

# Ameritas Value Plus Universal Life Insurance

## Product guide

Effective Jan. 1, 2022

<b>Issue Dates</b>	This version is only available for policies with issue dates of Jan. 1, 2022 and later.
<b>Issue Ages (Age nearest birthday)</b>	18-75 Preferred Plus Nontobacco 18-80 Preferred Nontobacco, Select Nontobacco, Preferred Tobacco 18-85 Standard Tobacco 0-85 Standard Nontobacco No maturity age. Backdating up to six months to save age is available but not prior to Jan. 1, 2022 and may vary by state.
<b>Minimum Specified Amount</b>	\$50,000 Standard underwriting classes \$100,000 All other underwriting classes
<b>Loans</b>	Loan account credited 3.0% current (1.0% guaranteed). <b>Years 1-5:</b> 4.0% current (4.0% guaranteed); net rate 1.0% current (3.0% guaranteed) <b>Years 6+:</b> 3.0% current (3.5% guaranteed); net rate 0.0% current (2.5% guaranteed)
<b>Death Benefit Options</b>	<b>Option A:</b> level (specified amount) or <b>Option B:</b> increasing (specified amount plus account value) or <b>Option C:</b> return of premium (specified amount plus premiums paid minus any partial withdrawals) Option C is only available up to age 65.
<b>Guaranteed Interest Rate</b>	1.00%
<b>Premium Charge</b>	7.00% (current and maximum)
<b>Monthly Expense Charge</b>	\$7.00/month (current); \$10.00/month (maximum) plus a charge per \$1,000 of specified amount
<b>Surrender Charge</b>	Surrender charge decreases to 0 in year 20
<b>Riders &amp; Endorsements</b>	<b>Accelerated Benefit for Terminal Illness:</b> Provides up to 75% of the policy death benefit if the insured has a life expectancy of 12 months or less. Maximum \$1 million. (Only if Care4Life is not available.) <b>Accidental Death Benefit:</b> Pays additional benefit if death is accidental. <b>Care4Life Accelerated Death Benefit</b> Provides a guaranteed amount upon one of the qualifying critical, chronic or terminal illness triggers. California and New York have rider variations. Refer to rider section for more details. The Care4Life riders are not a long-term care product.

Ameritas Life Insurance Corp.  
Ameritas Life Insurance Corp. of New York



## Riders & Endorsements cont'd

**Children's Insurance:** Provides \$25,000 of convertible insurance for insured's eligible children.

**Early Cash Value:** Enables higher cash surrender value in the early policy years, without sacrificing long-term performance.

**Guaranteed Insurability:** Policy specified amount may be increased on scheduled dates without evidence of insurability.

**Insurance Exchange:** Allows exchange of current policy for a new policy on the life of a substitute insured with evidence of insurability on the new insured.

**Lifetime Income:** Provides policy disbursements for life upon selection of an irrevocable level, increasing or potentially increasing disbursement option. No charge unless activated.

**Overloan Protection Benefit:** Keeps the policy in force when there is a large outstanding loan balance by providing paid-up life insurance benefit.

**Supplemental Coverage:** Provides additional coverage on the base insured at a lower current cost than the base policy alone. Not available in New York with exception of approved premium finance policies.

**Term for Other Insured:** Provides insurance coverage for up to five other people such as family members or business partners.

**Waiver of Monthly Deductions:** Waives the monthly insurance and expense charges if the insured is disabled.

**Waiver of Specified Premium:** Credits the specified amount of premium declared when policy was issued if insured is disabled.

## Discounts

Association, Employee and Same Payor discounts available.

## Premiums

### Planned periodic premiums

Policyowners can choose to pay level premium payments on a monthly, quarterly, semi-annual or annual basis at the time of application. Premium payments are flexible. Policyowners can make unscheduled premium payments at any time until age 121. Written notice is required to change the amount or frequency of planned periodic premiums.

### Minimum no-lapse premium

This is the amount required to keep the policy in force during the minimum no-lapse period. If it is paid during the first 15 years (or an equivalent amount is paid over a shorter time), the policy is guaranteed to remain in force, regardless of the cash surrender value. Money anticipated on a 1035 exchange cannot be used to satisfy the minimum no-lapse premium requirement. Money sufficient to meet the minimum no-lapse premium requirement must accompany the application and must continue to be paid until the 1035 is received.

## Discounts

### Association discount

This discount reduces the premium load to 0% in all years for members of approved associations. Not available in all states and prior home office approval is required.

## Employee discount

This discount reduces the premium load to 0% in all years if you are an Ameritas associate (full-time employee, full-time contracted licensed agent, agency employee employed and paid by Ameritas, spouse, children under 25 or living in household, grandchildren and retirees). Payor must be the Ameritas associate.

