



Ameritas FLX Living Benefits Term Life Insurance

Agent guide

Ameritas Life Insurance Corp.



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At a glance

Issue Ages (age nearest birthday)	30 year term: 18-55 25 year term: 18-65		20 year term: 18-70 15 year term: 18-75		10 year term: 18-80	
Face Amount Changes	Issue ages may vary by gender and risk class. See next page for details. Premiums guaranteed to remain level through term period. Decreases are allowed as long as the face amount does not go below \$50,000. Increases are not allowed.					
Face Amount Banding & Underwriting Classes	Band	Amount		Available Underwriting Classes		
	Band 1	\$50,000 – \$99,999		Standard & Rapid Standard		
	Band 2	\$100,000 – \$300,000		Preferred NT, Standard & Rapid Standard		
	Band 3	\$300,001 – \$1 million		Preferred Plus NT, Preferred NT, Select NT, Standard NT, Preferred Tobacco, Standard Tobacco		
	Band 4	More than \$1 million		Preferred Plus NT, Preferred NT, Select NT, Standard NT, Preferred Tobacco, Standard Tobacco		
	Rapid standard is for mildly substandard risks Table A-D (Band 1 and 2 only). FLXelerate available in some cases.					
Living Benefits	Accelerate up to 90% of the policy’s death benefit up to \$1.5 million if diagnosed with: Terminal Illness: Life expectancy is 12 months or less. Chronic Illness: Severe cognitive impairment or inability to perform two of six activities of daily living for at least 90 days Critical Illness: 15 qualifying conditions					
	• Invasive life threatening cancer		• Major heart attack		• Coma	
	• Stroke		• Blindness due to diabetes		• Aortic aneurysm	
	• Paralysis of two or more limbs		• Aplastic anemia		• Benign brain tumor	
	• End-stage renal failure		• Major organ transplant		• Major burns	
	• ALS (Amyotrophic Lateral Sclerosis)		• Heart valve replacement		• Coronary artery bypass graft surgery	
	Additional Details					
	• Benefits paid in a lump sum for terminal and critical illness.					
	• Chronic illness benefits paid in a lump sum or in installments if the amount available exceeds the limits declared by the IRS (HIPAA limits), which may help avoid serious tax consequences.					
	• Proceeds payable are calculated based on policy face amount and insured’s life expectancy at time of claim.					
	• Can take up to five accelerations.					
	• Maximum accelerated amount from all Ameritas policies and all diagnosis is \$1.5 million.					
Policy Fee (commissionable)	Annual: \$50	Semiannual: \$25.50		Quarterly: \$13	Monthly: \$4.25	
Modal Premium Factors	Annual: 1.00	Semiannual: 0.510		Quarterly: 0.260	Monthly: 0.086	
Discounts	• Association Discount — 4% decrease in modal factors and policy fees in all years for members of approved associations. Commission is reduced for this bonus. • Employee Discount — 4% premium discount. Commission is reduced for this bonus. • Same Payor Discount — policy fees reduced by 50% for each policy when two or more policies are drafted from the same checking or savings account. Association and employee/producer discounts are not available in CA or FL					
Table Ratings (multiply standard premium by these factors)	A = 1.225 B = 1.450	C = 1.675 D = 1.900		E = 2.125 F = 2.350	G = 2.575 H = 2.800	
Renewable	To age 100					
Conversions	Convertible to FLX Living Benefits IUL, if available in your state, up to the end of guaranteed term period or age 65, whichever comes first.					
Riders (available for an additional cost)	• Accidental Death Benefit — pays additional benefit if death is accidental. • Children’s Insurance — provides \$25,000 of convertible insurance for insured’s children. • Waiver of Premium for Total Disability — waives premiums if insured is disabled.					

Issue ages and rate classifications (age nearest birthday)

