Power® disability coverage, Accident Insurance is another step towards helping your clients protect their financial future.

Accident Insurance is available for an added cost and is only available if your client applies for a traditionally underwritten disability income policy (DI105) and meets underwriting criteria.

Illinois Mutual's base Accident policy provides benefits for loss due to accidental bodily injury. It does not provide benefits for loss due to sickness. The Accident policy is not intended to replace major medical, medical expense, or Medicare Supplement coverage and does not meet the Minimum Essential Coverage Requirements of the Affordable Care Act.

Base Policy Features Include:

- 24-hour coverage for both on and off-the-job accidents.
- Can be issued even if the individual DI policy is declined or modified, as long as non-medical underwriting is met.
- Guaranteed renewable for life as long as premiums are paid.

Benefit Levels:

- Economy
- Standard
- Preferred
- Premium

Plan Types:

- Individual – covers the Primary Insured only.
- Individual and Spouse – covers the Primary Insured and spouse.
- One-Parent Family – covers the Primary Insured and any dependent children.
- Two-Parent Family – covers the Primary Insured, spouse and any dependent children.

Issue Ages:

Primary Insured and Spouse: Ages 18 to 69 Dependent Children: Age 0 to 21 or to age 23 if a full-time student. (Dependent children age requirements vary by state. Consult your DI sales team for details.)

Coverage Effective Date

Coverage begins on the day the application is signed, subject to premium payment.

*Not available in AK, CT, DC, HI, NH or NM.

*Policy Form WSA07 - Exceptions and Reductions**

This Policy does not provide benefits for Injuries resulting from:

(1) War or act of war, whether declared or undeclared;

(2) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;

(3) Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;

(4) Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;

(5) Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;

(6) Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;

(7) Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;

(8) Practicing for or participating in any semiprofessional or professional competitive athletic contest for which you receive any type of compensation or remuneration;

(9) Having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, or disease which is not caused by an Injury.

**Exceptions and reductions may vary by state. Please refer to the policy for state-specific variations.*

Optional Riders

The optional riders are available for an additional cost.

Wellness Benefit Rider*

(Policy Form 9243)

If included, this rider will pay the benefit amount for one of the health screening tests listed below. This rider is subject to a 30-day waiting period from the effective date of the rider. The benefit is payable only once per calendar year and for only one covered person.

Covered screening tests may vary by state.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting blood glucose test
- Flexible Sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear
- Serum cholesterol test
- Serum Protein Electrophoresis
- Stress test
- Thermography

Benefits Amount:

Minimum issue amount is $50 and the maximum issue amount is $200. Available in increments of $50.

Catastrophic Accident Rider**

(Policy Form 9245)

If this rider is included, it will pay the benefit shown after the elimination period of 180 days has been satisfied. This benefit will be payable only once per covered person for the lifetime of the policy. Catastrophic Loss means an injury resulting in the total and irrecoverable loss of the following:

1. both hands or both feet; or
2. the use of both arms or both legs; or
3. one hand and one foot; or
4. the use of one arm and one leg; or
5. sight of both eyes; or
6. hearing in both ears; or
7. the ability to speak.

Any amount paid under the Paralysis Benefit will be subtracted from any benefits due under this rider. No benefits are payable if the covered person is in a coma. No benefits are payable if the covered person is not alive at the end of the elimination period.

If this optional benefit is selected, this rider covers all family members covered by the base policy.

Benefit Amount:

Primary Insured:	Spouse:	Child:
$100,000	$50,000	$50,000

**Not available in GA, MA, MI, NJ, UT, VA, WA.*
***Not available in ID, MA, NE, PA, TN, UT.*

The Underwriting Process (Policy Forms DI105 and BE105)

The underwriting process allows Illinois Mutual to provide high-quality coverage which fits various budgets while providing high-quality service to our policyowners. This guide will cover our underwriting processes for Disability Income Insurance (DI105) and Business Expense Insurance (BE105).

Effective underwriting requires robust communication between you (the field underwriter), your client, and the Home Office underwriter. Providing complete and accurate information is essential to a timely and fair underwriting decision. Your signature on the application indicates your recommendation of the risk to Illinois Mutual.

Tips for Getting the Policy Issued

1. Get to know us.

   As one of our agents, you represent Illinois Mutual. To make your job as easy as possible, we provide you with many tools to make client meetings more effective. For starters, take time to become familiar with this guide. It contains all the product information you need.

2. Get to know your clients.

   Before taking the application, do some fact finding with your prospects. By simply talking to them, you can learn about their occupation, income and medical background. If you have concerns about insurability, our underwriters are available to assist you. They will help you understand coverage availability and save you time in the underwriting process.

3. Establish realistic expectations about the process.

   Explain that not all policies are issued exactly as applied for, but you will work hard to get the best coverage available based on the facts. Give your clients our brochure, A Guide to the Underwriting Process (C7012).

4. Make sure the applicant answers all questions completely and accurately.

   An incomplete application is the most common reason for delaying the underwriting process. Be sure each question is answered with full details as required, any changes or additions are initialed by the applicant and all required signatures are present.

5. Include the illustration.

   When submitting an application, please attach a copy of the illustration as it was presented to your client.

6. Submit the application ASAP.

   Do not delay in sending the application for any reason. We encourage you to submit electronic applications to speed up the process. The sooner we can review the application, the sooner we can start underwriting.

7. Anticipate medical and financial information.

   DI coverage is based on medical and income information. Prepare your clients so they are not surprised if medical records or other medical tests are ordered, such as parameds, EKGs, or blood or urine samples, or if income documentation such as tax returns is also requested.

8. Get ready for the offer or counteroffer.

   Oftentimes coverage cannot be approved as applied. In such situations, we see if a rider or other modification can be offered to your client. Our underwriters are available to discuss the counteroffer and help you explain to your client why the counteroffer is necessary. We believe the counteroffer is still bringing valuable coverage to your client. And, we can help you explain why the coverage is so valuable – just contact us. We want to be part of your team.

For more information,
contact your DI Underwriting
or Sales team at (800) 437-7355, or email
us at ***Underwriting@IllinoisMutual.com***
or ***Sales@IllinoisMutual.com***.

The DI Application

Our electronic applications (eApps) help you write business faster and deliver convenience to your clients.

How to Submit an Electronic Application

1. Log in to the Agent Portal at ***Agent.IllinoisMutual.com***.

2. Go to "Illustrations & Applications" in the top menu.

3. Start an Application.
   You can select "Create Application" on the left menu or start an application from a previous or new illustration that you prepare. If you use an illustration, information from the illustration will automatically transfer to the application.

4. Ensure your popup blockers are turned off as they may prevent you from viewing important documents you need to review in the application process.

5. Complete each section of the application by filling out the required information, then clicking "Continue."
   a. As you navigate through the application, pay attention to complete all required fields.
   b. During the application process, you will be prompted to move forward with Part B questions (medical questions) or you can skip this section. Skipping Part B means your client will receive a phone call from our vendor who will ask these questions via telephone.

6. Signatures can be collected with multiple options.
   If your client is with you in the office, signatures can be collected on screen with a computer mouse or stylus. If your client is not in person, you can send an email to collect signatures at a later time.

7. Use the "Submit" button at the bottom of the screen once the last signature is completed.

Required Forms

With an eApp, the electronic interface is set up to generate the forms you need. For a list of forms required for each state, refer to Disability Income Insurance Required Forms (HO-124 (PPS)). The forms listed below are common across most states, but please refer to the DI Application Submission Checklist available in the application packet for each state to review specific state requirements.

- Application (Forms App105-D(R2) and APP105(R)). Complete and return to the Home Office.
- Payment Receipt (Form 7015). Complete and leave with the proposed insured if money is collected or premium is paid at the time the application is written.
- HIPAA Authorization (Forms 9209 and 9209-Part 2) and, if applicable, Form 9209-TPCA. Complete and return to the Home Office with the application.
- MIB Notice (Form 2826). Leave with the proposed insured at the time the application is written.
- Fair Credit Reporting Act Notice (Form 2825). Leave with the proposed insured at the time the application is written.
- Proxy 561-M. Complete this section of the application in all states except Iowa, Maryland, Oklahoma, South Carolina and Tennessee.

Completing DI Applications

1. The state where the owner/applicant applies for insurance is considered the contract state, and all required forms must be in compliance with that state's requirements. Please refer to Form HO-124(PPS), Disability Insurance Required Forms, and the DI Application Submission Checklist available in the application packet for each state.

2. You can complete DI applications over the phone subject to the proposed insured's verification of identification, signature and dating. For more details, please refer to the Tips for Getting the Policy Issued section of this guide.

3. Personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable answer; "no" or "none" should be used, if that is the correct response.

4. No application should be altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state or the licensed agent's signature.

5. The proposed insured's primary and secondary phone numbers must be completed on the application to expedite the personal history interview or teleunderwriting interview.

6. Clearly indicate the proposed insured's full-time, primary occupation along with a detailed description of the exact duties of that occupation. Include the percentage of time spent performing professional, managerial, administrative, and/or trade services or labor duties. Example: self-employed electrical contractor/electrician performing residential installation and repair with 25% of the time performing professional, managerial or administrative duties and 75% trade, services or labor duties.

7. Complete and accurate medical information on applications is crucial in rendering an accurate and timely underwriting decision. The need to obtain some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any health care consultation or hospital admission. The outcome of any exam or check-up should be recorded on the application.

   The medical information portion of the application requests details to all affirmative medical history question responses. Details include:

   Symptoms, Illness, Injury, or Other. Indicate the disease, disorder, illness, injury, impairment, symptoms or other reason. Include the specific area of body affected when appropriate.

   Dates. Indicate the date when symptoms or problems were first experienced and the date or dates health care services were utilized.

   Details. Indicate testing performed including results, diagnosis made, treatment prescribed including medications, surgery or therapy, frequency of health care visits, length of disability, degree of recovery and if any residual problems, complications or restrictions.

   Complete name of Physician, Hospital or Clinic and Current Address. Indicate the complete name, current address and phone number of the physician(s) or medical facility(s) which were consulted for the symptoms or problems. Include referral physician(s) or medical facility(s).

   Example: Low back pain March 2023, X-ray within normal limits, diagnosed as an L-S spine strain/sprain causing three weeks of disability, treated with antiinflammatory medications, resulting in a complete recovery. Dr. Jill Brown, Hometown Medical Clinic at 1234 Elm St., Peoria, IL 61634. Phone #000-000-0000.

8. In order to determine the appropriate monthly benefit amount available, clearly indicate the applicant's earned income for all time frames requested on the application.

9. Indicate all other disability insurance, salary continuation plans, group disability and other sources of income. Short-term disability and sick pay benefit programs are considered in the participation limit.

10. If the policy is to have an owner other than the proposed insured, complete the ownership information in Section 7 of the application (Part A), and obtain the owner/applicant signature in the Signature of Owner/Applicant section of the application (Part C).

11. Check the application for complete and accurate information before submitting it to the Home Office. This will help ensure faster processing and issue. Any corrections to the application should be initialed by the proposed insured.

12. It is strongly encouraged to include a copy of the illustration used at the time of sale as confirmation of the benefits requested and premiums quoted.

    Electronic applications are submitted directly to the Home Office upon collection of all required signatures.

Replacement of Existing Insurance

Replacement of in force insurance must conform to the replacement regulations for the owner/applicant's state of residence. Refer to the Disability Income Replacement Requirements on this page.

You should advise the owner/applicant to continue premium payments on any present insurance until underwriting is completed and a policy has been issued. You are deemed to have knowledge that a policy may be replaced and you must comply with the appropriate replacement law if the owner/applicant suggests possibly surrendering an existing policy or letting it lapse because you have sold him or her an Illinois Mutual policy.

All proper forms must be completed, paying particular attention to the replacement question:

- agent certification
- existing policy number
- issuing company

The Underwriting Department is ready to assist and guide you in replacement situations.

DI Replacement Requirements

Replacement forms may be obtained on our Agent Portal or by contacting the Sales Department at (800) 437-7355, Option 2.

Form 2818: KY, WI
Form 3117: AR, CT, DE, IA, ID, IL, NH, NJ, OK, TX, UT, VT, WA, WV
Form 3117 (FL): FL
Form 3117 (LA): LA
Form 3158: PA, VA
Form 3158 (SC): SC
Form 3159: MA
Form 9187: CO
Form 9222: ME

Streamlined Underwriting

Illinois Mutual offers a streamlined DI underwriting program for single-life cases. When you submit a complete and accurate DI application for a up to a $3,000 maximum monthly benefit, an underwriting action/decision and agent notification could occur within two business days following receipt of the complete application.* A complete application means no information is missing.

Eligibility

- $3,000 per month maximum total benefit including other coverage ($5,000 if other coverage is employer sponsored LTD).
- All occupation classes.
- All elimination periods.
- All benefit periods.
- All optional benefits or riders (maximum $3,000/month total monthly benefit; $5,000/month if employer sponsored LTD).
- Maximum issue age of 60.

Program Details

- No exam, blood profile, urinalysis, EKG or Attending Physician's Statement (APS) required if personal health and prescription histories are acceptable.
- Material MIB findings will require further underwriting.
- Underwriting actions available include changes in benefits requested, ratings and/or riders.
- This is not a Guaranteed Issue program. Applications may be issued standard or decline, or they may be declined.

**Two-day time frame does not apply if further underwriting (including Personal Health Interview) is required.*

Underwriting the Application

Notice of Underwriting Action

Once an application has been reviewed by Underwriting, you will receive notification of any required information being posted on the Agent Portal. You can view the status of the application, outstanding requirements, etc. within the Agent Portal.

Incomplete Applications

If we are unable to complete our underwriting requirements within 60 days of the application date, we must close the file as incomplete and return any premiums paid. A letter of explanation will be provided to you and your client. When any outstanding underwriting requirements are received, we communicate our tentative offer to you, subject to a new application.