## Same payor discount

This discount reduces the policy fee on a term or whole life policy by 50% when you have clients who are purchasing two life or disability insurance policies from the same bank account. Charges on this product will not be impacted by the same payor discount.

## Policy loans

The cash surrender value is the account value, minus the surrender charge, minus any loan or lien balance. It may be borrowed any time except during a grace period. There is no minimum loan amount.

The maximum loan amount is the cash surrender value, minus loan interest to the next policy anniversary, minus the sum of the next three monthly deductions.

The loaned portion of the account value will be credited with interest at the rate of 3.0% (1.0% guaranteed) and will be charged with interest at the following rates:

- **Years 1-5:** 4.0% current (4.0% guaranteed); net rate 1.0% current (3.0% guaranteed)
- **Years 6+:** 3.0% current (3.5% guaranteed); net rate 0.0% current (2.5% guaranteed)

A loan may be repaid in full or in part at any time before the insured's death or surrender of the policy. If the insured dies with a loan outstanding, the amount of the policy loan and loan interest will be deducted from death proceeds.

## Death benefit

Policy loans impact the policy's death benefit. The policy's death benefit will be reduced by any outstanding loan payoff amount.

## 1035 exchange with loan

A 1035 exchange with a loan balance cannot be more than 80% of account value and the issue illustration must carry to at least age 80. Additionally, there are restrictions on compensation on the loaned portion of the exchange. More information on the restriction can be found in the compensation schedule for this product.

## Overloan Protection Benefit

This rider protects the policyholder from a policy lapse (and potentially the resulting taxation) when there is a large outstanding loan balance by providing paid-up life insurance. There is no cost for this endorsement, unless it is exercised. It is only available for policies that use the Guideline Premium Test.

The endorsement may be exercised if the following conditions are met:

- The insured is age 75 or older;
- The policy is in its 11th policy year or later;
- The outstanding loan balance is more than the specified amount and more than 92.5%, but less than 96% of the account value. If the outstanding policy loan is greater than 96% of the account value, the client can repay loan balance to bring the balance within the range of 92.5% and 96% of account value.

Once the endorsement is elected, the following changes will occur:

- On the date the benefit is elected, 3.5% of the account value is deducted and the specified amount will be 105% of the remaining account value. No further changes in the specified amount will be allowed.
- The death benefit option will be Option A and no further changes in the death benefit option will be allowed.
- The death benefit proceeds will equal the death benefit on the insured's date of death minus any outstanding loan balance.

- Any rider attached to the policy will terminate, and any charges or fees associated with the riders will cease.
- No additional premiums will be accepted.
- No additional partial withdrawals and loans will be allowed, except for automatic loans to cover loan interest not paid when due.
- No monthly deductions will be taken.
- The death benefit at any time after the benefit is elected will equal the greater of the specified amount, the account value times the appropriate corridor factor shown on the policy schedule or the outstanding loan balance times the appropriate corridor factor shown on the policy schedule.

**Termination:** Endorsement will terminate at the earliest of policy termination or written notice from the owner to terminate.

**Reinstatement:** The endorsement may be reinstated upon reinstatement of the policy.

## **Withdrawals, surrenders and lapses**

### **Partial withdrawals**

Policyowners may make partial withdrawals at any time except during the grace period by submitting written notice to the company. The minimum partial withdrawal amount is \$100. Each partial withdrawal will be deducted from the cash surrender value of the policy. The death benefit may be reduced by the amount of the partial withdrawal, but cannot be reduced to less than \$25,000. The policy must maintain enough cash surrender value to provide for three monthly deductions.

### **Full cash surrenders**

If policyowners surrender their policy, they will receive the cash surrender value, which is the account value minus the surrender charge minus any policy debt.

The surrender charge varies by issue age, rate classification, gender and duration. It is a per \$1,000 of initial specified amount charge and is in effect for 19 years from issue and/or from the date of any increase.

There is no pro rata surrender charge for partial withdrawals that are less than the cash surrender value.

### **Lapse and grace period**

If the policyholder does not give notice of termination to the company and further premiums are not paid, insurance on the primary insured and that provided by riders remains in force for as long as there is sufficient cash surrender value from which to deduct insurance costs and expenses.

Starting on the monthly date when the cash surrender value is less than the monthly deduction for the policy month to follow, a grace period of 61 days is given for the payment of enough premium to cover the monthly deduction plus the next three monthly deductions. If the premium is not paid within the grace period, all insurance stops. If the insured dies during the grace period, the death benefit is paid but reduced by the past due monthly deductions.

