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*Certain provisions may vary by state.*

## **POLICY SCHEDULE**

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**Policy Number:** [E1234567NA]  
**Insured:** [John Doe]  
**Issue Age and Gender:** [35], [Male]  
**Occupational Class:** [6M]  
**Risk Class:** [Nontobacco]  
**Owner:** [John Doe]  
**Policy Date:** [July 1, 2014]  
**Issue Date:** [July 1, 2014]  
**Expiry Date:** [July 1, 2044]

**As of the Expiry Date, this policy is Conditionally Renewable for Life at the premium then in effect.**

**POLICY SCHEDULE**

<b>Base Policy Information</b>	
<b>Total Disability Benefit</b>	
Maximum Monthly Benefit	\$[10,000]
Maximum Benefit Period for Total Disability starting:	
(1) Before <i>age</i> 65	[24 Months]
(2) At or after <i>age</i> 65	12 Months
<b>Elimination Period</b>	[90] Days
<b>Maximum Overhead Expense Benefit</b>	
For <i>disability</i> starting:	
(1) Before <i>age</i> 65	\$[240,000]
(2) At or after <i>age</i> 65	\$[120,000]
<b>Rider Information</b>	
<b>Extended Residual Disability Rider</b>	
<b>Future Increase Option Rider</b>	
Total Maximum Increase	\$[2,000]
<b>Substitute Salary Expense Rider</b>	
Maximum Monthly Substitute Salary Benefit	\$[5,000]
Maximum Substitute Salary Benefit Period	6 Months
<b>Business Loan Repayment Rider</b>	
Maximum Monthly BLR Benefit	\$[10,000]
Maximum BLR Benefit Period	[To Age 45]
BLR Elimination Period	[90] Days
BLR Expiration Date	[July 1, 2024]

**Broad flexibility in monthly benefit amounts, benefit periods and elimination periods.**

**A choice of additional protection through optional riders.**

**DEFINITION OF TOTAL DISABILITY**

**Total Disability or Totally Disabled** means that, solely due to *sickness* or *injury*, you are not able to perform the material and substantial *duties of your occupation*.

**Protection if you can't work in your regular occupation, regardless of your ability to work in another occupation. Specialty Own Occupation language is included for physicians and dentists.**

## POLICY SCHEDULE

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### Premium Information

Base Policy	\$[862.00]
Extended Residual Disability Rider	\$[152.00]
Future Increase Option Rider	\$[18.04]
Substitute Salary Expense Rider	\$[40.00]
Business Loan Repayment Rider	\$[425.00]
Subtotal	\$[1,497.04]
Policy Fee	\$[40.00]
Total [ <b>Annual</b> ] Premium	\$[1,537.04]

### Modal Premium Options

<u>Mode</u>	<u>Premium</u>
<b>Annual</b>	\$[1,537.04]
Semiannual	\$[786.49]
Quarterly	\$[402.23]
Monthly	\$[132.74]

## PART I: DEFINITIONS

(Defined terms appear in italics throughout this policy.)

**AGE.** Means *your age* on *your* last birthday. When we use "*age*" followed by a number, such as *age 65*, we are referring to the policy anniversary on or after *your* 65th birthday.

**AVAILABLE MONTHLY BENEFIT.** Means the amount equal to (a) the *maximum monthly benefit* multiplied by (b) the number of months following the *elimination period* that *you* have been *totally disabled* during one period of *disability* less (c) the sum of all the monthly benefits that were paid for *your total disability* during that same period of *disability*.

**BUSINESS.** Means any company(ies), entity(ies), or professional practice(s) for which *you* were actively working and were responsible for *business* expenses by reason of ownership or contractual agreement immediately prior to the start of *your disability*.

**COVERED OVERHEAD EXPENSES.** Means the portion, based on *your* percentage of ownership or *your* responsibility via contractual agreement, of monthly *business* expenses for which *you* are responsible, that are usual and customary in the normal operation of the *business*. These expenses must be identified by the United States Internal Revenue Service as a tax-deductible *business* expense (except as noted below), the amount of which cannot exceed the actual expense that was deducted for tax purposes in the *business* tax year immediately prior to *your disability*.