Declined Applications

If an application is declined, the agent will be notified by Underwriting. A letter with a refund check in the amount of any premium paid is sent to you, the agent, to return to your client in all cases where we are unable to issue insurance, and it is necessary to decline the application.

Policy Modifications

Illinois Mutual utilizes the following policy modifications to insure persons who have medical conditions which do not qualify for standard insurance.

Limited Benefit Period

Limited benefit periods offer moderate protective value since the duration of the contractual obligation is shorter.

Increased Elimination Period

Increased elimination periods offer high protective value since the short term contractual obligation has been eliminated.

Exclusion Rider

Exclusion riders offer high protective value since the risk has been eliminated for a specific known morbidity factor. However, if a known condition or impairment can or does limit the applicant's ability to perform the material and substantial duties of his or her occupation, no offer of coverage will be made since an exclusion of coverage rider's protective value would be significantly diminished due to the nature and/or severity of the disabling condition or impairment.

Rating

Ratings on a single policy offer low protective value since the contractual obligation remains despite the increased premium. Due to the low protective value provided on a single rated policy:

Policies Rated	Maximum Benefit Period
75% or more	5 year
100% or more	2 year
> 200%	Decline

The following riders will not be offered on policies rated 75% or more:
Two Year Pure Own Occupation Rider (9255)
Five Year Pure Own Occupation Rider (9256)
Five Year Own Occupation Extension Rider (9258)
Activities of Daily Living (ADL) Rider (9259)
Cost of Living Adjustment (COLA) Rider (9260)
Residual Disability Benefit Rider (9261)
Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse (9265)

On policies rated 100% or more, the only optional riders offered are:
Integrated Benefit Rider (9264)
Return of Premium Rider (9266)

The following riders will not be offered on any rated policy:
Guaranteed Insurability Option (GIO) Rider (9267)
Automatic Increase Benefit Rider (9252)

Combining various underwriting actions based on the individual factors as presented on a case-by-case basis can also enhance the protective value.

General Guidelines

Residence Requirements

Applicants are considered for insurance if they currently reside full time in the United States. Applicants who anticipate residence in a foreign country, even temporarily, are not eligible for insurance.

Social Security Number

Applicants are considered for insurance if they provide a valid Social Security number issued by the United States Social Security Administration.

Citizenship Requirements

Applicants are considered for insurance if they are lawful citizens of the United States or if they are non-citizens who meet the requirements outlined in the Foreign Nationals section.

Foreign Travel

Applicants who travel to foreign countries frequently, those who visit for lengthy periods of time or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities may be ineligible for DI.

Foreign Nationals

Foreign Nationals with permanent resident status (immigrants) residing continuously in the United States for at least two (2) years immediately preceding completion of our application are considered for insurance subject to the following:

- Current full-time U.S. residency
- Valid Social Security number
- Valid Permanent Resident Card ("Green Card")
- Foreign National Questionnaire (Form 7016)
- Intent to reside permanently in the U.S. (assets, employment, family, etc.)
- Occasional limited trips to native country – also see Foreign Travel section
- Copy of the past two years' Federal Income Tax Returns upon request
- Established health care in the U.S. with access to medical records upon request
- Cover letter of explanation, which is recommended and may be required upon request

Applicants applying for Total Disability Benefit greater than $3,000/month must provide a copy of their Permanent Resident Card ("Green Card").

Tobacco or Nicotine Use

A surcharge of 25% is added to policies where individuals have used tobacco or nicotine-based products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results. Tobacco and nicotine-based products include but are not limited to cigarettes, cigars, pipes, pipe tobacco, snuff, chewing tobacco, tobacco substitutes and nicotine delivery systems/devices.

Aviation/Avocation

Engaging in personal aviation activity and/or avocations such as mountain or rock climbing, motor-powered racing, scuba or sky diving, hang gliding or any other hazardous activity presents an increased risk and may prompt the use of an exclusion of coverage rider.

Policy Language

The actual policy language is the ultimate authority; refer to the policy and riders for complete details, limitations, exceptions and reductions.

State Sponsored Compulsory Disability Insurance

In some states, residents are eligible for Compulsory Disability insurance programs with benefit periods ranging from 26 to 52 weeks. The benefits vary by state and are included when determining benefit amount eligibility.

Stopgap (Interim) Coverage

Stopgap coverage is defined as coverage intended to be prematurely cancelled, lapsed or replaced. Applicants seeking stopgap coverage are ineligible for DI105 and BE105.

List Bill Cases

DI105 and BE105 are available for common list bill on employer-paid cases. A minimum of 2 lives is required for employer-paid cases.

Risk Assessments

Underwriting does not accept trial applications but can provide a preliminary review based on medical/financial situations of the potential applicant. Underwriting will not accept medical records and/or financial documentation without an application for insurance but will discuss your client's situation with you and provide a preliminary assessment. Of course, Underwriting has final approval authority, and any offer is subject to full underwriting, including confirmation and clarification of the information provided.

Discounts

Multi-Life Discounts

A 5% multi-life discount is available on three or more lives based on the following guidelines:

- Available on DI105 or BE105.
- Three or more lives must be issued policies.
- Applications must be submitted for all individuals at the same time.
- Applicants must all work for the same employer.
- Employer-paid premium or electronic funds transfer (EFT) only.
- Payroll deduction mode is not eligible.
- Multi-Life Discounts are not available in FL or OH.

Multi-Policy Discounts

A 5% multi-policy discount is available to an applicant on a DI105 policy and BE105 policy when both policies are submitted at the same time and issued. The 5% discount applies to both policies. The multi-policy discount is not available in FL.

Association Program Discount

Members of approved associations can receive a 5% discount on a DI105 plan. No minimum number of lives applies. Complimentary personalized marketing materials are available for approved associations of 250 or more. Association discounts are not available in FL, OH or NJ.

Download our DI Association Kit (A9601) from the Resource Library for program details, start-up information and a resource guide.

Note: A policy is not eligible for more than one discount.

Employment Credentials

Employment in many occupations requires advanced education, specialized training, licensing, and certification or association membership. Only those who are employed with appropriate occupation credentials or those operating in conformity with all applicable laws will be considered for coverage.

Employment Stability

Individuals must demonstrate a history of stable, full-time (30 hours per week, on average, year-round) employment in the primary occupation. For individuals working less than 30 hours per week, see the Part-Time Occupations section of this guide.

- Provide details to frequent changes of occupation and/or employer, or any period of unemployment lasting six months or longer within five years of application completion.
- If the applicant intends to change occupation or employment status within six months following application completion, provide details.

Self-employed individuals must have been in business for at least 12 consecutive months or gainfully employed in the same occupation or line of work as current employment for two consecutive years immediately preceding self-employment.

To Age 67 Benefit Period:

Applicants must have been gainfully employed in current occupation for at least two consecutive years and have a minimum salary of at least $20,000 annually in order to be eligible for the To Age 67 benefit period.

Business Owner Occupation Class Upgrade

For business owners applying for Personal Paycheck Power® or Business Expense Power®, Illinois Mutual will offer a "one-class" occupation upgrade which allows for optional benefits/riders available to the upgraded occupation class.

Eligibility:

- Minimum 20% business ownership.
- At least 2 consecutive years of financially successful business operations immediately preceding application completion.
- Classes 1, 2, and 3 eligible. Not available to Class 4 occupations or chiropractors.
- Part-time occupations are restricted to a maximum 5-year benefit period.
- Unconventional occupations are restricted to a maximum 2-year benefit period. As some unconventional occupations may not be eligible, see Occupation Reference Guide (A9761) for guidelines.
- The class upgrade and/or To Age 67 benefit period can be denied at the underwriter's discretion on above-average risk cases.

Benefits Available:

- Available class upgrades: Class 1 to Class 2, Class 2 to Class 3, Class 3 to Class 5.
- The To Age 67 benefit period may be available for proposed insureds upgraded to Classes 3 or 5 –see Occupation Reference Guide (A9761) for To Age 67 guidelines. Class 1 occupations upgraded to a Class 2 are not eligible for a To Age 67 benefit period.

W-2 Employee Occupation Class Upgrade

W-2 employees in the eligible occupations listed in our Occupation Reference Guide (A9761), and applying for DI105 or BE105 with Illinois Mutual,
will be offered a one-class occupation upgrade, subject to underwriting approval. Except where noted with a checkmark in the "W-2 Occ Class Upgrade Eligible" column of the Occupation Reference Guide, the one-class upgrade does not include any extended benefit periods or riders available to the upgraded occupation class.

- Available class upgrades are: Class 1 upgraded to Class 2; Class 2 upgraded to Class 3; Class 3 upgraded to Class 5.
- The class upgrade, for those occupations with a checkmark in the W-2 Occ Class Upgrade Eligible column of the Occupation Reference Guide (A9761), allows the proposed insured to apply for optional benefit periods and riders which are available to the upgraded occupation class, subject to underwriting approval.
- The To Age 67 benefit period may be available to Class 2 and Class 3 occupations subject to gainful employment in the current occupation for at least 2 consecutive years and a minimum salary of at least $30,000 annually.
- The class upgrade and/or To Age 67 benefit period can be denied at the underwriter's discretion on above average risk cases.
- The class upgrade is not available to Class 4 occupations.
- Part-time occupations are restricted to a maximum 5-year benefit period.

Part-Time Occupations

Certain professionals and skilled individuals working on a part-time basis (at least 20 hours per week, on average, year round) can be considered for Personal Paycheck Power®, subject to the following guidelines:

Occupations:

Please refer to our Personal Paycheck Power Series® Occupation Reference Guide (A9761) for eligibility.

Ineligible part-time occupations are: Class 4 physicians, chiropractors, seasonal occupations, and government employees.

Eligibility:

- Minimum 2 years of employment stability including employment status, occupation/job duties, hours worked per week and insurable earned income.
- Insurable earned income of at least $7,200 per year (financial documentation required)
- Ages 25 - 60.

Benefits Available:

- All elimination periods available.
- Benefit periods of 5 years or less available.
- Maximum total monthly benefit not to exceed $5,000/month.
- No offer of coverage when participating with existing DI coverage.
- Only optional riders available are Return of Premium Rider, Retroactive Injury Benefit Rider and Integrated Monthly Benefit Rider.
- If annual income is $40,000 or greater, there are no benefit period or rider option restrictions.

Seasonal Occupations

Applicants employed in seasonal occupations are eligible for coverage provided there is an established and stable pattern of employment and seasonal inactivity. The period of inactivity cannot exceed 90 days and a corresponding minimum policy elimination period will be required. Please note, however, that applicants with seasonal part-time occupations are not insurable.

Multiple Occupations

We will combine the hours worked in multiple unrelated occupations up to 40 hours per week, as long as the applicant is working a minimum 20 hours per week in at least one of the occupations. When an applicant has multiple occupations (two or more part-time, two or more full-time, or a full-time and a part-time), use the classification appropriate for the most hazardous work/occupation duties. When calculating monthly benefit amount eligibility, it is acceptable to include the earned income from multiple occupations up to 40 hours per week.

Government Employees

Federal, state, county and municipal (government) employees are considered individually at the occupation class and benefit period appropriate for their job duties. This includes law enforcement, public employees, firefighters and teachers.

Federal, state, county or municipal government funded/subsidized organizations, or those with similar government sponsored benefit programs such as postal workers or railroad employees, will be subject to the same issue and participation limits as government employees.

Government employees are subject to the following special underwriting issue and participation limits:

- The Base Monthly Benefit is limited to 30% of earned income not to exceed $2,000 per month.
- The Integrated Monthly Benefit Rider is limited to 40% of earned income not to exceed $1,800 per month.
- Coverage may not be available if there is any individual or group disability income insurance in force. Please contact the Home Office to discuss eligibility.
- Guaranteed Insurability Option is not available.

The Integrated Monthly Benefit Rider pays an additional Total Disability benefit reduced by receipt of Social Insurance Benefits such as Social Security, Workers' Compensation, Railroad Retirement and Government Retirement/Disability Fund. The Base Monthly Benefit is not reduced by receipt of Social Insurance Benefits.

Home Office pre-approval of payroll deduction and list billing plans for government employees is required.

Stay-at-Home Spouses

Illinois Mutual offers DI to stay-at-home spouses when their wage-earning spouse has or is applying for a similar or greater amount of coverage.

- Up to $2,000 of monthly benefit, which cannot exceed the monthly benefit for the wage-earning spouse.
- All elimination periods available.
- Maximum 2-year benefit period.
- Occupation class 2.
- Return of Premium Rider available.
- Guaranteed Insurability Option available if the maximum monthly benefit is not initially purchased.
- The stay-at-home spouse is eligible for coverage only if:
  - the wage-earning spouse financially qualifies for coverage *and*
  - he or she resides with the wage-earning spouse *and*
  - the stay-at-home spouse does not already have DI coverage in force or applied for.
- If the stay-at-home spouse has a secondary part-time occupation, see the Part-Time Occupations section of this guide.
- An application is required. Additional underwriting requirements may be requested at underwriter's discretion.

Farmer Guidelines

Even if farm expenses including depreciation result in little or no reportable income (profit) for federal income tax purposes, farmers are usually eligible for individual and/or business expense coverage. Use the acreage or herd size to determine the monthly benefit amount available on DI105 and BE105 when income cannot be verified by tax returns.

Farm Size (Acres)	Herd Size (Head)	Amount (Monthly)
200+	24-49	Up to $2,000
350+	50-74	Up to $2,500
500+	75+	Up to $3,000

- Indicate the number of acres farmed or herd size on the application.
- Any member of a farm family proposed for DI must demonstrate full-time participation in the farming operation, exclusive of household chores.
- The size and scope of the farming operation must support the total amount of DI proposed on all family members.

The following guidelines apply to farm spouses actively working and participating in the farm operation a minimum 30 hours per week.

- 6 month, 1 year or 2-year benefit periods available.
- Occupation class 2.