Band	Gender	Risk Class	Maximum Issue Age				
			10 YT	15 YT	20 YT	25 YT	30 YT
Band 1 (\$50K-\$99,999K)	Male	Standard Nontobacco	60	60	60	60	50
Band 1 (\$50K-\$99,999K)	Male	Standard Tobacco	60	60	60	49	40
Band 1 (\$50K-\$99,999K)	Male	Rapid Nontobacco	60	60	60	60	50
Band 1 (\$50K-\$99,999K)	Male	Rapid Tobacco	60	60	50	45	38
Band 1 (\$50K-\$99,999K)	Female	Standard Nontobacco	60	60	60	60	50
Band 1 (\$50K-\$99,999K)	Female	Standard Tobacco	60	60	60	49	40
Band 1 (\$50K-\$99,999K)	Female	Rapid Nontobacco	60	60	60	60	50
Band 1 (\$50K-\$99,999K)	Female	Rapid Tobacco	60	60	55	49	40
Band 2 (\$100K-\$300K)	Male	Preferred Nontobacco	80	75	70	63	57
Band 2 (\$100K-\$300K)	Male	Standard Nontobacco	80	75	70	63	57
Band 2 (\$100K-\$300K)	Male	Standard Tobacco	80	73	65	57	46
Band 2 (\$100K-\$300K)	Male	Rapid Nontobacco	80	75	65	60	53
Band 2 (\$100K-\$300K)	Male	Rapid Tobacco	75	65	55	50	40
Band 2 (\$100K-\$300K)	Female	Preferred Nontobacco	80	75	70	63	57
Band 2 (\$100K-\$300K)	Female	Standard Nontobacco	80	75	70	63	57
Band 2 (\$100K-\$300K)	Female	Standard Tobacco	80	73	65	57	46
Band 2 (\$100K-\$300K)	Female	Rapid Nontobacco	80	75	65	60	55
Band 2 (\$100K-\$300K)	Female	Rapid Tobacco	75	70	60	55	42
Band 3 (\$300,001-\$1M)	Male	Preferred Plus Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Male	Preferred Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Male	Select Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Male	Standard Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Male	Preferred Tobacco	80	73	70	60	53
Band 3 (\$300,001-\$1M)	Male	Standard Tobacco	80	73	69	60	53
Band 3 (\$300,001-\$1M)	Female	Preferred Plus Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Female	Preferred Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Female	Select Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Female	Standard Nontobacco	80	75	70	65	58
Band 3 (\$300,001-\$1M)	Female	Preferred Tobacco	80	73	69	60	53
Band 3 (\$300,001-\$1M)	Female	Standard Tobacco	80	73	69	60	53
Band 4 (more than \$1M)	Male	Preferred Plus Nontobacco	80	75	70	65	58
Band 4 (more than \$1M)	Male	Preferred Nontobacco	80	75	70	65	58
Band 4 (more than \$1M)	Male	Select Nontobacco	80	75	70	65	58
Band 4 (more than \$1M)	Male	Standard Tobacco	80	75	70	65	58
Band 4 (more than \$1M)	Male	Preferred Tobacco	80	73	70	60	53
Band 4 (more than \$1M)	Male	Standard Tobacco	80	73	69	60	53
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Band 4 (more than \$1M)	Female	Select Nontobacco	80	75	70	65	58
Band 4 (more than \$1M)	Female	Standard Nontobacco	80	75	70	65	58
Band 4 (more than \$1M)	Female	Preferred Tobacco	80	73	69	60	53
Band 4 (more than \$1M)	Female	Standard Tobacco	80	73	69	60	53

Accelerated death benefit for terminal, critical and chronic illness (living benefits)

Design: allows the policy owner to accelerated 90% of the policy's death benefit up to \$1.5 million if the insured is diagnosed with a qualifying chronic, critical or terminal illness. Accelerated death benefits are included at no additional premium cost.

Terminal illness

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. Except in California, only one acceleration is permitted for a terminal illness.

Critical illness

Qualifying critical illness and their definitions are listed below. In California, the critical illness benefit is available to insureds age 64 or younger who have comprehensive health benefits from a health insurance policy, HMO or employer plan.

These critical illnesses have a waiting period: stroke (30 days), paralysis (90 days) and coma (96 hours).

- 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 if 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)**
- 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

Chronic illness

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

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-or long-term memory, orientation to people, places, or time, abstract or deductive reasoning, and judgment as it pertains to safety.

Frequently asked questions about living benefits

Who are the living benefits paid to?

Living benefits are paid to the policy owner, not the beneficiary, as the benefits are paid while insured is alive.

How are the living benefits paid out?

The benefit will be paid in a lump sum if the acceleration occurs due to critical or terminal illness. The benefit for chronic illness can be paid in a lump sum or installments if the amount available exceeds the limits declared by the IRS (HIPPA per diem limits). Installments may help reduce tax consequences. Please consult a tax advisor for details.

Can the policy owner choose to take a portion of the maximum living benefits?

Yes, the policy owner does not have to take the full amount of benefits available. Up to five accelerations are allowed throughout the life of a policy. In California, the number of accelerations is not limited.

If the policy owner takes the full acceleration amount (90%), will any death benefit remain?

Yes, a minimum of 10% death benefit remains if the policy owner fully accelerates a living benefit. Premiums will be reduced proportionately and will continue to be payable through the end of the level term period.

What if my client is rated?

Living benefits will be included in the policy as long as the Table Rating is a D or less or Flat Extra is \$5 per thousand or less. If your client is rated higher, the terminal illness benefit will remain, but the critical and chronic benefits will be removed.

What factors are considered in determining the payout for the living benefit?

The present value of the accelerated death benefit will be calculated. The death benefit will be reduced by the amount of the death benefit being accelerated. Key factors include:

1. Insured life expectancy
2. Amount of accelerated death benefit and any due and unpaid premiums
3. Accelerated benefit interest rate in effect
4. Administrative fee of \$250 (may vary by state)

The more severe an insured's condition and the shorter his or her life expectancy, the more benefit the client will receive. There is not a set amount and the payout is determined at time of claim.

Is there a maximum face amount for policies to be eligible for living benefits?

Living benefits are available on policies up to a combined face amount of \$1,666,666.66. Any face amount above this will not have living benefits.