### **Minimum no-lapse period**

During the first 15 years only, the policy will remain in force and will not begin the grace period if the sum of the premiums paid to date—less any withdrawals or policy debt—equals or exceeds the minimum monthly premium multiplied by the number of policy months since the date of issue.

### **Reinstatement**

If the policy terminates without value, it can be reinstated with evidence of insurability. At reinstatement, charges for the grace period and current month will be deducted from the account value, and underwriting is required. Policies cannot be reinstated after five years past the termination date.

## Income tax considerations

When values are removed from an in-force policy through partial withdrawals, reductions in the specified amount may result. Distributions may be subject to income tax to the extent of the gain involved (especially on a fully funded policy within the first seven policy years). The rules for determining any applicable tax are complex and depend on how long the policy has been in force and how much premium has been paid into the policy.

Certain sales illustrations call for surrenders of policy values at various times. A partial withdrawal may involve the possibility that some portion of the surrender is subject to tax. While this possibility usually is a minor consideration in these illustrations, it should not be ignored. The product software is designed to give the agent a warning if the proposed withdrawals would result in taxation. A policyholder should be advised to seek competent legal or tax counsel.

A Modified Endowment Contract (MEC) is a life insurance policy issued on or after June 22, 1988, which fails the seven-pay premium test. The test period starts at issue and lasts seven years; a new test period starts whenever the life policy incurs a material change. A policy can also be a MEC if the policy was issued on or before June 20, 1988, if it has had a material change (i.e. increased or exchanged) and fails the seven-pay test, within seven years after the date of the change. Once a policy becomes a MEC it will always remain a MEC.

Under a MEC, distributions are included in taxable income up to the amount of gain in the contract. Any gain is deemed to be distributed before the investment in the contract. Gain is the difference between the cash surrender value before reduction by any surrender charge and the policyowner's investment in the contract. Investment in the contract basically equals the premiums paid less any prior distribution received tax-free. Policy loans from a MEC would also be considered a taxable distribution unlike a policy which is not a MEC.

In addition, there is a 10% IRS tax penalty applied to the amount of any pre-death distribution from a MEC that is includable in gross income. There are three exceptions to this additional tax: **1)** The taxpayer is at least age 59½; **2)** the taxpayer has become disabled or **3)** the distribution is part of a series of substantially equal periodic payments, such as an annuity, over the lifetime of the taxpayer.

Section 7702A(b) of the IRS code defines the seven-pay test as follows: "A contract fails to meet the seven-pay test of this subsection if the accumulated amount paid under the contract at any time during the first seven contract years exceeds the sum of the net level premiums which would have been paid on or before such time if the contract provided for paid-up future benefits after the payment of seven level annual premiums."

The information presented here is not intended as tax or other legal advice. For application of this information to your client's specific situation, your client should consult an attorney.

## Death benefit options

### Death Benefit Option A (level), B (increasing), and C (return of premium)

Death benefit proceeds, which is the amount payable to the beneficiary upon the death of the insured, equals the death benefit (as defined below for the selected option) minus policy debt. The cost of insurance rate is applied only to the net amount at risk, which equals the difference between the death benefit and the account value. For all options, regardless of the death benefit option in effect, the death benefit may be adjusted upward to make sure the policy qualifies as life insurance under federal tax law.

### Death Benefit Option A (Level)

The death benefit payable is the specified amount of insurance. The net amount at risk decreases as the Account Value increases.

### Death Benefit Option B (Increasing)

The death benefit payable is the specified amount of insurance plus the Account Value. This is a greater death benefit than Option A. A higher Planned Periodic Premium is required to accumulate the same cash value as in Option A, since the amount of pure insurance remains constant.

## Death Benefit Option C (Return of Premium)

The death benefit is the specified amount of insurance plus the excess of premiums paid over any partial withdrawals. Applications with Option C cannot be underwritten without an illustration. Policyowners should generally select this option if they have a need for a total death benefit equal to the initial amount plus cumulative net premiums, most often in business insurance situations such as split dollar and premium finance arrangements. Option C is only available up to age 65.

### Change of death benefit

Policyowners can change to Death Benefit Option A or B at anytime. Death Benefit Option C is only available at issue so policyowners may not change to that option.

Current Option	Change to Option	Results
A	B	Specified amount is adjusted so that death benefit is unchanged
B	A	No change in specified amount, death benefit reduces to equal specified amount
C	A	No change in specified amount, death benefit reduces to equal specified amount
C	B	Specified amount is adjusted so that death benefit is unchanged

Policyowners may increase the specified amount at any time after the first policy year and before age 80. Underwriting is required. Scheduled increases provided by the Scheduled Increase Rider or the Guaranteed Insurability Rider do not require proof of insurability.