Guidelines for Farm Working Spouses		
Farm Size (Acres)	Herd Size (Head)	Amount (Monthly)
200+	24-49	Up to $600
350+	50-74	Up to $800
500+	75+	Up to $1,000

The Activities of Daily Living Rider (ADL) is available to farmers and farm working spouses who qualify for coverage based on acreage or herd size. With the ADL rider, your farming clients are able to purchase an ADL benefit up to 50% of the base monthly benefit amount allowed based on acreage and herd size.

Financial Guidelines

Earned Income

Earned income, as reported for Federal Income Tax purposes, is defined as the usual and customary salary paid and/or revenues earned (less cost of goods sold and business expenses) for performing the duties required of full-time employment in the primary occupation at the primary business. Include deferred compensation, bonus and commissions. Do not include overtime income, unearned income, or any income that would continue despite a disabling disease or disorder.

Usual and customary is defined as the established pattern of compensation over the past three years. Marked change or significant fluctuation in earned income will require clarification and may prompt averaging to determine the appropriate benefit amount available.

Salary (wage) is defined as a fixed payment at regular intervals for work performed (Federal Tax Form W-2).

Unearned Income

Unearned (passive) income is defined as income derived from sources that do not require the ongoing personal labor or services of the applicant and would continue in the event of the applicant's total disability. Examples of unearned income sources include investment interest, trusts, pensions, rental properties, royalties, capital gains, dividends, annuities, or alimony.

Unearned income is not counted toward earned income monthly benefit eligibility. However, significant amounts of unearned income may limit monthly benefit amount eligibility.

Overtime Income

Overtime income is defined as salary or wages paid for working in excess of a 40-hour workweek. Do not include overtime income when calculating monthly benefit amount eligibility.

Income Documentation

FINANCIAL DOCUMENTATION GUIDELINES*		
Benefit Amounts (Including Integrated Monthly Benefit Rider and existing coverage, all sources)	Non-Owner W-2 Employees	Self-Employed Applicants**
$200 - $5,000	No income documentation required	No income documentation required
$5,001 - $8,000		1 year of income documentation
$8,001+	2 years of income documentation required	

**Illinois Mutual's Underwriting Department reserves the right to request financial documentation for any amount of coverage.*

***If self-employed less than 12 consecutive months, a year-to-date business income/expense statement and/or employment contract copies are required.*

- Self-employed is defined as any applicant with 20% or more business ownership operating as a sole proprietor, independent contractor, partnership or closely held corporation. Individual circumstances may warrant additional documentation requirements.

Types of income documentation required for applicants who are self-employed/business owners requesting benefit amounts between $5,001 and $8,001+/month (in force and applied for – total, all sources):

- Sole Proprietor: Federal Tax Form 1040 including Schedule C.
- Partners of Partnership: Federal Partnership Tax Form 1065 including Schedule K-1.
- Owners of Closely Held "C" Corporations: Federal Corporate Tax Form 1120.
- Owners of Closely Held "S" Corporations: Federal Corporate Tax Form 1120S including Schedule K-1.

Type of income documentation required for non-owner W-2 employees requesting benefit amounts greater than $8,000/month (in force and applied for – total, all sources):

- Federal Tax Form W-2s

Business Owner Allowance (BOA)

When your business owner clients apply for Personal Paycheck Power®, Illinois Mutual will increase their insurable net earned income by 25% in order to qualify for more base benefits.

- The 25% increase is subject to a maximum $1,000 of additional base monthly benefit. Published issue and participation limits still apply.
- The business must be in existence for a minimum of 1 year.
- The BOA can be denied at the underwriter's discretion on above-average risk cases.
- The BOA is not available to Class 4 occupations or chiropractors.

Net Worth

Net worth is defined as assets minus liabilities. For DI underwriting purposes, ignore the primary personal residence and personal belongings. A net worth in excess of $2.5 million may limit eligibility.

Bankruptcy

Establishing financial stability is a key aspect in the underwriting process. In general, no coverage can be offered until two years after the applicant's bankruptcy discharge. However, individual consideration is available subject to the following information:

- A detailed explanation of the circumstances that led to the bankruptcy.
- Type of bankruptcy filed.
- Date of bankruptcy discharge.
- The proposed insured is free and clear of all debts/liens (if not, full details needed).
- Past two years' complete federal tax returns with all supporting schedules.

Depreciation

Depreciation of assets such as furniture and equipment is typically an ongoing business expense. It should be considered when calculating monthly benefit amount eligibility for a Business Expense Power® policy and not for a Personal Paycheck Power® policy.

Issue and Participation Limits

Personal Paycheck Power® is designed to replace a portion of earned income. The total of all forms of disability benefits (excluding business expense, buy-sell, key-person, and workers' compensation) in force, eligible for, and applied for are included when calculating disability income benefit eligibility.

Personal Paycheck Power® benefit eligibility is based on the following Earned Income Issue and Participation Limit Charts up to a maximum $10,000/month issue limit and $12,000/month participation limit.* In order to have a $12,000/month participation limit, you must use the Base and Integrated Benefits Chart in this guide. The total sum of all forms of disability insurance for all companies, in force or currently applied for, may not exceed $12,000/month.

For W-2 employees, use monthly earned income to calculate the maximum benefit amount. If self-employed, use net monthly earned income after business expenses.

**Maximum $8,000/month issue limit and $10,000/month participation limit for all Class 4 occupations*

Individual Pay

Individual Disability Insurance (IDI) policies usually have the insured as the owner, premium payor, and benefit recipient. Policy premiums are usually paid with after-tax dollars, and the benefits may be received income tax free. Benefit amount eligibility can be found under the Individual Pay section of the charts.

Employer Pay

If the proposed insured is an employee of a business where the employer is paying 100% of the IDI policy premium and none of the premium is counted as taxable income to the insured, the benefits may be taxable at time of claim. To adjust for benefit taxation, we offer increased benefit amounts reflected in the Employer Pay column of the charts.

The application for insurance must specify the employer is paying 100% of the policy premiums to be considered for the increased benefit amounts reflected under the Employer Pay column of the charts.

Owners of unincorporated partnerships, sole proprietorships and "S" corporation (2% or more ownership) are not eligible for the increased benefit amounts reflected under the Employer Pay column of the charts.

Group LTD Coordination

GLTD (group long-term disability) or salary continuation plans where all the group policy premiums are paid by the employer with none of those premiums counted as taxable income to the insured may provide taxable group benefits at time of claim. To adjust for group benefit taxation when coordinating with GLTD, we offer increased benefit amounts reflected in the Employer Pay column of the charts.

The application for insurance must specify that the GLTD is in force and it is employer paid to be considered for the increased benefit amounts reflected under the Employer Pay column of the charts.

When Employer Pay IDI coverage is coordinating with Employer Pay GLTD coverage, use the increased benefit amounts reflected in the Employer Pay column of the charts. Since both the Employer Pay IDI and Employer Pay GLTD provide taxable benefits, reduce the Employer Paid GLTD benefit by 20% (multiply by .8). Example:

Earned Income:	$60,000/yr or $5,000/mo.
Benefit Period:	Age 67
Employer Pay:	$4,000 ($5,000 x 80%)
Employer Pay GLTD* (60%):	-2,400 ($5,000 x 60% = 3,000 x .8 tax adjustment)
Base Benefit Eligibility:	$1,600

**GLTD benefits generally integrate with Social Security benefits limiting eligibility for the Integrated Monthly Benefit Rider.*

Do **not** use the GLTD tax adjustment unless both the IDI and GLTD are employer paid.

Do not use the Employer Pay column when coordinating with franchise or association coverage.

Taxation

The Federal tax laws are complex and fall outside the scope of this Guide.

DI Issue Limits

Base Benefits Only

The DI Issue Limits - Base Benefits Only Chart is recommended for clients who wish to maximize the amount of Base benefit purchased.

Total benefits on all existing and applied for coverage cannot exceed the amounts listed in each respective benefit period column.

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
$7,200	450	420	360	480	480	480
8,000	500	470	400	535	535	535
9,000	565	525	450	600	600	600
10,000	625	585	500	670	670	670
11,000	690	645	550	735	735	735
12,000	750	700	600	800	800	800
13,000	815	760	650	870	870	870
14,000	875	820	700	935	935	935
15,000	940	875	750	1,000	1,000	1,000
16,000	1,000	935	800	1,070	1,070	1,070
17,000	1,065	995	850	1,135	1,135	1,135
18,000	1,125	1,050	900	1,200	1,200	1,200
19,000	1,190	1,110	950	1,270	1,270	1,270
20,000	1,250	1,170	1,000	1335	1,335	1,335
21,000	1,315	1,225	1,050	1,400	1,400	1,400
22,000	1,375	1,285	1,100	1,470	1,470	1,470
23,000	1,440	1,345	1,150	1,535	1,535	1,535
24,000	1,500	1,400	1,200	1,600	1,600	1,600
25,000	1,565	1,460	1,250	1,670	1,670	1,670
26,000	1,625	1,520	1,300	1,735	1,735	1,735
27,000	1,690	1,575	1,350	1,800	1,800	1,800
28,000	1,750	1,635	1,400	1,870	1,870	1,870
29,000	1,815	1,695	1,450	1,935	1,935	1,935
30,000	1,875	1,750	1,500	2,000	2,000	2,000
31,000	1,940	1,810	1,550	2,070	2,070	2,070
32,000	2,000	1,870	1,600	2,135	2,135	2,135
33,000	2,065	1,925	1,650	2,200	2,200	2,200
34,000	2,125	1,985	1,700	2,270	2,270	2,270
35,000	2,190	2,045	1,750	2,335	2,335	2,335
36,000	2,250	2,100	1,800	2,400	2,400	2,400
37,000	2,315	2,160	1,850	2,470	2,470	2,470
38,000	2,375	2,220	1,900	2,535	2,535	2,535

DI Issue Limits

Base Benefits Only

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
39,000	2,440	2,275	1,950	2,600	2,600	2,600
40,000	2,500	2,335	2,000	2,670	2,670	2,670
41,000	2,565	2,395	2,050	2,735	2,735	2,735
42,000	2,625	2,450	2,100	2,800	2,800	2,800
43,000	2,690	2,510	2,150	2,870	2,870	2,870
44,000	2,750	2,570	2,200	2,935	2,935	2,935
45,000	2,815	2,625	2,250	3,000	3,000	3,000
46,000	2,875	2,685	2,300	3,070	3,070	3,070
47,000	2,940	2,745	2,350	3,135	3,135	3,135
48,000	3,000	2,800	2,400	3,200	3,200	3,200
49,000	3,065	2,860	2,450	3,270	3,270	3,270
50,000	3,125	2,920	2,500	3,335	3,335	3,335
52,000	3,250	3,035	2,600	3,470	3,470	3,470
54,000	3,375	3,150	2,700	3,600	3,600	3,600
56,000	3,500	3,270	2,800	3,735	3,735	3,735
58,000	3,625	3,385	2,900	3,870	3,870	3,870
60,000	3,750	3,500	3,000	4,000	4,000	4,000
62,000	3,875	3,620	3,100	4,135	4,135	4,135
64,000	4,000	3,735	3,200	4,270	4,270	4,270
66,000	4,125	3,850	3,300	4,400	4,400	4,400
68,000	4,250	3,970	3,400	4,535	4,535	4,535
70,000	4,375	4,085	3,500	4,670	4,670	4,670
72,000	4,500	4,200	3,600	4,800	4,800	4,800
74,000	4,625	4,320	3,700	4,935	4,935	4,935
76,000	4,750	4,435	3,800	5,070	5,070	5,070
78,000	4,875	4,550	3,900	5,200	5,200	5,200
80,000	5,000	4,670	4,000	5,335	5,335	5,335
82,000	5,125	4,785	4,100	5,470	5,470	5,470
84,000	5,250	4,900	4,200	5,600	5,600	5,600
86,000	5,375	5,020	4,300	5,735	5,735	5,735
88,000	5,500	5,135	4,400	5,870	5,870	5,870
90,000	5,625	5,250	4,500	6,000	6,000	6,000
92,000	5,750	5,370	4,600	6,135	6,135	6,135
94,000	5,875	5,485	4,700	6,267	6,267	6,270
96,000	6,000	5,600	4,800	6,400	6,400	6,400

DI Issue Limits

Base Benefits Only

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
98,000	6,125	5,720	4,900	6,535	6,535	6,535
100,000	6,250	5,835	5,000	6,670	6,670	6,670
102,000	6,300	5,885	5,050	6,750	6,750	6,750
104,000	6,350	5,935	5,100	6,835	6,835	6,835
106,000	6,400	5,985	5,150	6,920	6,920	6,920
108,000	6,450	6,035	5,200	7,000	7,000	7,000
110,000	6,500	6,085	5,250	7,085	7,085	7,085
112,000	6,550	6,135	5,300	7,170	7,170	7,170
114,000	6,600	6,185	5,350	7,250	7,250	7,250
116,000	6,650	6,235	5,400	7,335	7,335	7,335
118,000	6,700	6,285	5,450	7,420	7,420	7,420
120,000	6,750	6,335	5,500	7,500	7,500	7,500
122,000	6,800	6,385	5,550	7,585	7,585	7,585
124,000	6,850	6,435	5,600	7,670	7,670	7,670
126,000	6,900	6,485	5,650	7,750	7,750	7,750
128,000	6,950	6,535	5,700	7,835	7,835	7,835
130,000	7,000	6,585	5,750	7,920	7,920	7,920
132,000	7,050	6,635	5,800	8,000	8,000	8,000
134,000	7,100	6,685	5,850	8,085	8,085	8,085
136,000	7,150	6,735	5,900	8,170	8,170	8,170
138,000	7,200	6,785	5,950	8,250	8,250	8,250
140,000	7,250	6,835	6,000	8,335	8,335	8,335
142,000	7,300	6,885	6,050	8,420	8,420	8,420
144,000	7,350	6,935	6,100	8,500	8,500	8,500
146,000	7,400	6,985	6,150	8,585	8,585	8,585
148,000	7,450	7,035	6,200	8,670	8,670	8,670
150,000	7,500	7,085	6,250	8,750	8,750	8,750
155,000	7,625	7,210	6,375	8,960	8,960	8,960
160,000	7,750	7,335	6,500	9,170	9,170	9,170
165,000	7,875	7,460	6,625	9,375	9,375	9,375
170,000	8,000	7,585	6,750	9,585	9,585	9,585
175,000	8,125	7,710	6,875	9,795	9,795	9,795
180,000	8,250	7,835	7,000	10,000	10,000	10,000
185,000	8,375	7,960	7,125	10,000	10,000	10,000
190,000	8,500	8,085	7,250	10,000	10,000	10,000