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: 18 to 65 for 10-year and 15-year terms and ages 18 to 60 for 20-year, 25-year and 30-year terms.

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 18 – 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

Available After Issue: Yes

Termination: Rider terminates at the earliest of 1) when any premium for the policy is due and unpaid beyond the end of the premium'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: Rider may be reinstated upon reinstatement of the policy.

Discounts Available: Employee and Association

Children's insurance

Design: Provides \$25,000 of life insurance for the insured's 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.

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 premium'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: This rider may be reinstated within five years after the rider terminates. The rider may be put back in force by written notice if 1) the policy is reinstated; 2) evidence of insurability is provided for each insured child; and 3) all overdue premiums with interest are paid.

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.

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

Discounts Available: None

Waiver of premium

Design: waives the premium on the base policy and all riders after the insured is totally disabled for six months. If the disability occurs before age 60, premium will be waived during the entire disability. If the disability occurs on or after age 60, but before age 65, premium will be waived while the disability continues until the policy anniversary nearest the insured's 65th birthday.

Definition of Total Disability: that which results from bodily injury or disease, lasts for at least six months, begins before age 65, and continuously prevents the insured from engaging in "an occupation for pay or profit." After the first 24 months of disability, "an occupation" means any occupation for which the insured is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker if that was the insured's regular occupation at the time disability began. Total disability also includes the total and irrevocable loss of sight, hearing, speech or the use of limbs.

Issue Ages: Up to age 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.

Available After Issue: Yes

Rider Terminates: This rider will terminate at the earliest of 1) when any premium for the policy is due and unpaid beyond the end of the premium's grace period; 2) when the policy terminates; 3) the policy anniversary nearest the insured's 65th birthday; 4) the date we receive written notice from the owner requesting termination of this rider; or 5) the end of the initial term period.

Reinstatement: Allowed if policy is reinstated.

Discounts Available: Employee and Association

FLXelerate

FLXelerate, an accelerated underwriting program available on Ameritas FLX Term allows qualifying clients a potentially less invasive, less time-consuming underwriting experience. FLXelerate allows underwriters to use data from MVR, MIB and RX to quickly assess whether a client can receive a fully underwritten, regularly priced policy without the need for lab work and medical exams.

Eligibility criteria highlights*:

- eApp with eSignature only
- Ages 18-60
- \$300,001 to \$1,000,000 face amount
- US Citizen/permanent resident only (no temporary visas)
- No hazardous occupation, avocation, or private aviation
- No history of DUI/DWI within 5 years or drug or alcohol dependence history
- No prior rated or declined coverage
- No major medical conditions*

* See our Individual Policy Underwriting Guide for Ameritas FLX Living Benefits Products (UN 2136) for full eligibility requirements.

Conversions

This policy may be converted, without evidence of insurability, to a new single life policy on the life of the insured if 1) no premium is in default and this policy is in force on that date; 2) the amount of insurance of the new policy is not greater than the amount of insurance provided by this policy, but not less than the minimum amount at which the desired policy form is regularly issued; 3) the company receives a written application before the final conversion date shown on the policy schedule; and 4) the insured is not totally disabled and eligible for benefits under a Waiver of Premium Rider which is a part of the policy; and 5) the new policy may be any permanent plan of insurance made available by us for such purpose at the time of conversion.

The new policy will be the same premium class as this policy if such class exists. If not, the premium class of the new policy will be a similar premium class made available by us for this purpose. The conversion is subject to payment of the first modal premium for the new policy. Payment of the first premium for the new policy must be received by us no later than 30 days after we approve the conversion application. The suicide and incontestability periods of the new policy will be measured from the issue date of this policy. If the new policy includes coverage for which evidence of insurability was given, the new incontestability and suicide provisions may apply to that coverage.

Final Conversion Date: The policy can be converted until the end of the level term period, or the policy anniversary nearest the insured's 65th birthday, whichever comes first. The premium rate for the new policy will be based on the attained age of the insured.

Riders: Waiver of Premium and Accidental Death Benefit riders may be issued with the new policy only with evidence of insurability and our consent. However, an Accidental Death Benefit Rider and a Waiver of Premium Rider may be included in the new policy without evidence of insurability for a conversion made before attained age 55.

Client rights and responsibilities

Free-Look Provision: There is a 20-day review period once the policy is received. If the policy is a replacement of an existing policy the review period is 30 days. If the client is not satisfied and sends the policy back, the policy is void from the beginning. Premiums paid minus partial withdrawals will be refunded within 10 days after the policy is returned.

Grace Period: If a premium is not paid by the end of the grace period (31 days), the policy will lapse.

Incontestability: Except for accidental death and waiver of premium benefits, the policy is incontestable after it has been in force, while the insured is alive, for two years from the issue date.



Ameritas FLX Living Benefits Term (form 3019) and its Accelerated Death Benefit Rider (form ICC16 CCTIABR) are issued by Ameritas Life Insurance Corp. Policy and riders may vary and may not be available in all states.

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