Policyowners may decrease the specified amount after year one. The decrease must be for at least \$1,000. The remaining base policy specified amount must be at least \$50,000. The decrease has no effect on surrender charges or monthly specified amount charges.

## Riders

### ▶ Accelerated Benefit for Terminal Illness (only available when Care4Life is not)

**Design:** Provides a guaranteed amount upon diagnosis of a terminal illness. When terminally ill, as much as 50% of the eligible amount, up to \$500,000 may be advanced.

**Issue Ages:** 0-80.

**Cost:** None.

**Termination:** The rider will terminate at the earliest of the date the owner provides written notice to terminate the rider or the policy lapses.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** No.

**Discounts Available:** None.

### ▶ Accidental Death Benefit

**Design:** Pays an additional death benefit to the beneficiary in the event of the insured's death resulting from accidental bodily injury occurring within 180 days of the injury.

**Issue Ages:** 0 to 65.

**Substandard Rating:** The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

**Minimum Amount of Rider Coverage:** \$25,000.

**Maximum Amount of Rider Coverage:**

- Age 0 – 20: \$ 50,000
- Age 21 – 25: \$100,000
- Age 26 – 55: \$150,000
- Age 56 – max issue age: \$100,000
- Maximum for all policies: \$250,000

**Termination:** Rider terminates at the earliest of **1)** when any premium for the policy is due and unpaid beyond the end of the policy’s grace period; **2)** when the policy terminates for any reason other than the death of the insured; **3)** the policy anniversary nearest the insured’s 70th birthday; **4)** if the death of the insured shall occur by suicide within two years from the issue date of this rider; or **5)** the date the company receives written notice from the owner requesting termination of this rider.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes.

**Discounts Available:** None.

## ► Care4Life Accelerated Death Benefit

**Design:** Provides an accelerated death benefit if the insured faces a serious medical hardship such as a critical, chronic or terminal illness. In New York and California, the Care4Life benefits are offered through three independent riders— Critical Illness, Chronic Illness and Terminal Illness and vary for the Critical Illness Rider. The Care4Life riders are not a long term-care product.

Qualifying Event	Benefit Amount
Critical Illness	Up to 25% of the eligible amount with a maximum of \$250,000
Chronic Illness	Up to 50% of eligible amount with a maximum of \$1 million
Terminal Illness	Up to 75% of eligible amount with a maximum of \$1 million

**Eligible Amount:** Specified amount of the base policy, the supplemental coverage and the early cash value riders, as of the first accelerated benefit request.

**Issue Ages:** 0-85. In California, the Critical Illness Rider is only available to insureds age 64 or younger who have comprehensive health benefits from a health insurance policy, HMO or employer plan and the invasive life threatening cancer is replaced by invasive/metastatic cancer.

**Substandard Rating:** This rider may be added to a policy where the table rating does not exceed Table D and where the flat extra rating does not exceed \$5 per thousand. For policies with table ratings greater than Table D or flat extras greater than \$5 per thousand, terminal illness coverage may be available. If there is a combination of table rating and flat extra(s), underwriters may decline to issue this rider based upon their discretion.

**Payment Frequency:** Accelerated death benefits will be paid in a lump sum for critical illness and terminal illness. If the maximum chronic illness accelerated death benefit amount payable does not exceed the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be in a single sum. If the maximum amount payable under a chronic illness qualifying event exceeds the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be paid in periodic installments.

The first payment will be made immediately but will be limited to the annualized per diem limitation. A second payment will occur on the first business day of the calendar year following the initial payment. The amount of the second payment will be limited to the lesser of the remaining amount owed or the per diem limited for the new calendar year. Thereafter, if proceeds remain payable, the policyowner should request the payment once per year, where the year starts with the anniversary date of the initial payment. Each payment will be limited by the remaining amount owed or the per diem limitations.

**Lien:** The advanced payment plus a \$250 administrative fee (guaranteed maximum except in Florida \$100 current and max.) plus accrued interest is treated as a lien against death benefit proceeds. The maximum lien interest rate will be the greater of the current yield on ninety-day treasury bills; or the current maximum statutory adjustable policy loan interest rate.

**Residual Death Benefit:** Upon the death of the insured, we will pay at least 10% of the eligible amount as a residual death benefit, reduced by the amount of any partial withdrawals taken after the first accelerated benefit request and any loan balance (Not available in New York).

**Multiple Accelerations:** If less than one year has passed since the initial acceleration of an event and the sum of all accelerated death benefits under this rider has not reached the lifetime maximum accelerated death benefit, then additional death benefit may be accelerated under this same event. There can be up to five policy death benefit accelerations. This includes a first-time event, a subsequent acceleration for the same event, and the reoccurrence of a previous event.