DI Issue Limits

Base Benefits Only

DI ISSUE LIMITS WHEN APPLYING FOR BASE BENEFITS ONLY						
	INDIVIDUAL PAY			EMPLOYER PAY		
Annual Earned	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67	6 Month, 1 Year	2 Year	5 Yr., 10 Yr., To Age 67
195,000	8,625	8,210	7,375	10,000	10,000	10,000
200,000	8,750	8,335	7,500	10,000	10,000	10,000
210,000	9,000	8,585	7,750	10,000	10,000	10,000
220,000	9,250	8,835	8,000	10,000	10,000	10,000
230,000	9,500	9,085	8,250	10,000	10,000	10,000
240,000	9,750	9,335	8,500	10,000	10,000	10,000
250,000	10,000	9,585	8,750	10,000	10,000	10,000
260,000	10,000	9,835	9,000	10,000	10,000	10,000
270,000	10,000	10,000	9,250	10,000	10,000	10,000
280,000	10,000	10,000	9,500	10,000	10,000	10,000
290,000	10,000	10,000	9,750	10,000	10,000	10,000
300,000	10,000	10,000	10,000	10,000	10,000	10,000
310,000	10,000	10,000	10,000	10,000	10,000	10,000
320,000	10,000	10,000	10,000	10,000	10,000	10,000
330,000	10,000	10,000	10,000	10,000	10,000	10,000
340,000	10,000	10,000	10,000	10,000	10,000	10,000
350,000	10,000	10,000	10,000	10,000	10,000	10,000
360,000	10,000	10,000	10,000	10,000	10,000	10,000
370,000	10,000	10,000	10,000	10,000	10,000	10,000
380,000	10,000	10,000	10,000	10,000	10,000	10,000
390,000	10,000	10,000	10,000	10,000	10,000	10,000
400,000	10,000	10,000	10,000	10,000	10,000	10,000

The Maximum Issue Limit is $10,000/mo.*
For the maximum participation limit of $12,000/mo.* use the Base and Integrated Benefits chart.

**Maximum $8,000/month issue limit and $10,000/month participation limit for all Class 4 occupations and Chiropractors*

DI Issue Limits

Base and Integrated Benefits

The DI Issue and Participation Limits - Base and Integrated Benefits Chart is recommended for cost conscious clients who wish to lower the monthly premium cost by purchasing a combination of Base and Integrated Benefit.

Total benefits on all existing and applied for coverage cannot exceed the amounts listed in the Maximum Benefit Columns.

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
$7,200	200	280	300	480	200	280	300	480
8,000	200	335	300	535	200	335	300	535
9,000	200	350	300	600	200	350	300	600
10,000	200	365	400	665	200	365	400	665
11,000	200	385	400	735	200	385	400	735
12,000	200	400	500	800	200	400	500	800
13,000	200	415	500	865	200	415	500	865
14,000	200	435	600	935	200	435	600	935
15,000	200	450	600	1,000	200	450	600	1,000
16,000	200	465	600	1,065	200	465	600	1,065
17,000	200	535	600	1,135	200	535	600	1,135
18,000	200	550	700	1,200	200	550	700	1,200
19,000	200	615	700	1,265	200	615	700	1,265
20,000	200	635	700	1,335	200	635	700	1,335
21,000	200	700	700	1,400	200	700	700	1,400
22,000	200	750	800	1,450	200	765	800	1,465
23,000	200	800	800	1,500	200	835	800	1,535
24,000	200	825	900	1,575	200	850	900	1,600
25,000	200	900	900	1,650	200	915	900	1,665
26,000	200	900	1,000	1,700	200	935	1,000	1,735
27,000	200	950	1,000	1,750	200	1,000	1,000	1,800
28,000	200	975	1,100	1,825	200	1,015	1,100	1,865
29,000	200	1,025	1,100	1,875	200	1,085	1,100	1,935
30,000	200	1,050	1,100	1,950	200	1,100	1,100	2,000
31,000	200	1,125	1,200	2,025	200	1,165	1,200	2,065
32,000	200	1,175	1,200	2,075	200	1,235	1,200	2,135
33,000	200	1,225	1,300	2,125	200	1,300	1,300	2,200
34,000	200	1,225	1,300	2,175	200	1,315	1,300	2,265
35,000	200	1,300	1,300	2,250	200	1,385	1,300	2,335
36,000	200	1,350	1,300	2,300	200	1,450	1,300	2,400
37,000	200	1,400	1,400	2,350	200	1,515	1,400	2,465

DI Issue Limits

Base and Integrated Benefits

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
38,000	200	1,400	1,400	2,400	200	1,535	1,400	2,535
39,000	200	1,475	1,400	2,475	200	1,600	1,400	2,600
40,000	200	1,525	1,400	2,525	200	1,665	1,400	2,665
41,000	200	1,575	1,400	2,575	200	1,735	1,400	2,735
42,000	200	1,575	1,400	2,625	200	1,750	1,400	2,800
43,000	200	1,650	1,500	2,700	200	1,815	1,500	2,865
44,000	200	1,700	1,500	2,750	200	1,885	1,500	2,935
45,000	200	1,750	1,600	2,800	200	1,950	1,600	3,000
46,000	200	1,750	1,600	2,850	200	1,965	1,600	3,065
47,000	200	1,800	1,600	2,900	200	2,035	1,600	3,135
48,000	200	1,850	1,600	2,950	200	2,100	1,600	3,200
49,000	200	1,925	1,600	3,025	200	2,165	1,600	3,265
50,000	200	1,950	1,600	3,100	200	2,185	1,600	3,335
52,000	200	2,025	1,700	3,175	200	2,315	1,700	3,465
54,000	200	2,050	1,700	3,250	200	2,400	1,700	3,600
56,000	200	2,125	1,700	3,325	200	2,535	1,700	3,735
58,000	200	2,225	1,700	3,425	200	2,665	1,700	3,865
60,000	200	2,300	1,800	3,500	200	2,800	1,800	4,000
62,000	200	2,350	1,800	3,550	200	2,935	1,800	4,135
64,000	200	2,400	1,800	3,600	200	3,065	1,800	4,265
66,000	200	2,425	1,800	3,625	200	3,200	1,800	4,400
68,000	200	2,450	1,800	3,650	200	3,335	1,800	4,535
70,000	200	2,500	1,800	3,700	200	3,465	1,800	4,665
72,000	200	2,575	1,800	3,775	200	3,600	1,800	4,800
74,000	200	2,650	1,800	3,850	200	3,735	1,800	4,935
76,000	200	2,700	1,800	3,900	200	3,865	1,800	5,065
78,000	200	2,750	1,800	3,950	200	4,000	1,800	5,200
80,000	200	2,825	1,800	4,025	200	4,135	1,800	5,335
82,000	200	2,925	1,800	4,125	200	4,265	1,800	5,465
84,000	200	3,000	1,800	4,200	200	4,400	1,800	5,600
86,000	200	3,075	1,800	4,275	200	4,535	1,800	5,735
88,000	200	3,175	1,800	4,375	200	4,665	1,800	5,865
90,000	200	3,250	1,800	4,450	200	4,800	1,800	6,000
92,000	200	3,325	1,800	4,525	200	4,935	1,800	6,135
94,000	200	3,400	1,800	4,600	200	5,065	1,800	6,265

DI Issue Limits

Base and Integrated Benefits

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
96,000	200	3,475	1,800	4,675	200	5,200	1,800	6,400
98,000	200	3,550	1,800	4,750	200	5,335	1,800	6,535
100,000	200	3,600	1,800	4,800	200	5,465	1,800	6,665
102,000	200	3,675	1,800	4,875	200	5,600	1,800	6,800
104,000	200	3,725	1,800	4,925	200	5,735	1,800	6,935
106,000	200	3,750	1,800	4,950	200	5,865	1,800	7,065
108,000	200	3,775	1,800	4,975	200	6,000	1,800	7,200
110,000	200	3,800	1,800	5,000	200	6,135	1,800	7,335
112,000	200	3,850	1,800	5,050	200	6,265	1,800	7,465
114,000	200	3,900	1,800	5,100	200	6,400	1,800	7,600
116,000	200	3,950	1,800	5,150	200	6,535	1,800	7,735
118,000	200	4,000	1,800	5,200	200	6,665	1,800	7,865
120,000	200	4,050	1,800	5,250	200	6,800	1,800	8,000
122,000	200	4,125	1,800	5,325	200	6,875	1,800	8,075
124,000	200	4,200	1,800	5,400	200	6,950	1,800	8,150
126,000	200	4,275	1,800	5,475	200	7,025	1,800	8,225
128,000	200	4,350	1,800	5,550	200	7,100	1,800	8,300
130,000	200	4,400	1,800	5,600	200	7,175	1,800	8,375
132,000	200	4,450	1,800	5,650	200	7,250	1,800	8,450
134,000	200	4,500	1,800	5,700	200	7,325	1,800	8,525
136,000	200	4,550	1,800	5,750	200	7,400	1,800	8,600
138,000	200	4,600	1,800	5,800	200	7,475	1,800	8,675
140,000	200	4,675	1,800	5,875	200	7,550	1,800	8,750
142,000	200	4,750	1,800	5,950	200	7,600	1,800	8,800
144,000	200	4,825	1,800	6,025	200	7,650	1,800	8,850
146,000	200	4,900	1,800	6,100	200	7,700	1,800	8,900
148,000	200	5,000	1,800	6,200	200	7,750	1,800	8,950
150,000	200	5,100	1,800	6,300	200	7,800	1,800	9,000
155,000	200	5,300	1,800	6,500	200	7,900	1,800	9,100
160,000	200	5,500	1,800	6,700	200	8,000	1,800	9,200
165,000	200	5,700	1,800	6,900	200	8,100	1,800	9,300
170,000	200	5,900	1,800	7,100	200	8,200	1,800	9,400
175,000	200	6,050	1,800	7,300	200	8,300	1,800	9,500
180,000	200	6,200	1,800	7,450	200	8,400	1,800	9,600
185,000	200	6,350	1,800	7,600	200	8,500	1,800	9,700

DI Issue Limits

Base and Integrated Benefits

DI ISSUE AND PARTICIPATION LIMITS WHEN APPLYING FOR BASE AND INTEGRATED BENEFITS								
	INDIVIDUAL PAY				EMPLOYER PAY			
Annual Earned Income	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit	Minimum Base DI Benefit	Maximum Base DI Benefit	Maximum Integrated Benefit	Maximum Total Benefit
190,000	200	6,500	1,800	7,750	200	8,600	1,800	9,800
195,000	200	6,650	1,800	7,900	200	8,700	1,800	9,900
200,000	200	6,800	1,800	8,000	200	8,800	1,800	10,000
210,000	200	7,000	1,800	8,200	200	8,800	1,800	10,200*
220,000	200	7,200	1,800	8,400	200	8,800	1,800	10,400*
230,000	200	7,400	1,800	8,600	200	8,800	1,800	10,600*
240,000	200	7,600	1,800	8,800	200	8,800	1,800	10,800*
250,000	200	7,800	1,800	9,000	200	8,800	1,800	11,000*
260,000	200	8,000	1,800	9,200	200	8,800	1,800	11,200*
270,000	200	8,200	1,800	9,400	200	8,800	1,800	11,400*
280,000	200	8,400	1,800	9,600	200	8,800	1,800	11,600*
290,000	200	8,600	1,800	9,800	200	8,800	1,800	11,800*
300,000	200	8,800	1,800	10,000	200	8,800	1,800	12,000*
310,000	200	8,800	1,800	10,200*	200	8,800	1,800	12,000*
320,000	200	8,800	1,800	10,400*	200	8,800	1,800	12,000*
330,000	200	8,800	1,800	10,600*	200	8,800	1,800	12,000*
340,000	200	8,800	1,800	10,800*	200	8,800	1,800	12,000*
350,000	200	8,800	1,800	11,000*	200	8,800	1,800	12,000*
360,000	200	8,800	1,800	11,200*	200	8,800	1,800	12,000*
370,000	200	8,800	1,800	11,400*	200	8,800	1,800	12,000*
380,000	200	8,800	1,800	11,600*	200	8,800	1,800	12,000*
390,000	200	8,800	1,800	11,800*	200	8,800	1,800	12,000*
400,000	200	8,800	1,800	12,000*	200	8,800	1,800	12,000*

The Maximum Issue Limit is $10,000/mo.*
For the maximum participation limit of $12,000/mo.* use the Base and Integrated Benefits chart.

**Maximum $8,000/month issue limit and $10,000/month participation limit for all Class 4 occupations and Chiropractors*

Premium Payments

First Premiums

First premiums should be collected at the time the application is taken, and the full premium paid should accompany the application to the Home Office. If money is collected, be sure to leave the Payment Receipt with the applicant. Encourage your applicant to pay the first premium when you write the application to bind coverage by the terms of the application, except in cases where an adverse underwriting action is anticipated.

Illinois Mutual will not accept individually billed monthly business. If an application is submitted on a quarterly, semiannual or annual basis without money or without the full first premium, the application will be underwritten and, when issued, there will be 30 days to pay the premium.

If the full premium on such C.O.D. cases, or the balance of the premium on a partial pay case, is not received in the Home Office within 30 days from the date of issue, the policy is null and void, and the applicant is so advised by letter.

Post-dated checks are not acceptable. A bank may choose to charge the policyowner's account before the date of the check or return the check. The policyowner is responsible for delays, fees or charges resulting from post-dating a check.