Any expense covering more than one month will be pro-rated to determine the expense for each month.

Examples of *covered overhead expenses* are:

- (1) utilities;
- (2) janitorial, laundry and maintenance services;
- (3) employees' wages, payroll taxes, and contributions for benefits, except for those paid to or on behalf of any person identified under item (1) of "*Covered overhead expenses* do not include" below;
- (4) property and liability insurance premiums, unless waived during a *disability*;
- (5) *business* real estate taxes;
- (6) for space which *you* occupy and use in the operation of *your business* or profession, either:
  - (a) rent or lease payments; or
  - (b) scheduled installment payments of principal (even if not tax deductible) and interest;
- (7) for furniture, equipment, and implements of *your business* or profession, either:
  - (a) rent or lease payments; or
  - (b) scheduled installment payments of principal (even if not tax deductible) and interest;
- (8) accounting, billing, and collection service fees;
- (9) professional, association, and trade dues;
- (10) professional licensing fees, including the cost of continuing education to maintain such license; and
- (11) scheduled installment payments of interest on *business* debts.

While *you* are *disabled*, we will consider the salary of *your substitute* as a *covered overhead expense* up to the lesser of one-half of the *maximum monthly benefit* or \$10,000 (this salary must be reasonable for the *duties* performed).

*Covered overhead expenses* do not include:

- (1) salaries, fees, drawing accounts, profit, or other remuneration for:
  - (a) *you*; or
  - (b) any person sharing *business* expenses with *you*; or
  - (c) any member of *your* profession or occupation, other than a *substitute* (as limited above); or
  - (d) any person related to *you* by blood or marriage who was not a paid employee for at least 60 days immediately prior to *your disability*; or
- (2) the cost of goods, inventory, merchandise, products and services, directly attributable to generating revenue; or

**The Available Monthly Benefit creates a pool of benefits that are available throughout the benefit period.**

**All or part of a substitute's salary may now be a covered expense.**

- (3) cost of supplies, fees and expenses passed on to *your* clients; or
- (4) any expense or debt for which *you* were not liable in the normal course of *your business* or profession prior to a covered *disability*; or
- (5) more than *your* share of expenses, when they are shared with one or more persons; or
- (6) any expense covered under another disability overhead expense policy that was in effect prior to the *issue date* of this policy; or
- (7) any other expenses, including *business* loan payments, reimbursed or that are reimbursable from any other source; or
- (8) purchase or new rental of furniture or equipment during *disability*; or
- (9) renovation of an office during *disability*; or
- (10) the amount of principal in excess of that paid under a plan of scheduled installment payments which began before the start of *disability*; or
- (11) depreciation or any expense that does not require a cash payment; or
- (12) *business* expenses incurred after the sale of *your business* or the termination of *your* employment or *your* ownership interest in the *business*.

**DISABILITY** or **DISABLED.** Means *total disability, totally disabled, residual disability, or residually disabled.*

**DUTIES.** Means all functions that *you* were performing before onset of a *disability*.

**ELIMINATION PERIOD.** Means the period of time *you* must be *disabled* before we start paying benefits. Benefits will not accrue or be payable during the *elimination period*. This period is shown on the *schedule*. Days of both *total disability* and *residual disability* will be combined towards satisfaction of the *elimination period*.

**GROSS MONTHLY REVENUE.** Means *your* share, based on *your* percentage of ownership or *your* right via contractual agreement, of the monthly amount generated for goods sold, work performed or services provided by *you* or *your business*, including *your substitute* or others under *your* direct supervision:

- (1) before deducting usual and customary *business* expenses (including *covered overhead expenses*) and income taxes;
- (2) less the cost of goods, inventory, merchandise, products and services directly attributable to generating revenue.

Before benefits are paid under this policy, *you* may elect to have *gross monthly revenue* determined using either the cash accounting method (revenue credited to the period in which it is actually received) or accrual accounting method (revenue credited to the period in which it is actually earned). If *you* choose the cash accounting method, *gross monthly revenue* earned but not received before the onset of a *disability* will not be included in the calculation of *gross monthly revenue*. The method used cannot be changed once we begin paying benefits under this policy.