**Total Maximum Acceleration:** The maximum lifetime accelerated benefit payments on the insured may not exceed 75% of the eligible amount with a maximum of \$1 million.

**Qualifying Terminal Illness:** When the insured has been certified by a physician as having an illness or physical condition, which can reasonably be expected to result in death within 12 months.

**Qualifying Critical Illness:** Definitions are listed below. These critical illnesses have a waiting period: stroke (30 days), paralysis (90 days) and coma (96 hours). Claim must be made within 12 months of the diagnosis of the qualifying critical illness. In New York, the Critical Illness Rider qualifying events are limited to open heart surgery, angioplasty or myocardial infarction, life threatening cancer, stroke, major transplant or end-stage renal failure.

**1) Invasive Life-Threatening Cancer:** Diagnosis of a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal neighboring tissue or distant lymph node or organ metastasis. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, and sarcoma. No benefit will be payable under this condition for any of the following: pre-malignant lesions, benign tumors, polyps, or dysplasia; carcinoma in-situ; any non-melanoma skin cancer, except those with distant lymph node or organ metastasis; malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by distant lymph node or organ metastasis; chronic lymphocytic leukemia classified as Rai Stage 0; early prostate cancer diagnosed as T1a or T1b by the AJCC Staging System without distant lymph node or metastasis; papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2 cm in greatest diameter and is classified as T1 by the AJCC Staging System, without lymph node or distant metastasis.

In California the previous paragraph 1) is replaced by this paragraph 1):

**1) Invasive/Metastatic Cancer:** A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Diseases classified as leukemias, lymphomas, or other uncontrolled growth of blood cells, where treatment beyond the monitoring of blood tests is initiated or recommended by a qualified medical professional, are included. Diseases of the pancreas, ovary, lung, brain, esophagus, and liver that are classified as malignant cancers of these organs and are not classified as benign tumors, cysts, or growths of these organs will be considered an Invasive/Metastatic Cancer whether or not the malignant cancer has been shown to have invaded into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Invasive/Metastatic Cancer does not include, and no accelerated benefit is available for: any skin cancer, including malignant melanoma that has not invaded the dermis layer of the skin (malignant melanoma that has invaded into the dermis or deeper is considered Invasive Cancer); pre-malignant condition with malignant potential, benign tumors, or benign polyps; prostate cancer that has not spread or metastasized outside of the prostate into nearby tissue, lymph nodes or other organs; breast cancer that has not spread or metastasized outside of the breast into nearby tissue, lymph nodes or other organs; or any cancer that has not spread or metastasized from its originating organ, other than those stated in the above description.

**2) Stroke:** a cerebrovascular incident caused by infarction or brain tissue, cerebral hemorrhage, thrombosis or embolization from an extra-cranial source and producing a measurable neurological deficit that persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does NOT include Transient Ischemic Attacks (TIAs), Vertebro-basilar insufficiency, retinal vessel illnesses, lacunar infarcts which do not meet the definition of stroke and Intracerebral vascular events due to trauma.