Electronic Funds Transfer (EFT)

It's easy and convenient to use the EFT plan to pay the premiums on new and existing policies. Have your client complete and sign the Authorization for Electronic Funds Transfer, Form 3176, attached to the application. Send this form along with the first month's premium, a voided check and the application for new policies. Your client may also select the option to have the initial premium drawn from his or her account by the Home Office. For in force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one EFT.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks which do not provide EFT service, an authorized check payment will be noted on their monthly bank statement like any other check.

Minimum Premiums

The minimum premium is $7.50 for the EFT payment mode. (If adding to an existing EFT, the minimum is $2.) For all other payment modes, the minimum premium is $12.

Modal Calculations

The following modal calculations apply to all products.

Multiply the total annual premium by the following factors:

List Billing	.088
Monthly EFT	.088
Quarterly	.265
Semi-Annually	.515

Tax Considerations

Illinois Mutual, its agents and representatives may not give legal or tax advice. An accountant or attorney should be consulted regarding individual circumstances.

When employees pay premiums themselves, they generally receive their benefits tax-free. Employer-paid coverages generally are taxable.

In selecting coverage amounts applicants should review any other disability coverages which they may have. Often these coverages have offset provisions which decrease the amount received under such coverages.

Under a Wage Continuation Plan, the insured is assumed to be an employee or stockholder-employee in a regular "C" corporation. A partner, sole-proprietor, or more than 2% stockholder in a sub-chapter "S" corporation is not considered to be an eligible employee. Disability benefits provided by a plan funded in accordance with IRC Section 125 would be the same as those outlined under Wage Continuation. A partner, sole-proprietor, or more.

Policy Issue and Delivery

Conditional Issues

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated, modified and/or conditions are excluded. Conditionally issued policies require acceptance and signatures of the proposed insured or applicant on the Amendment of Application, Exclusion of Coverage, and Statement of Health (or combination thereof) forms as specified in the Policy Transmittal Letter, which is provided with the policy outlining the Special Issue Instructions.

Any required Amendment of Application and/or Exclusion of Coverage outlining the Policy modifications is included in and made a part of the Policy. Written acceptance by the proposed insured/applicant is necessary before insurance will be placed in force under the Policy. The Agreement is as follows:

I understand that Policy Number _____ is conditionally issued as a counteroffer of insurance. I agree to accept any changes made by Form _____, a copy of which is attached to the Policy. I further understand and agree the Policy will become effective on the date shown in the Policy Schedule only if this Form is accepted and properly signed and the first full premium is paid.

Delivering a Conditional Issue Policy

1. The policy will become effective only when the specified forms are signed and the first full premium is paid and received by the Home Office.
2. A copy of the Amendment of Application and/or Exclusion of Coverage will be attached to the policy.
3. Secure the signature of the applicant and, if appropriate, the proposed insured on the Agreement.
4. Return the Agreement copy in the envelope provided.
5. A letter will be sent to the applicant five working days after the policy has been mailed to you advising that a counteroffer of insurance has been made and no insurance is in force until he or she has reviewed and accepted our offer.
6. Delivery and acceptance of conditionally issued policies should be completed promptly and timely. Contact the Underwriting Department if special circumstances require an extension of delivery time.
7. The counteroffer of insurance will expire, be revoked and become void if the signed Agreement is not received in the Home Office within 30 days.
8. Void counteroffers will be explained by letter to the applicant, and any premium paid will be refunded. A copy of this letter will be sent to you.

Individual Accident Insurance

Individual Accident coverage is only available when applying for Individual Disability coverage (DI105). The issuance of Individual Accident coverage is subject to the Individual Disability eligibility requirements.

Individual Accident insurance may be issued even when the Individual Disability application is declined or modified for financial, medical or aviation/avocation reasons. Approval is at the underwriter's discretion on above-average risk cases. Individual Accident Coverage is not available to an applicant in an uninsurable occupation. Please refer to the DI Occupation Guide (A9761).

- Rates are unisex and uni-tobacco.
- Only one Accident policy per family will be issued.
- Spouse and child benefits are the same as for the Primary Insured unless specified otherwise.
- Your clients must apply for a DI105 plan from Illinois Mutual and meet the non-medical underwriting criteria to be eligible to apply for the Accident Insurance policy.

Field Underwriting

This guide is intended to assist in field underwriting and risk assessment as it relates to disability income insurance (DI). It highlights questions to ask prior to completing and submitting an application, outlines criteria that will result in an automatic declination, and also provides key questions to ask regarding some of the common medical conditions that arise in applications for DI insurance. This guide is not all-encompassing, and additional information may be requested once your client has submitted an application for insurance such as a personal history interview (PHI), financial records, and/or medical records such as an Attending Physician Statement (APS).

This field underwriting guide is for agent use only. It is not an application. If an application is submitted, all information must be recorded in the application itself. No information will have been deemed to have been given to the Company unless it is stated in the application. Any risk assessment provided by Illinois Mutual as a result of information received is not an offer of coverage, is not binding and is subject to change dependent upon information submitted in the application for insurance and developed during underwriting.

Setting Realistic Expectations

A successful DI sale involves setting realistic expectations with your client. When the client knows what to expect, it makes the underwriting process smoother for everyone. The best way to set realistic expectations with your client is thorough field underwriting and asking some very important questions of your client prior to taking a formal application. Below are examples of initial fact-finding questions that will give you the opportunity to uncover potential issues that might arise during the underwriting process and enable you to set realistic expectations with your client.

Initial Fact-Finding Questions

- What is prompting you to apply for disability insurance?
  This question should help identify a client's motivation for applying for coverage, such as the need to protect their income should the unexpected happen, wanting to cover a certain problematic health condition or because a pending surgery is scheduled. If an applicant has an existing health condition, such as a back or knee problem or medical conditions beyond specific body parts (for example, diabetes), they should be prepared for this particular condition to likely be excluded. Ideally, we want to write coverage on applicants who are currently healthy and want to obtain DI insurance before their health changes to avoid exclusions of coverage.

- Are you currently working? If yes, how many hours per week? If no, why not?
  Full-time consideration is available if the applicant works 30+ hours per week. An applicant working fewer than 30 hours per week would be underwritten according to our part-time guidelines, which can be found on page 59. If the applicant is not currently working, no offer of coverage is available. In the event of temporary unemployment scenarios, please contact an underwriter to discuss when coverage might be available.

- Do you have any current medical conditions requiring treatment? Any pending surgery or testing that has not been completed yet?
  Discuss each condition, date diagnosed, treatment received, date of last treatment, date of last symptoms and degree of control. If there is pending surgery, we will reconsider after the surgery is completed and the applicant is back to work full-time with no restrictions. If there is pending treatment, please contact an underwriter once the results of the testing are known.

- Do you have any existing sick pay, short-term or long-term disability coverage either in force or currently applied for?
  Any coverage applied for will need to coordinate with existing disability benefits. Government employees have special guidelines, which are outlined on page 59.
- What is your current occupation(s) and specific duties?
  Please refer to the DI Occupation Guide (A9761) for occupation classes, based on job duties, and maximum benefit periods. If applicants have two occupations, we will insure the primary occupation and income, but the occupation class will be based on the most hazardous occupation duties. If applicants have more than two occupations, please contact an underwriter to discuss further.
- Are you a W-2 employee or a self-employed business owner?
  W-2 employees will be underwritten based on their past two years' W-2 salary. Self-employed business owners will be underwritten on the net income after business expenses reported for federal income purposes.

Medical Underwriting Considerations

Acute versus Chronic Medical Conditions

Acute medical conditions may be viewed more favorably, whereas chronic or recurrent medical conditions may require stricter underwriting action.

Sedentary versus Non-Sedentary Occupations

Depending on the medical condition, sedentary occupations may be viewed more favorably, whereas non-sedentary occupations may require stricter underwriting action.

Tobacco or Nicotine Use

Depending on the medical condition, tobacco or nicotine use may require stricter underwriting action. Heavy tobacco use (e.g., cigarette use is greater than 2 packs per day) may limit insurability.

No offer of DI coverage is possible with:

- Material and unexplained symptoms, disorders or abnormal diagnostic test results
- Conditions or disorders restricting or limiting occupational duties
- Disabilities lasting six months, or more, within three years of application
- Recommended, contemplated or pending surgery
- Pending diagnostic evaluation/testing
- Medical noncompliance or self-treatment/self-medication

Illinois Mutual will not offer DI coverage to applicants whose health history would result in an extra premium rating greater than 200% and/or would require more than three exclusion of coverage riders.

Contact Your DI Underwriter

If a particular condition or situation is not listed in this guide, and you have questions related to insurability, please contact a DI underwriter. Additional medical information, including our build chart, as well as potential underwriting outcomes for specific medical conditions, can be found on page 84. Any suggested ratings, exclusion of coverage riders or other policy modifications based on the information gathered is not binding until all underwriting has been completed and the underwriter reaches a final decision.

With any and all medical conditions reported by the applicant for insurance, complete doctor information is required, including name, address, phone number, name of the clinic, as well as any doctors to whom the applicant was referred for testing and/or treatment. Providing all medical history requested on the application, with as much detail as possible, will significantly aid the underwriting process.

Helpful Questions to Ask — Various Medical Conditions

Below is a list of common medical conditions and miscellaneous situations you may encounter as you complete the field underwriting process with your client. For the medical conditions below, the questions listed will help you gather the necessary information for a preliminary underwriting risk assessment. Please note, this list of conditions and situations is intended to provide general guidance; actual application questions will vary by state. A more comprehensive list of medical conditions and potential underwriting actions can be found on page 85, or you may also contact a DI underwriter directly to discuss your client's specific circumstances.

Arthritis

- Type of arthritis (rheumatoid, osteoarthritis, gout, etc.)
- Date diagnosed
- Specific joints affected (hands, fingers, knees, shoulders, back, etc.)
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Therapy (type, frequency, date first started, date of last visit)
    - Testing (name of test, date completed and results)
- Doctor information (name of doctor and clinic, address and phone number)

Cancer

- Type of cancer (brain, breast, lung, prostate, skin, testicular, etc.)
    - If prostate, include Gleason Score – if known
- Date diagnosed and date of full remission
- Stage (degree of lymph node involvement and/or metastasis)
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Testing (name of test, date completed and results)
    - Surgery (date and details)
    - Radiation, chemotherapy, immunotherapy, etc. (type of additional therapy received, date of initial therapy and date of last therapy)
- Doctor information (name of doctor and clinic, address and phone number)

Cardiac (Heart)

Heart Attack

- Date and age first heart attack occurred
- Any recurrence?
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Testing (name of test, date completed and results)
    - Surgery (date and details)
- Doctor information (name of doctor and clinic, address and phone number)

Coronary Artery Disease (CAD)

- Date diagnosed and number of vessels affected
- Location and severity of obstruction (include percent blockage in each vessel, if known)
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Testing (name of test, date completed and results)
    - Surgery (date and details)
- Doctor information (name of doctor and clinic, address and phone number)

Murmur

- Type of murmur (diastolic, systolic, etc.)
- Grade of murmur
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
  - Medication (name, dosage, date first prescribed, how long taken and date last taken)
  - Testing (name of test, date completed and results)
  - Surgery (date and details)
- Doctor information (name of doctor and clinic, address and phone number)

Diabetes

- Type of diabetes (Type I, Type II, pre-diabetic, borderline, gestational, etc.)
- Date diagnosed
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
  - Medication (name, dosage, date first prescribed, how long taken and date last taken)
  - Insulin (type, frequency, date first started and date last used)
  - Testing (name of test, date completed and results)
- Date of last A1C reading and result
- Has the client had any health-related complications due to diabetes, such as:
  - Diabetic Neuropathy (nerve damage in hands and/or feet)
  - Eye Complications (cataracts, retinopathy, etc.)
- Doctor information (name of doctor and clinic, address and phone number)

High Blood Pressure

- Date diagnosed
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
  - Medication (name, dosage, date first prescribed, how long taken and date last taken)
  - Testing (name of test, date completed and results)
- Most recent blood pressure reading and date taken
  - Has any blood pressure reading exceeded 140/90 in the past 12 months? If yes, provide details.
- Doctor information (name of doctor and clinic, address and phone number)

Lung/Respiratory Disorders

- Type of disorder (asthma, emphysema, chronic bronchitis, etc.)
- Date diagnosed
- Number of attacks in past 12 months and date of last attack
- Any tobacco use? If yes, type, frequency and date of last use
- Any disability or time off work? If yes, provide dates and length of each disability.
- Treatment
  - Medication (name, dosage, date first prescribed, how long taken and date last taken)
  - Inhaler (type, frequency, date first started and date of last use)
  - Testing (name of test, date completed and results)
- Doctor information (name of doctor and clinic, address and phone number)

Mental/Nervous

- Type of disorder (anxiety, bipolar, depression, stress, etc.)
- Date diagnosed
- Month/year symptoms became under control
- Any hospitalizations due to condition? If yes, provide dates and details.
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
  - Medication (name, dosage, date first prescribed, how long taken and date last taken)
  - Has medication been increased or adjusted in past 12 months? If yes, provide details.
- Therapy (counselor/psychiatrist name, date of first session and date of last treatment)
- Doctor information (name of doctor and clinic, address and phone number)

Musculoskeletal

- Type of disorder and areas affected (back, neck, knees, shoulders, etc.)
- Date diagnosed and date of last symptoms
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Therapy (type, frequency, date first started and date of last visit)
    - Testing (name of test, date completed and results)
    - Surgery (type of surgery completed, date and details)
- Doctor information (name of doctor and clinic, address and phone number)

Seizures

- Type of seizure (epileptic, grand mal, petit mal, focal, partial, etc.)
- Date diagnosed
- Number of seizures and date of last seizure
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Testing (name of test, date completed and results)
- Doctor information (name of doctor and clinic, address and phone number)

Stroke or Transient Ischemic Attack (TIA)

- Type of stroke (hemorrhagic, ischemic, TIA, etc.)
- Date diagnosed
- Date of most recent stroke
- Any disability or time off work? If yes, dates and length of each disability
- Has the client had a full recovery? If no, what type of residuals or current symptoms are present? (e.g., loss of vision, speech defect, etc.)
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Testing (name of test, date completed and results)
- Doctor information (name of doctor and clinic, address and phone number)

Helpful Questions to Ask - Miscellaneous Situations

- Name of specific medical condition
- Type of disorder and areas affected, if applicable
- Date diagnosed and date of last symptoms
- Any disability or time off work? If yes, dates and length of each disability
- Treatment
    - Medication (name, dosage, date first prescribed, how long taken and date last taken)
    - Therapy (type, frequency, date first started and date of last visit)
    - Testing (name of test, date completed and results)
    - Surgery (type of surgery completed, date and details)
- Doctor information (name of doctor and clinic, address and phone number)

Driver's License

- Does the client have a valid driver's license?
- In the past five years, has the client had their driver's license suspended or revoked? If yes:
    - Provide date and details, including why and when license was suspended/revoked, and whether it has been reinstated.
    - If not reinstated, how does client get to and from work?
- In the past five years, has the client pleaded guilty or been convicted of driving while intoxicated? If yes, provide date of conviction.
- In the past five years, has the client pleaded guilty to or been convicted of more than three moving violations? If yes, provide dates and details for each violation.