**IN FORCE.** Means premiums have been paid when due and *you* remain insured under the terms of this policy.

**INJURY.** Means any accidental bodily harm caused by a singular and distinct event occurring while this policy is *in force* and that is not contributed to by *sickness*.

**ISSUE DATE.** Means the date on which coverage begins. This date is shown on the *schedule*.

**LAPSE.** Means a premium is in default and *you* are no longer insured under this policy.

**LOSS OF NET MONTHLY REVENUE.** Means the amount by which *gross monthly revenue* is less than *covered overhead expenses* for the same month.

**MAXIMUM BENEFIT PERIOD FOR TOTAL DISABILITY.** This is shown on the *schedule*.

**MAXIMUM MONTHLY BENEFIT.** Means the maximum amount of *covered overhead expenses* that we will reimburse under the terms of this policy for each month *you* are *totally disabled* after the *elimination period*. This amount is shown on the *schedule*.

**Elimination period can be satisfied by days of total or residual disability.**

**OWNER.** Means the person or entity shown on the *schedule* or a later written request for change of *owner* approved by *us*. The rights of the *owner* are described in Part VI of this policy.

**PHYSICIAN.** Means a person (other than *you*, *your* spouse or domestic partner, a member of *your* family, a *business* or professional partner, or any person with whom *you* share a financial or *business* interest) licensed by law in the state in which he or she practices and who is practicing within the scope of such license to treat *injury* or *sickness*. If a loss is due to mental/nervous disorders, the *physician* must be a board-certified psychiatrist or a licensed doctoral-level psychologist.

**POLICY DATE.** Means the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on the *schedule*.

**PROOF.** Means records and statements, including but not limited to medical records, federal and state tax returns, *business* records (including income and expense statements), *business* ownership agreements, financial records, employment records, occupation and *duties*, and evidence of *your business* overhead expenses.

**RESIDUAL DISABILITY OR RESIDUALLY DISABLED.** Means that *you* are not *totally disabled* and solely due to *sickness* or *injury*:

- (1) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your occupation*; or
- (2) *you* are able to perform all of the material and substantial *duties* of *your occupation* but not for the length of time as was usual prior to *your injury* or *sickness*.

**RESIDUAL DISABILITY BENEFIT.** Means the amount of *loss of net monthly revenue* *you* incur each month not to exceed the *maximum monthly benefit*.

If *you* are not working to the fullest extent *you* are able, the *residual disability benefit* will be adjusted in accordance with *your* ability to work as certified by a *physician* appropriate for the condition causing *disability*.

**RESIDUAL MAXIMUM BENEFIT PERIOD.** Means the lesser of: (1) six months; or (2) any unused portion of the *maximum benefit period for total disability*.

**SCHEDULE.** Means the policy *schedule* or revised policy *schedule* most recently sent to *you* by *us* that includes a summary of *your* benefits and premiums.

**SICKNESS.** Means any illness or disease first manifested while this policy is *in force*, including complications due to pregnancy or childbirth.

**SUBSTITUTE.** Means a person who is a member of *your* profession employed from outside the *business* after *your total disability* begins to perform the material and substantial *duties* of *your occupation*. This person cannot be:

- (1) *your* spouse or domestic partner; or
- (2) a member of *your* family; or
- (3) a member of *your* spouse's family; or
- (4) a *business* or professional partner; or
- (5) any person with whom *you* share a financial or *business* interest.

**TOTAL DISABILITY OR TOTALLY DISABLED.** This is defined on the *schedule*.

**WE, OUR, US.** Means Ameritas Life Insurance Corp.

**YOU, YOUR.** Means the person insured under this policy as shown on the *schedule*.

**YOUR OCCUPATION.** *Your occupation* means the occupation or occupations that *you* were engaged in, based on the *duties* *you* were performing for wage or profit, at the time *disability* began. If *you* are a physician or dentist and have limited *your duties* to the performance of the usual and customary functions of a specific, professionally recognized medical or dental specialty, *we* will consider that specialty *your occupation*.