- 3) **Major Heart Attack:** The death of a portion of the heart muscle resulting from obstruction of blood supply to the relevant area based on the presence of a diagnostic elevation of cardiac enzymes or biomedical markers and the presence of chest pain and at least one of the following: new electrocardiographic (EKG) changes which support the diagnosis; identification of an intracoronary thrombus by angiography; or imaging evidence of a new loss of viable heart muscle or a new regional wall motion abnormality. Major heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack.
- 4) **End Stage Renal Failure:** The irreversible and total failure of both kidneys in which the use of hemodialysis or peritoneal dialysis is deemed to be medically necessary.
- 5) **Major Organ Transplant:** The insured must be placed on a transplant list or have been the recipient of a heart, lungs, liver, kidneys, pancreas or bone marrow.
- 6) **Amyotrophic Lateral Sclerosis (ALS):** A definite diagnosis of ALS diagnosed by a Consultant Neurologist.
- 7) **Blindness Due to Diabetes:** Total and irreversible loss of vision in both eyes solely as a result of diabetic retinopathy. Corrected visual acuity being 20/200 or less in both eyes or the field of vision being less than 20 degrees in both eyes.
- 8) **Paralysis of Two or More Limbs:** Complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 90 days.
- 9) **Major Burns:** Diagnosis of burns that are a full-thickness or third-degree burn covering at least 20% of the body surface.
- 10) **Coma:** a profound state of unconsciousness from which the insured cannot be aroused to consciousness, and in which stimulation will produce no more than primitive avoidance reflexes, which last for a period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. A definite diagnosis of coma must be documented by evidence of a neurological deficit that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine coma. Life support systems must be required throughout the period of unconsciousness. Excludes comas secondary to any alcohol or drug abuse and/or narcotics and comas caused/prolonged for therapeutic reasons.
- 11) **Aplastic Anemia:** chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following marrow stimulating agents, immunosuppressive agents or bone marrow transplantation.
- 12) **Benign Brain Tumor:** non-cancerous tumor within the cerebral tissue or the cerebral meninges resulting in permanent neurological symptoms and where open, surgical intervention is deemed medically necessary. Tumors in the pituitary gland, cysts, granulomas and tumors in the cranial nerves (e.g. acoustic neuroma), or malformations in, or of, the brain substance, cerebral arteries or veins and/or the spinal cord are not covered.
- 13) **Aortic Aneurysm:** diagnosis that intervention is deemed medically necessary for disease or trauma to the aorta requiring either an open surgical repair with excision and replacement of the diseased or traumatized aorta with a graft or an endovascular repair with a stent graft. Aorta refers to the thoracic and abdominal aorta but not its branches.
- 14) **Heart Valve Replacement:** diagnosis that surgery is medically necessary to replace any heart valve with either a natural or mechanical valve. Heart valve surgery or repair utilizing transvascular percutaneous valve procedures are not covered by this definition.
- 15) **Coronary Artery Bypass Graft Surgery:** diagnosis that surgery is medically necessary to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). Any other surgical procedure, such as but not limited to, angioplasty, intra-arterial procedures, or trans-catheter percutaneous are not covered.

**Qualifying Chronic Illness:** When the insured is unable to perform (without hands-on assistance) at least two activities of daily living, and has been unable to perform them for a period of at least 90 days; or has suffered severe cognitive impairment to the extent that substantial supervision is required to ensure the insured's health and safety. Certification of the chronic illness is required every 12 months. Choose from annual payments up to HIPAA limits or monthly 2% installments paid over 50 months or monthly 1% installments paid over 100 months.

#### **Activities of Daily Living:**

- 1) **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them;
- 2) **Toileting:** the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene;

- 3) **Transferring:** the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices;
- 4) **Continence:** the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag;
- 5) **Eating:** the ability to feed oneself by getting food into one's body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously; and
- 6) **Bathing:** the ability to wash oneself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

**Severe Cognitive Impairment:** a diagnosis by a physician who is a certified neurologist of Alzheimer's disease and similar forms of irreversible dementia supported by medical evidence of a loss or deterioration in intellectual capacity that includes short-term or long-term memory, orientation to people, places, or time, abstract or deductive reasoning, and judgment as it pertains to safety.

**Termination:** The rider will end at the earlier of written request from you or termination of the policy.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** No.

**Discounts Available:** None

## ► Children's Insurance

**Design:** Provides \$25,000 of life insurance for the insured's eligible children. All of the insured's qualified children are included on one rider.

**Base Insured Issue Ages (parent):** 18 to 55.

**Issue Ages (child):** 15 days to 18 years.

**Substandard Rating:** The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

**Cost:** \$144 annually.

**Conversion Privilege:** Prior to the child's age 25, allows owner to convert the insurance on each insured child to up to \$25,000 of permanent insurance without evidence of insurability. Within 31 days after the insured child's 25th birthday, rider coverage can be converted to up to \$125,000 of permanent insurance. Conversion can only occur if no premium is in default. Conversion must take place no later than 31 days after the child's 25th birthday. The policy date of the new policy will be the date of conversion.

**Limitations:** Children must be named on the application, born after the date of the application or adopted after the date of the application and before the child's 18th birthday. This rider does not insure children younger than 15 days or older than 25.

**Underwriting:** Medical questions will be required for each child. The underwriter may exclude one or more of the children who are included on the application. Upon customer notification, children born or adopted after the policy is activated will be added without additional underwriting review.

**Termination:** This rider will terminate at the earliest of 1) when any premium for the policy is due and unpaid beyond the end of the policy's grace period; 2) when the policy terminates for any reason other than the death of the insured; 3) the policy anniversary nearest the insured's 70th birthday; 4) if the death of the insured shall occur by suicide within two years from the issue date of this rider; or 5) the date the company receives written notice from owner requesting termination of this rider.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes, with evidence of insurability for covered children.

**Discounts Available:** None.

## ▶ Early Cash Value

**Design:** Allows part of the policy's specified amount to be allocated to this rider resulting in a higher cash value in the early years of the policy than would otherwise be the case. There are no surrender charges associated with coverage under this rider. Monthly deductions associated with coverage under this rider follow a different pattern than the monthly deduction that would be required for base policy coverage.