Drug and/or Alcohol Use

- In the past 10 years, has the client used heroin, cocaine, marijuana, barbiturates or any other controlled substance or habit-forming drugs not prescribed by a physician? If yes:
    - Amount consumed (per day/week/month) and date of last use
- Has the client ever received medical treatment or counseling for, or been advised by a medical professional, to limit or discontinue the use of alcohol or prescribed or non-prescribed drugs? If yes:
    - Date of last treatment
    - Treatment details (e.g., in-patient or out-patient, medications used, etc.)

Recreational Activities

Scuba Diving (within the past two years or plans to within the next two years)

- Depth of dives (maximum depth obtained, average depth and number of dives per year)
- Type of license or certificate (if any)
    - Introductory (no formal training)
    - Basic
    - Open water or open water advanced
    - Other (e.g., specialty courses, dive master, instructor or assistant instructor, Master Scuba)

Rock Climbing (within the past two years or plans to within the next two years)

- Type of climbing (hiking, indoor, trail, rock, ice, free solo, guides/instructors, etc.)
- With or without gear
- Number of climbs per year and location of climbs

Personal Aviation Activity (within the past two years or plans to within the next two years)

- Type of aircraft flown
- Total solo hours flown
- Anticipated number of hours in the next 12 months
- Certificate/licenses held (student pilot, private pilot, commercial pilot, flight instructor or instrument flight rating)
- Does the client engage in aerobatic flight, stunt flying or racing? If yes, provide frequency and details.

Medical Underwriting (Policy Forms DI105 and BE105)

Non-Medical Limits

Non-medical limits for Personal Paycheck Power® (DI105) and Business Expense Power® (BE105) are based on the total benefit amount requested. The sum of the Total Disability Monthly Benefit, Integrated Monthly Benefit and/or Business Expense Monthly Benefit currently applied for and in force with this Company determines the non-medical limit.

When applying for Illinois Mutual DI in addition to life insurance, satisfy the most extensive "age and amount" requirements as indicated under non-medical limits in our current DI or Life Insurance Guides.

Non-Medical Limits

NON-MEDICAL LIMITS* – Total Monthly Amount of Insurance Applied For and In Force With This Company		
Age	Non-Med	Abbreviated Paramed Blood Profile, Urinalysis
18-50	$200 - $8,000	$8,001+
51-60	$200 - $6,000	$6,001+

**Illinois Mutual's Underwriting Department reserves the right to request medical requirements for any amount of coverage.*

Abbreviated Paramedical Exam. Includes measured height, weight, blood pressure and pulse by a paramedical examiner. An abbreviated paramedical exam may not be used in lieu of completing the non-medical questions on the application.

Paramedical Exam. Includes completion by a paramedical examiner of Application Part 2 Questions and Part 3 measured height, weight, blood pressure and pulse. When a paramedical exam is required, the appropriate state-specific version of Statements to Medical Examiner, Form R202-01, should be used for the state in which the application is written. If the examiner does not already have this form, you may request one from supply.

Urinalysis. A urine specimen is obtained by a paramedical examiner.

Blood Profile. A blood draw is completed by a paramedical examiner.

An Informed Consent must always be sent with the application when the monthly benefit exceeds $3,000. We may also require a blood profile for lesser amounts. In this instance, an Informed Consent must be signed prior to the test. We will provide the appropriate Informed Consent form, which includes a Notice to Proposed Insured to explain our AIDS guidelines.

Electrocardiogram (EKG). A resting electrocardiogram may be requested at the underwriter's discretion at any amount.

Personal History Interview (PHI). A Home Office representative may call the proposed insured to conduct a PHI. A PHI may be requested at the underwriter's discretion at any amount. You should include the proposed insured's business and home telephone numbers with the best time to call and alert your client that a PHI may be conducted.

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical facilities.

You have two options when scheduling examinations:

- Schedule the exams yourself.
- Have the Home Office schedule the exams. If you choose to have the Home Office schedule the exams, please indicate this request in the Examination Requirements section of Form APP105-D(R2).

An exam is to be completed by an approved paramedical facility unless the Home Office requests paramedical examination by a physician. In the event a paramedical examiner is not available in the applicant's locality, contact the Underwriting Department before arranging an exam with a doctor.

Facilities

Illinois Mutual's approved paramedical facilities are listed below. All blood specimens must be drawn using the Exam*One* Blood Kit and its mailing instructions.

- APPS, (800) 727-2101
- Exam*One*, (877) 933-9261

Approved paramedical facilities have the Exam*One* Blood Kit. Blood kits are not inventoried or supplied from the Home Office.

Attending Physician's Statements (APS)

In order to render the most favorable decision possible, an APS may be required as determined by the underwriter. Although an actual statement from the attending physician is uncommon, the term APS is still used when requesting copies of the actual medical records or medical chart notes. A representative of the Home Office Underwriting Department will request the records from the doctor's office or medical facility at our expense through a vendor. Timely release of the requested medical records depends on the quality of the contact information provided on the application (doctor or facility name, address, phone number) and the degree of cooperation afforded by the doctor's office or medical facility. The medical records procurement vendor uses an urgent and timely follow-up schedule to contact the doctor's office or medical facility for release of the requested medical records, eliminating the need for the agent or applicant to contact the doctor's office or medical facility for release of the medical records.

Height and Weight Chart - DI105 and BE105

This chart serves as a guideline for the probable underwriting action based on build. Final underwriting action will be based on all aspects of the risk.

WEIGHT								
	EXTRA PREMIUM RATING IN PERCENTAGES							
HEIGHT	STANDARD RATES	25%	50%	75%	100%	125%	150%+	UNINSURABLE
4'8"	84 - 161	162 - 170	171 - 180	181 - 185	186 - 190	191 - 196	197 - 227	228
4'9"	86 - 166	167 - 175	176 - 185	186 - 190	191 - 195	196 - 200	201 - 233	234
4'10"	88 - 171	172 - 180	181 - 190	191 -195	196 - 200	201 - 204	205 - 238	239
4'11"	90 - 177	178 - 187	188 - 197	198 - 202	203 - 207	208 - 211	212 - 244	245
5'0"	92 - 183	184 - 193	194 - 203	204 - 208	209 - 214	215 - 219	220 - 250	251
5'1"	95 - 189	190 - 200	201 - 210	211 - 216	217 - 221	222 - 226	227 - 256	257
5'2"	97 - 195	196 - 206	207 - 217	218 - 223	224 - 228	229 - 234	235 - 261	262
5'3"	99 - 202	203 - 213	214 - 224	225 - 230	231 - 236	237 - 241	242 - 269	270
5'4"	102 - 208	209 - 220	221 - 231	232 - 237	238 - 243	244 - 249	250 - 276	277
5'5"	104 - 215	216 - 227	228 - 239	240 - 245	246 - 251	252 - 257	258 - 284	285
5'6"	108 - 222	223 - 234	235 - 246	247 - 252	253 - 259	260 - 265	266 - 292	293
5'7"	111 - 229	230 - 241	242 - 254	255 - 260	261 - 267	268 - 273	274 - 299	300
5'8"	113 - 235	236 - 248	249 - 261	262 - 268	269 - 275	276 - 281	282 - 307	308
5'9"	116 - 242	243 - 256	257 - 269	270 - 276	277 - 283	284 - 290	291 - 314	315
5'10"	119 - 249	250 - 263	264 - 277	278 - 284	285 - 291	292 - 298	299 - 322	323
5'11"	123 - 256	257 - 271	272 - 285	286 - 292	293 - 300	301 - 307	308 - 332	333
6'0"	126 - 264	265 - 278	279 - 293	294 - 301	302 - 308	309 - 315	316 - 341	342
6'1"	129 - 271	272 - 287	288 - 301	302 - 309	310 - 317	318 - 324	325 - 349	350
6'2"	132 - 279	280 - 294	295 - 310	311 - 318	319 - 325	326 -333	334 - 358	359
6'3"	137 - 286	287 - 302	303 - 318	319 - 326	327 - 335	336 - 342	343 - 370	371
6'4"	140 - 294	295 - 311	312 - 327	328 - 335	336 - 343	344 - 352	353 - 379	380
6'5"	144 - 302	303 - 319	320 - 335	336 - 343	344 - 351	352 - 360	361 - 390	391
6'6"	148 - 310	311 - 327	328 - 343	344 - 351	352 - 359	360 - 368	369 - 402	403
6'7"	154 - 318	319 - 335	336 - 351	352 - 359	360 - 367	368 - 377	378 - 415	416

Extra premium ratings of 50% or more will limit benefit period availability.

IC = INDIVIDUAL CONSIDERATION

Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Individuals at or above the uninsurable weight are not eligible for coverage. Individuals significantly underweight will be given individual consideration.

Medical Conditions

The following is a sampling of conditions where Personal Paycheck Power® and Business Expense Power® may be available at standard rates, with coverage and/or premium modifications, or may not be available on any basis. The list highlights commonly encountered conditions but is not all-inclusive. Please contact the Underwriting Department at (800) 437-7355 for possible underwriting actions on medical conditions not listed. The possible underwriting actions indicated are generalized and do not take into account co-morbidity factors or state impairment regulations. Possible underwriting actions are subject to change without notice. Individual circumstances vary and underwriting review is required for the best possible offer based on the facts.

Offers of coverage typically require:

- Upfront disclosure of medical information
- An established clinical diagnosis of the medical condition
- Prudent medical care, compliance, and follow-up
- Full recovery* or stability and control indicating a favorable prognosis

**Full recovery means medical condition resolution and return to work full time without restrictions or limitations. Continued existence of, treatment for (to include maintenance), or residual complications from a medical condition is not considered a full recovery.*

No offer of coverage is possible with:

- Material and unexplained symptoms, disorders or abnormal diagnostic test results
- Conditions or disorders restricting or limiting occupational duties
- Extra premium ratings in excess of 200%
- More than three exclusion of coverage riders
- Disabilities lasting six months or more within three years of application
- Recommended, contemplated or pending surgery
- Pending diagnostic evaluation
- Medical noncompliance or self-treating and medicating

Lengthening the Elimination Period

In some cases, a 90-day elimination period or greater may be used in lieu of a + 25% extra premium rating and/or exclusion of coverage rider.

Acute vs. Chronic Medical Conditions

Acute medical conditions may be viewed more favorably, whereas chronic or recurrent medical conditions may require stricter underwriting action.

Tobacco or Nicotine Use

Depending on the medical condition, tobacco or nicotine use may require stricter underwriting action. Heavy tobacco (e.g. Cigarettes > 2 PPD) use may limit insurability.

Sedentary vs. Non-Sedentary Occupations

Depending on the medical condition, sedentary occupations may be viewed more favorably, whereas non-sedentary occupations may require stricter underwriting action.

Overcoming Traditional Medical Declines

The Medical Conditions List has been modified to consider coverage on individuals who continue to work full time without restrictions or limitations despite a medical condition that traditionally would result in a declination. Individual consideration will be given to offer coverage with extra premium ratings (up to 200%) and/or exclusion of coverage riders. Benefit period, elimination period and optional benefit rider restrictions may apply.

DI Medical Conditions List

Home Office and Agent Use Only

Extra Premium Ratings (EPR) indicated are generally the lowest possible; however, higher ratings may be required.

Possible underwriting actions indicating multiple actions may require an extra premium rating and/or an exclusion of coverage rider and/or a longer elimination period, and/or a limited benefit period for the same medical condition.

Full recovery means medical condition resolution and return to work full time without restrictions or limitations. Continued existence of, treatment for (to include maintenance), or residual complications from a medical condition is **not** considered a full recovery.

Medical complications such as adverse side effects, undesired results, debilitating effects and concurrent disease or disorder may require stricter underwriting action.

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
A				
ADDISON'S DISEASE				Individual Consideration - Decline
AIDS/ARC/HIV				AIDS: Decline
No AIDS but positive ART	100%	2 yr	90 day	Individual Consideration
ALCOHOL ABUSE/ALCOHOLISM (No current alcohol use)				Individual Consideration
ALS				Decline
ALZHEIMER'S DISEASE				Decline
ANGINA				Individual Consideration
ANXIETY Coverage may begin 6 months after diagnosis subject to:				
• Single Episode, Short Duration:				
Adjustment Disorders - Situational or Reactive				
Uncomplicated, no ongoing treatment, time since full recovery:				
0-2 year		5 yr	90 day	Exclusion of Coverage Rider
2+ year			90 day	Standard - Exclusion of Coverage Rider
Ongoing maintenance treatment				Rate as Chronic or Recurrent
• Chronic or Recurrent:				
Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD)				

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
A				
Uncomplicated, mild to moderate, treated, time since stability and control established:				
0-1 year		2 yr	90 day	Exclusion of Coverage Rider
1-3 years		5 yr	90 day	Exclusion of Coverage Rider
3+ years			90 day	Exclusion of Coverage Rider
Complicated, severe poorly controlled				Decline
• Panic Disorder, Post-Traumatic Stress Disorder (PTSD), Phobias				Individual Consideration
ARTHRITIS				
• Osteoarthritis, Degenerative Joint Disease				
Asymptomatic, non-weight bearing joint, incidental finding				Standard
• Rheumatoid Arthritis				
Active Complicated				Decline
1-3 years inactive, minimal symptoms	100%	2 yr	90 day	Possible Exclusion of Coverage Rider
3+ years inactive, minimal symptoms	75%	2 yr	90 day	Possible Exclusion of Coverage Rider
• Psoriatic Arthritis				
Active, complicated				Decline
1-5 years inactive, minimal symptoms	75%	2 yr		Possible Exclusion of Coverage Rider
5+ years inactive, minimal symptoms	75%	2 yr		Possible Exclusion of Coverage Rider
• Ankylosing Spondylitis				
Mild, controlled		2 yr	90 day	Exclusion of Coverage Rider
Others				Decline
• Gout				
Mild, uncomplicated, infrequent attacks				Standard - Exclusion of Coverage Rider
Others				Exclusion of Coverage Rider - Decline
ASTHMA				
• Bronchial or Allergic				
Mild, uncomplicated, short term treatment as needed				Standard
Moderate, uncomplicated, stable and controlled with continuous treatment				Exclusion of Coverage Rider
Severe, complicated or poorly controlled				Decline
• Other Asthma				Individual Consideration
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADD/ADHD)		5 yr		Individual Consideration

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
B				
BACK/NECK				
• Strain/Sprain/Whiplash				Exclusion of Coverage Rider
1+ year full recovery				Standard
• Disc Involvement/Fracture				Exclusion of Coverage Rider
5+ years full recovery				Standard
• Maintenance Adjustments (subluxation/dislocation/vertebral misalignment)				Exclusion of Coverage Rider
3+ years full recovery				Standard
BLADDER				
• Cystitis (Infection)				
Uncomplicated				
Single episode, current treatment or full recovery				Standard
Multiple episodes, recurrent/chronic, full recovery				Exclusion of Coverage Rider
3+ years full recovery from last episode				Standard
Complicated, lacking full recovery				Individual Consideration
• Interstitial Cystitis – full recovery or stability and control		5 yr		Exclusion of Coverage Rider
• Urinary Incontinence (loss of bladder control)				Rate for Cause
• Bladder Cancer				Individual Consideration
BONES				
• Fracture; accidental, non-pathologic				
Skull				Individual Consideration
Spinal				Exclusion of Coverage Rider
5+ years full recovery				Standard
Other				Exclusion of Coverage Rider
With full recovery				Standard
With internal fixation device				Exclusion of Coverage Rider
• Osteoporosis				
Mild, asymptomatic, incidental finding				Standard
Other than mild and depending on cause				Exclusion of Coverage Rider - Decline
• Bone Spur				
Asymptomatic, non-weight bearing joint, incidental finding				Standard
Symptomatic				Exclusion of Coverage Rider
With full recovery				Standard

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
BREAST				
• Fibrocystic Changes – Fibrocystic Breast Disease				
Diagnosed by MD exam, no biopsy, mammography or family history of breast cancer:				
Incidental or mild, no history of malignancy, no testing advised				Exclusion of Coverage Rider
Biopsy or Mammography pending				Postpone
Biopsy or Mammogram, malignancy not ruled out				Decline
History of malignancy				Individual Consideration
Family History of breast cancer				Individual Consideration
• Breast Cancer				Individual Consideration
C				
CANCER				Individual Consideration
CHEST PAIN				
• Cause known				Rate for Cause
• Cause unknown				
Without evaluation, diagnosis, or treatment				Postpone
2+ years full recovery				Standard
Clinical evaluation and testing rules out CAD				Rate for Cause
Clinical evaluation inconclusive but suggestive of CAD				Individual Consideration
Clinical evaluation inconclusive but not suggestive of CAD	25%			
1+ year full recovery				Standard
CHOLESTEROL, HIGH (controlled with diet and/or medication)				
• Cholesterol, uncomplicated, Chol/HDL < 8.0 mg				
< 250 mg				Postpone
251-400 mg	25-50%			
>400 mg				Decline
• Cholesterol, uncomplicated, Chol/HDL Ratio 8.1 – 9.9 mg	50-100%			
• Cholesterol, complicated or with Chol/HDL > 10.0 or Trigs > 500 mg				Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
C				
CHRONIC BRONCHITIS				
• Uncomplicated, non-smoker				
Mild	50-75%	5 yr		
Moderate	75-100%	2 yr		
Severe				Decline
• Complicated and/or smoker				Decline
CHRONIC FATIGUE				
• Chronic Fatigue or Chronic Fatigue Syndrome (CFS)				
Ongoing fatigue				Decline
Uncomplicated, time since full recovery				
0-1 year				Decline
1-3 years	50%	5 yr	90 day	Exclusion of Coverage Rider
>3 years				
Complicated, recurrent				Decline
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)				
• Uncomplicated, non-smoker				
Mild	25%	5 yr		
Moderate	75%	2 yr		
Severe				Decline
• Complicated and/or smoker				Decline
CIRRHOSIS				Decline
COLITIS				
• Spastic or Mucous Colitis				Rate as Irritable Bowel
CONGESTIVE HEART FAILURE				Decline
CORONARY ARTERY DISEASE (CAD)				Individual Consideration - Decline
CUSHING'S SYNDROME				Individual Consideration - Decline
CYST				Individual Consideration
CYSTIC FIBROSIS				Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
D				
DEPRESSION				
• Single Episode, Short Duration:				Consideration 6 months after initial diagnosis
Adjustment Disorders - Situational or Reactive				
Uncomplicated, no ongoing treatment, time since full recovery:				
6 months - 2 years		5 yr	90 day	Exclusion of Coverage Rider for 1 year
2+ years				Standard - Exclusion of Coverage Rider for 5 years
Ongoing maintenance treatment		5 yr		Rate as Chronic or Recurrent
• Chronic or Recurrent:				
Minor Depressive Disorders (Affective/Mood or Not Otherwise Specified – NOS)				
Uncomplicated, mild to moderate, treated, time since stability and control established:				
0-1 year				Decline
1-5 years		5 yr	90 day	Exclusion of Coverage Rider
5+ years			90 day	Exclusion of Coverage Rider
Complicated, severe, poorly controlled				Decline
Major Depression – Single Episode				
Uncomplicated, time since stability and control established:				
0-1 year				Decline
1-3 years		2 yr	90 day	Exclusion of Coverage Rider for 3 years
>3 years		2 yr	90 day	
Complicated, poorly controlled or multiple episodes				Decline
• Bipolar Disorder (Manic Depression)				
Uncomplicated, time since stability and control established:				
0-1 year				Decline
1-5 years	50%	2 yr	90 day	Exclusion of Coverage Rider
5+ years	50%	5 yr	90 day	Exclusion of Coverage Rider
Complicated, poorly controlled				Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
D				
• Suicide Attempt:				
0-5 years				Decline
>5 years	50%	2 yr	90 day	Mental/Nervous Exclusion
DIABETES OR BORDERLINE DIABETES				
• Type I, Insulin Dependent, "Juvenile Onset"				Decline
• Type II, Non-insulin Dependent, "Adult Onset"	50%	5 yr	90 day	
• Borderline Diabetes; Pre-diabetes, Impaired Glucose Tolerance	50%	5 yr	90 day	
• Gestational Diabetes				Exclusion of Coverage Rider - Postpone
DRUG ABUSE/DRUG ADDICTION (No current drug use)				Individual Consideration
DWARFISM				Decline
E				
EARS				
• Hearing Loss, Deafness				
Uncomplicated, stable, well adjusted:				
Unilateral, mild to moderate with or without hearing aid				Standard
Due to disease, severe or total loss, other ear impaired				Rate for Cause, Exclusion of Coverage Rider
Bilateral, mild with or without hearing aid				Standard
Due to disease, moderate to severe, or total loss				Rate for Cause, Exclusion of Coverage Rider
Complicated, recent onset, progressive, difficulty adjusting				Individual Consideration
• Labyrinthitis; uncomplicated, complete recovery				Standard
• Otitis externia, Otitis Media, Mastoiditis; uncomplicated, full recovery				Standard
• Otosclerosis				Rate for Cause, Exclusion of Coverage Rider
• Meniere's Disease				Decline
Uncomplicated, 2+ years full recovery				Individual Consideration
• Vertigo; uncomplicated, full recovery				Rate for Findings, Rate for Cause
EMPHYSEMA				
• Uncomplicated, non-smoker				
Mild	50-75%	5 yr		

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
E				
Moderate	75-100%	2 yr		
Severe				Decline
• Complicated and/or smoker				Decline
ESOPHAGUS				
• Esophagitis				
Uncomplicated:				
Occasional mild attacks, stable and controlled with or without treatment				Standard
Others				Exclusion of Coverage Rider
Complicated, lacking stability and control				Rate for Findings, Rate for Cause
• Esophageal Stricture				
Uncomplicated:				
Single attack, full recovery, no recurrence			90 day	Standard
Current, more than one attack or dilation				
With negative endoscopic evaluation			90 day	Exclusion of Coverage Rider
Without endoscopic evaluation				Postpone
Complicated, poorly controlled				Decline
• Gastric Reflux, Gastroesophageal Reflux Disease (GERD)				Rate as Esophagitis
Uncomplicated:				
Occasional mild attacks, stable and controlled with or without treatment				Standard
Others				Exclusion of Coverage Rider
Complicated, lacking stability and control				Rate for Findings, Rate for Cause
• Barrett's Esophagus				
Uncomplicated, well controlled, no cancer or dysplasia		5 yr	90 day	Exclusion of Coverage Rider
Surgically treated				Individual Consideration
Complicated, poorly controlled, cancer present or past, dysplasia				Decline
EYES				
• Cataract				
Uncomplicated, no material vision loss				Exclusion of Coverage Rider
1+ year successful surgery, full recovery				Standard
Complicated, material vision loss or less than full recovery				Rate for Cause, Exclusion of Coverage Rider - Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
E				
• Glaucoma				
Uncomplicated, no material visual impairment, stable and controlled				Exclusion of Coverage Rider
Successful surgery, full recovery				Standard
Complicated, visual impairment, lacking stability/control/recovery				Rate for Cause, Exclusion of Coverage Rider - Decline
• Vision Loss, Impaired Vision, Blindness				
Uncomplicated, stable, well adjusted:				
Due to injury				
One eye, other eye normal				Standard
Both eyes				Exclusion of Coverage Rider
Other than injury				Rate for Cause, Exclusion of Coverage Rider
Complicated, recent onset, progressive, difficulty adjusting				Individual Consideration
F				
FIBROMYALGIA				
• Current Fibromyalgia, Fibrositis, Fibromyositis				Decline
Time since full recovery, single episode, no recurrence:				
1-3 years	100%	2 yr	90 day	
3-5 years	50%	2 yr	90 day	
5+ years		5 yr	90 day	
Multiple episodes, lacking full recovery				Decline
H				
HEADACHES				
• Vascular (migraine, cluster) or Tension				
Uncomplicated, mild, occasional				Standard
Uncomplicated, recurrent, stable and controlled				Exclusion of Coverage Rider
Complicated, chronic, severe				Decline
• Others				
Undiagnosed, recent onset				Postpone
Secondary				Individual Consideration
HEART ATTACK, MYOCARDIAL INFARCTION (MI)				
• Age 45+ at diagnosis, uncomplicated, mild, single vessel disease;				

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
H				
Time since full recovery:				
1-7 years	100%	2 yr	90 day	Exclusion of Coverage Rider
7-10 years	75%	2 yr	90 day	
10+ years	50%	5 yr	90 day	
• Others				Decline
HEART MURMUR				
• Functional, cardiac pathology ruled out				Individual Consideration - Decline
HEMOPHILIA				Decline
HEPATITIS				
• Acute - (single episode) time since full recovery to include normal liver function tests:				
Hepatitis A – Acute, uncomplicated				
0-6 months				Decline
6+ months				Standard
Hepatitis B – Acute, uncomplicated				
0-6 months				Decline
6+ months				
Hepatitis tests negative				Standard
Hepatitis tests positive				Rate as Chronic Hepatitis B
Hepatitis tests unknown				Individual Consideration
Other forms of acute hepatitis				Individual Consideration
Multiple episodes, lacking full recovery to include abnormal liver function tests				Decline
• Chronic – time since full recovery to include normal biopsy and liver function tests:				
Hepatitis B or Hepatitis C (Non A /Non B) – Chronic, uncomplicated				
0-1 year				Decline
1+ years				Individual Consideration
Other forms of chronic hepatitis				Individual Consideration
Lacking full recovery, abnormal biopsy or liver function tests				Decline
• Hepatitis Carrier				Decline
HIGH BLOOD PRESSURE				
• High blood pressure readings without evaluation, diagnosis or treatment				Postpone

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
H				
• Hypertension; essential/primary/benign/idiopathic, uncomplicated				
Established stability and control with medication <140/90				Standard
Established stability and control with medication <150/100	25-50%			
Marked elevations > 150/100				Decline
• Hypertension; secondary, complicated, unstable, uncontrolled				Decline
HIPS				
• Dislocation				Exclusion of Coverage Rider
1+ year full recovery				Standard
• Replacement				Exclusion of Coverage Rider
HYPOGLYCEMIA				Individual Consideration - Decline
I				
IRRITABLE BOWEL				
• Irritable Bowel or Irritable Bowel Syndrome (IBS)				
Uncomplicated, full recovery or stable and controlled:				
One Attack or mild and occasional attacks				Standard
Chronic or recurrent, time since last attack:				
0-1 year	25-50%	5 yr	90 day	
1-2 years	25%		90 day	
2+ years			90 day	Standard
Complicated, severe or poorly controlled				Decline
J				
JOINTS				
• Bursitis, Tendonitis, Tenosynovitis, Tennis Elbow, Epicondylitis				Exclusion of Coverage Rider
1+ year full recovery				Standard
• Temporomandibular Joint Disease (TMJ)				Exclusion of Coverage Rider
1+ year full recovery				Standard
K				
KIDNEY				
• Infections				
Pyelitis/Pyelonephritis				
Uncomplicated, full recovery				
Single episode				Standard