**Issue Age:** Same as base policy.

**Available After Issue:** No.

**Death Benefit:** The death benefit associated with coverage under this rider is included in the total death benefit for the policy. It is also included in the calculation of the accelerated death benefit amount.

**Changes:** Coverage may be decreased to not less than the minimum required. Base and rider coverage are decreased proportionately. If coverage is increased, proof of insurability may be required. Base coverage and rider coverage must be increased in the same proportion that existed at issue.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** No.

**Discounts Available:** None.

## ▶ Guaranteed Insurability

**Design:** Allows the policyholder to increase the specified amount of the policy on certain option dates without submitting proof of insurability. On any option date, the face amount can be increased up to the option rider amount as shown on the policy schedule. Minimum option amount is \$25,000 Maximum option amount is \$50,000.

**Option Date:** the policy anniversary dates nearest the insured's 22nd, 25th, 28th, 31st, 34th, 37th and 40th birthdays. The option period for an option date begins 60 days before and ends 31 days after that date. Alternate dates may be substituted for the regularly scheduled option dates in the event of the insured's marriage, or the birth or legal adoption of a child. An alternate option period begins on the date of the insured's marriage or birth or legal adoption of a child and ends 91 days after that date. When an alternate date is exercised, it replaces the next option date.

**Issue Age:** 0-37.

**Substandard Rating:** Not available for rated policies.

**Cost:** The cost of insurance rates for the increase in specified amount will be based on the insured's rate class as of the policy date, and the issue age as applicable at the time of the increase.

**Termination:** The rider will terminate on the earliest of the following 1) when the policy terminates, 2) when the owner requests termination of this rider via written communication or 3) on the expiration date shown on the policy schedule.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** No.

**Discount Available:** None.

## ▶ Insurance Exchange

**Design:** Allows the policy to be exchanged for a new policy on the life of a substitute insured with evidence of insurability on the new insured. This is typically used in business situations. With the company's consent, riders may be attached to the new policy.

The policy date for the new policy will be the monthly date following the date of the exchange. The specified amount of the new policy may be no greater than that of the original policy. The account value of the original policy and any policy debt will transfer to the new policy. The transfer to the new policy is not a §1035 exchange and may be subject to taxation.

**Cost:** There is no additional charge for this rider.

**Coverage Amounts:** Cannot exceed original face amount.

**Termination:** The rider will terminate when the policy terminates or on the anniversary nearest the insured's 65th birthday.

**Available After Issue:** Yes.

## ▶ Lifetime Income

**Design:** Provides a guaranteed lifetime income for the owner. It is only available on policies that select Guideline Premium Test.

**Issue Ages:** 0-75.

**Cost:** No cost for the rider until it is activated.

**Conditions Required to Activate Rider:** The insured must be between ages 50 and 85 and must not currently be receiving any benefits from any of the policy's other riders. The policy must have a cash surrender value of at least \$5,000 and be utilizing death benefit option A. It must have been at least 10 years since the policy was issued or the specified amount was increased.

**Upon Activating Rider:** Specified amount is reduced by the greater of the difference between the specified amount and the account value minus the activation charge, multiplied by the applicable IRC Section 7702 corridor factor shown on the policy schedule or zero. All other existing riders attached to the policy are terminated. A partial withdrawal is taken from the account value to repay any existing loans. The owner elects the disbursement option from one of the following:

- Level.
- Increasing by 3% each year.
- Potentially increasing by x% each year where every subsequent year the disbursements will be compared to the corresponding disbursements from the prior year.

**Requirements to Continue Payments:** Death benefit option must remain Option A. No additional partial withdrawals, other than the payment of the income benefits may be taken. No premium payments will be accepted and no specified amount changes will be allowed.

**Rated Policies:** Rider is available.

**Termination:** Disbursements will cease when this rider terminates. The rider will terminate at the earliest of death of the insured, policy termination or lapse or owner requests termination of this rider.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes.

**Discounts Available:** None.

## ▶ Supplemental Coverage (Not available New York)

**Design:** Provides additional coverage of up to nine times the base policy coverage on the base insured at a lower total premium than the base policy alone. Not available in New York with exception of approved premium finance policies.

**Death Benefit:** The death benefit associated with coverage under this rider is included in the total death benefit for the policy. It is also included in the calculation of the accelerated death benefit amount.

**Available After Issue:** Yes, but, may only be added on a policy anniversary date. Underwriting required.

**Increases:** Available after the first policy anniversary. Underwriting required.

**Decreases:** May be requested on or after first policy anniversary. Permitted provided the ratio of coverage from the supplemental coverage rider, early cash value rider and base policy remains constant. As with the base policy, decreases in SCR coverage may cause the contract to become a MEC or require a force out of premium.