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
K				
Multiple episodes		5 yr		Rate for Cause, Exclusion of Coverage Rider
2+ yrs from last episode			90 day	Standard - Exclusion of Coverage Rider
Complicated, chronic, severe, lacking full recovery, kidney damage				Decline
• Inflammatory Disease				
Glomerulonephritis				
Uncomplicated, time since full recovery				
Single episode				
0-1 year				Postpone
1-3 years	75%	2 yr	90 day	
3-5 years	50%	5 yr	90 day	
5+ years				Standard
Muliple episodes				
0-1 year				Postpone
1-5 years	100%	2 yr	90 day	Exclusion of Coverage Rider
5+ years	75%	2 yr	90 day	
Complicated, severe, chronic, lacking full recovery, kidney damage				Decline
• Kidney Stones				
Present				
No symptoms, incidental finding, uncomplicated				Standard
Symptomatic, complicated, large or multiple stones				Decline
Passed or removed				
Uncomplicated, full recovery:				
1-3 episodes				Standard
3+ episodes, not chronic				Exclusion of Coverage Rider
2+ yrs from last episode				Standard - Exclusion of Coverage Rider
Complicated, chronic or lacking full recovery				Individual Consideration
• Polycystic Kidney Disease				
Present				Decline
Family History of Polycystic Kidney Disease				Individual Consideration

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
K				
• Kidney Transplant Recipient				Individual Consideration
• Kidney Tumor				Individual Consideration
KNEES				
• Strain/Sprain				
1+ yr full recovery				Standard
• Ligament Involvement				
3+ yrs full recovery				Standard
• Replacement				Exclusion of Coverage Rider
L				
LEUKEMIA				Decline
LUPUS - SYSTEMIC				Decline
M				
MITRAL VALVE PROLAPSE (MVP)				
Uncomplicated, mild, asymptomatic	25% - Std			
Uncomplicated, moderate, symptoms controlled	50%	5 yr		
Complicated, severe				Decline
MULTIPLE SCLEROSIS				
• Benign, relapsing-remitting; uncomplicated, mild, stable and controlled				
0-4 yrs remission				Decline
4+ yrs remission				Individual Consideration
• Progressive				Decline
• Others				Decline
MUSCLES				
• Strain/Sprain				Exclusion of Coverage Rider
1+ yr full recovery				Standard
• Muscular Dystrophy				Decline
• Myalgia				
Under treatment, complicated				Postpone
Others, depending on time since full recovery, cause, recurrence & severity				Individual Consideration
MUSCULAR DYSTROPHY				Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
N				
NOSE				
• Deviated Septum, uncomplicated or full recovery				Standard
• Fracture; accidental, non-pathologic				Exclusion of Coverage Rider
1+ yr full recovery				Standard
• Nasal Polyps				Individual Consideration
P				
PARALYSIS				Individual Consideration
PARATHYROID				
• Hyperparathyroidism				Individual Consideration
PARKINSON'S DISEASE				Decline
POLYP				Individual Consideration
PREGNANCY				
• Currently pregnant				
1st or 2nd trimester, no prior or current complications				Exclusion of Coverage Rider
3rd trimester				Postpone
Complications, in past or currently				Postpone
• History of complicated pregnancy				Exclusion of Coverage Rider - Postpone
PROSTATE				
• Prostatitis				
Uncomplicated, full recovery				
Single episode				Standard
Recurrent episodes, normal PSA, no urinary tract infection				Exclusion of Coverage Rider
Complicated or lacking full recovery				Rate for Cause -Decline
• Benign Prostatic Hypertrophy (BPH)				
Uncomplicated to include normal PSA				Exclusion of Coverage Rider
Complicated, severe, abnormal PSA				Individual Consideration
Surgery, full recovery, cancer (malignancy) ruled out				Standard
• Prostate Cancer				Individual Consideration
R				
RESTLESS LEG SYNDROME				Individual Consideration

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
S				
SCLERODERMA				Decline
SEIZURE				
• Epilepsy, Convulsions- uncomplicated, stable and controlled, first seizure prior to age 40				
Partial				
Simple (Jacksonian) or Complex (Psychomotor)				
Operated, full recovery without recurrence				Rate as Petit Mal
Unoperated				Individual Consideration
Generalized				
Grand Mal (Tonic-Clonic); time since last attack:				
0-1 year				Decline
1-5 years		2 yr	90 day	Exclusion of Coverage Rider
5+ years	25%		90 day	
Petit Mal (Absence); time since last attack:				
0-1 year				Decline
1-5 years	50%	5 yr	90 day	
5+ years				Standard
• Others				Individual Consideration
SHOULDERS				
• Dislocation/Separation/Strain				Exclusion of Coverage Rider
2+ yrs full recovery				Standard
• Rotator Cuff Tear				Exclusion of Coverage Rider
3+ yrs full recovery				Standard
SLEEP APNEA				
Untreated				Decline
Central				Decline
Mixed				Individual Consideration

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
S				
Obstructive				
Uncomplicated, treated with good response, time since stability and control established:				
0-6 months				Postpone
6 months - 1 year	100%	2 yr	90 day	
1-2 years	50%	5 yr	90 day	
2+ years	25%			Standard
Complicated or poorly controlled				Decline
STRESS				Rate as Anxiety
STROKE				
• Cerebral Vascular Accident (CVA)				Individual Consideration - Decline
T				
THYROID				
• Goiter				
Simple (nontoxic), uncomplicated				Standard
Others- Also see Hyperthyroidism				Individual Consideration
• Graves' Disease				
Uncomplicated, operated or treated with stability and control				Exclusion of Coverage Rider
Others				Decline
• Hyperthyroidism				
Uncomplicated, treated, stable and controlled				Exclusion of Coverage Rider
Complicated, poorly controlled				Decline
• Hypothyroidism				
Uncomplicated, untreated, mild signs/symptoms				Exclusion of Coverage Rider
Uncomplicated, treated, stable and controlled				Standard
Others				Individual Consideration
• Thyroiditis				
Subacute, resolved, uncomplicated				Standard
Chronic, Hashimoto's, uncomplicated, stable and controlled				Exclusion of Coverage Rider
Others				Decline
TRANSPLANT RECIPIENT (other than kidney)				Decline
TUMOR				Individual Consideration

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
U				
ULCER				
• Duodenal Ulcer				
Uncomplicated, treated, full recovery:				
Single episode				Standard
Multiple episodes				Exclusion of Coverage Rider
3+ yrs from last episode				Standard
Complicated or without full recovery				Postpone - Decline
• Gastric (Stomach) Ulcer				
Uncomplicated, full recovery without surgery:				
Single episode				Exclusion of Coverage Rider
3+ yrs full recovery	25%-Std			
Multiple episodes or recurrent				Exclusion of Coverage Rider
Surgically corrected, full recovery				Exclusion of Coverage Rider
Complicated or without full recovery				Postpone - Decline
• Other Ulcers				Individual Consideration
ULCERATIVE COLITIS				
Uncomplicated, time since stability and control established without surgery:				
0-1 year				Decline
1-5 years	75%	2 yr	90 day	Exclusion of Coverage Rider
5-7 years	50%	2 yr	90 day	Exclusion of Coverage Rider
7+ years		5 yr	90 day	Exclusion of Coverage Rider
Surgically corrected, no recurrence, time since full recovery:				
0-1 year				Decline
1-2 years		2 yr	90 day	Exclusion of Coverage Rider
2-5 years		2 yr	90 day	Exclusion of Coverage Rider
5+ years		5 yr		
Complicated, severe, poorly controlled, recurrence after surgery				Decline
Lacking full recovery or stability and control, or with long term steroid use				Decline

MEDICAL CONDITION	% RATING	MAX BENE. PERIOD	MIN. ELIM. PERIOD	OTHER UNDERWRITING ACTIONS
V				
VEINS				
• Varicose Veins				
Legs				
Uncomplicated, mild, without support hose				Standard
Uncomplicated, with support hose and/or edema		5 yr	90 day	Exclusion of Coverage Rider
Complicated to include ulceration				Decline
6 months since full recovery following surgery				Standard
Located other than legs				Decline
• Deep Vein Thrombosis (DVT)				
0-3 year			90 day	Exclusion of Coverage Rider
3+ year full recovery from single attack				Standard
Multiple attacks and/or persistent edema				Individual Consideration - Decline
W				
WRISTS				
• Carpal Tunnel Syndrome				Exclusion of Coverage Rider
1+ yr full recovery				Standard
• DeQuervain's Disease				Exclusion of Coverage Rider
2+ yrs full recovery				Standard
• Ganglions				Exclusion of Coverage Rider
1+ yr full recovery				Standard

Your Guide to Successful Teleunderwriting

Follow These Easy Steps!

Assemble Application Package

When you submit an eApplication using our application software, Parts A & C will be submitted automatically upon signature and the order will be transmitted to ExamOne to contact the client and complete the teleapplication interview. Any required forms will also be automatically generated within the platform.

If you are using a paper application, include fully completed application Parts A & C along with any required forms* (available on the Agent Portal).

1 Prepare Your Client

Provide your client with our consumer guide, Teleunderwriting What to Expect Next, Form C7018, to help explain the process and prepare your client for a successful telephone interview. Remind your client that "age and amount" requirements such as an abbreviated paramedical exam, blood profile, urinalysis, EKG, or financial documentation are routine and may be necessary for a fair underwriting decision. Prepare your client for the possibility that additional requirements may be necessary or that coverage as applied for may not always be possible.

2 Optional Point of Sale Interview

Immediately after completing application Parts A & C, you have the option of calling Exam*One* for your client to complete his or her interview, but remember, the applicant must answer the telephone interview questions without assistance from others. Any exceptions to this must be pre-approved by the Home Office.

For point of sale interviews only, call Exam*One* at (800) 350-9036.

Call hours (Central Time):

- 7 a.m. to 11 p.m. Monday through Thursday
- 7 a.m. to 9 p.m. Friday
- 8 a.m. to 4 p.m. Saturday

In the comments on your electronic application, be sure to indicate that a Part B was completed.

3 Application Submission

Once all signatures have been completed on the electronic application, it will automatically be submitted to the Home Office.

If circumstances require a paper application, please send to:

Mail	Illinois Mutual 300 SW Adams St., Peoria, IL 61634
Fax	(800) 884-7607
Email	***Underwriting@IllinoisMutual.com***

4 Monitor Application Process

The Home Office and Exam*One* will complete the underwriting process with urgency and fairness in mind. You can monitor the underwriting process through the Illinois Mutual Agent Portal at ***Agent.IllinoisMutual.com***.

**For required forms lists, see HO-124 (PPS) for DI and the Application Submission Checklists available in the application packets for each state on the Agent Portal.*

Why Exam*One*?

Exam*One* provides an established teleunderwriting process with highly trained and experienced interviewers, state-of-the-art technology, extended call hours, and is customized to fit your needs.

Why Teleunderwriting?

Illinois Mutual understands the way you work. You most likely prefer to spend your time selling because that is what you do best. With you in mind, we developed our teleunderwriting program.

What is Teleunderwriting?

Teleunderwriting is a streamlined alternative to the traditional application completion process. Our simple three-part application is designed to help you sell more!

Parts A & C: You and your client provide basic information to get things started.

Part B: Your client talks by telephone with a trained and experienced Exam*One* interviewer to provide the detailed information essential for application completion.

Teleunderwriting promotes a complete and accurate application through a single fact-finding interview. A complete and accurate application helps enable fast and fair underwriting decisions. Fast and fair underwriting facilitates the sale, giving you the opportunity to sell more!

For the convenience of Spanish-speaking clients, we offer the option of having the interview conducted in Spanish.

Policy Service Contact Information

Email: ***PSD@IllinoisMutual.com***
Worksite Email: ***PSDWorksite@IllinoisMutual.com***
Phone: (800) 437-7355

- Life and Disability Insurance, ext. 731
- Annuities, ext. 755
- Worksite and Payroll Deduction, ext. 756
- Electronic Funds Transfer for premium payments, ext. 764
- Reinstatements and Conversion, ext. 820

How to Notify Us of a DI Claim

Email: ***Claims@IllinoisMutual.com***
Phone: (800) 437-7355, ext. 752
Mailing Address:
300 SW Adams Street, Peoria IL 61634

My Policy Portal

Encourage your clients to register for My Policy, our website portal designed just for our policyowners. It's a secure way to access policy information online, submit certain change forms and access claims information.

Contact your sales team for more information.

(800) 437-7355, Option 2 • ***Sales@IllinoisMutual.com***

ILLINOIS MUTUAL®
Life Insurance Company

Policy Form DI105, Disability Income Policy; Policy Form BE105, Business Expense Policy
Not available in AK, CA, DC, HI, NM, NY or VT. Coverage and availability may vary in other states.

Policy Form WSA07, Voluntary Accident Insurance Policy
Not available in AK, CT, DC, HI, NH or NM. Coverage and availability may vary in other states.

Policy Form WSD07, Voluntary Short Term Disability Income Policy (Policy Form WD13 in GA, MD and SC)
Not available in AK, CA, CO, DC, HI, ME, MT, NH, NJ, NM, NY, OR, RI and VT. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual. If any discrepancies exist between this communication and the policy, the terms of the policy will prevail.

Illinois Mutual, its agents and representatives may not give legal or tax advice. An independent tax advisor should be consulted regarding individual circumstances.

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