**Partial Withdrawal:** Permitted but the ratio of supplemental coverage and base policy coverage needs to remain constant.

**Cost:** Varies by gender, issue age, rate classification, duration and specified amount band.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes.

**Discounts Available:** None.

## ▶ **Term Insurance for Other Insured**

**Design:** Provides additional insurance protection for up to five other people such as family members, business partners, or other key persons. It does not provide extra coverage to the base insured.

**Minimum Face Amounts:** \$50,000 for Nontobacco and Tobacco underwriting classes and \$100,000 for Preferred Plus Nontobacco, Preferred Nontobacco, Select Nontobacco or Preferred Tobacco rate classes. Full underwriting is required for each insured covered under this rider. Available up to Table F.

**Conversion:** May be converted to permanent coverage prior to the annual date nearest insured's age 75. Minimum specified amount of permanent policy is \$50,000.

**Cost:** Monthly charges are based on the attained age, gender and underwriting classifications of each additional insured.

**Termination:** Upon termination of the base policy or on the first monthly date after the policyowner gives written notice or when there is no insured person covered by this rider. Each insured's coverage terminates at death.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes.

**Discount Available:** None.

## ▶ **Waiver of Monthly Deductions**

**Design:** Waives the monthly insurance and expense charges if the insured is disabled. Benefits begin on the monthly date after the six-month waiting period. For disabilities occurring after the policy anniversary nearest the insured's 60th birthday, monthly deductions will be waived up to the policy anniversary nearest the insured's 65th birthday. For disabilities occurring before the policy anniversary nearest the insured's 60th birthday, monthly deductions will be waived while the policy remains in force.

**Definition of Total Disability:** During the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. After the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, or any other occupation for which he or she becomes reasonably suited by education, training or experience, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. Total disability also includes the total and permanent loss of sight, hearing, speech or the use of limbs.

**Proof of Disability:** Must provide proof that the insured is totally disabled and that the disability began while the policy was in-force and has continued for six months. Notice and proof of the insured's total disability must be given to the company within one year after disability begins and while the insured is totally disabled. Proof of continuance of total disability must be provided as reasonably required. No benefit is payable due to intentionally self-inflicted injuries or an act of declared or undeclared war while the insured is a member of the armed forces. Please refer to the rider itself for a complete listing of risks not assumed.

**Issue Ages:** 0-55.

**Cost:** Based on the insured's age, gender and underwriting classification.

**Substandard Rating:** The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

**Termination:** Upon policy termination or on the first monthly date after the policyowner gives written notice or at age 65 of the insured.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes

**Discount Available:** None.

## ► **Waiver of Specified Premium**

**Design:** Provides payment of a specified premium to be credited to the policy as premiums paid during continued covered disability of the insured after the total disability has continued for six consecutive months while the policy and this rider are in force. On any monthly date during continued covered disability, the benefit that is paid may be more or less than the cost of insurance and other charges. The cash surrender value may increase or decrease. Additional premium payments may be required to keep the policy in force.

For disabilities occurring after the policy anniversary nearest the insured's 60th birthday, specified premiums will be credited up to the policy anniversary nearest the insured's 65th birthday. For disabilities occurring before the policy anniversary nearest the insured's 60th birthday, specified premiums will be credited while the policy remains in force.

**Definition of Total Disability:** During the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. After the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, or any other occupation for which he or she becomes reasonably suited by education, training or experience, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. Total disability also includes the total and permanent loss of sight, hearing, speech or the use of limbs.

**Issue Ages:** 0-55.

**Substandard Rating:** The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

**Cost:** Based on the insured's age, gender and underwriting classification.

**Termination:** This rider will terminate at the earliest of when the policy terminates, on the expiration date shown on the policy schedule or the date we receive written notice from the owner requesting termination of this rider. Termination will not affect an eligible claim for total disability that occurred before age 65.

**Reinstatement:** The rider may be reinstated upon reinstatement of the policy.

**Available After Issue:** Yes.

**Discount Available:** None.



Ameritas Life Insurance Corp.  
Ameritas Life Insurance Corp. of New York

Guarantees are based on the claims-paying ability of the issuing company.

The Care4Life riders are not a long term-care product.

Withdrawals and loans will reduce available death benefit and policy value. Withdrawals beyond basis may be taxable income. Excessive and unpaid loans will reduce death benefits and policy value and may cause the policy to lapse. If a policy lapses, unpaid loans are treated as distributions for tax purposes.

The information presented here is not intended as tax or other legal advice. For application of this information to your client's specific situation, your client should consult an attorney.

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