## PART II: BENEFIT PROVISIONS

**BENEFIT FOR TOTAL DISABILITY.** If your total disability begins while this policy is *in force*, we will reimburse the owner for your covered overhead expenses which are actually incurred and paid for each month you are *totally disabled* after the *elimination period* up to the available monthly benefit.

Payment will not be made for more than the *maximum benefit period for total disability*, except as provided by the Extension of Benefits provision in Part II of this policy.

**BENEFIT FOR RESIDUAL DISABILITY.** If your residual disability begins while this policy is *in force*, after you satisfy the *elimination period*, we will pay a *residual disability benefit* for each month:

- (1) you are *residually disabled*, and
- (2) solely due to *sickness* or *injury*, you suffer a *loss of net monthly revenue* of at least \$200.

For a compensable *residual disability*, during one period of *disability*, the amount payable will not be less than 50% of the *maximum monthly benefit*.

Residual benefits will terminate upon the earlier of the following:

- (1) the date you are no longer *residually disabled*; or
- (2) *residual disability* benefits have been paid for the *residual maximum benefit period*; or
- (3) the sum of all monthly benefits paid for a period of *disability*, including the Recovery Benefit, equals the maximum overhead expense benefit shown on the *schedule*.

Benefits for *residual disability* are not payable for any day for which we pay *total disability* or presumptive total disability benefits.

Benefits for *residual disability* are not payable for new periods of *disability* that begin after this policy is conditionally renewed as described in Part IV of this policy.

**RECOVERY BENEFIT.** If you are no longer *disabled*, we will pay a *residual disability benefit*, beginning in the month immediately following a period for which monthly *disability* benefits have been paid under this policy, but not to exceed three consecutive months, if:

- (1) you are not receiving benefits under this policy; and
- (2) you have a *loss of net monthly revenue* of at least \$200 that is solely due to your prior *disability*; and
- (3) the sum of all monthly benefits paid for that period of *disability*, including the Recovery Benefit, is less than the maximum overhead expense benefit shown on the *schedule*.

**PHYSICIAN CARE REQUIREMENT.** In order to be eligible for *disability* benefits or for us to waive premium under this policy, you must be under the regular care and treatment of a *physician* appropriate for the condition causing *disability*. If, in the opinion of that *physician*, continued medical treatment will not improve your condition, we will waive this requirement. However, waiving this physician care requirement does not change or affect our rights under the Proof of Loss and Examination provisions in Part V of this policy.

**SUCCESSIVE PERIODS OF DISABILITY.** Successive periods of *disability* will be considered as one period if:

- (1) they are caused by the same or related conditions; and
- (2) they are separated by less than 180 days; and
- (3) they each begin while this policy is *in force*.

All other periods of *disability* will be considered separate and not successive periods of *disability*.

You are reimbursed for the amount of covered expenses you actually incur, up to the available monthly benefit.

Residual benefits require only a loss of time or duties.

No less than 50% of the insured's maximum monthly benefit will be reimbursed.

The Recovery Benefit is a valuable "built-in" extra feature.

Attempts to return to work for up to 180 days within any one qualifying period will not cause a new qualifying period to begin, provided the two periods of disability are from the same or related cause.

For successive periods of *disability*:

- (1) *you* will not be required to satisfy a new *elimination period*, if already satisfied; and
- (2) the *maximum benefit period for total disability* and the *residual maximum benefit period* will not start over; and
- (3) the accumulated successive periods of *residual disability* cannot exceed the *residual maximum benefit period*; and
- (4) the accumulated successive periods of *total disability* and *residual disability* combined cannot exceed the *maximum benefit period for total disability*.

**CONCURRENT DISABILITIES.** Disabilities arising from more than one cause at the same time will be treated as a single *disability* and benefits will not exceed those that would have been paid for any one cause.

**PRESUMPTIVE TOTAL DISABILITY.** We will also consider *you totally disabled* if, while this policy is *in force*, *you* incur the total loss of:

- (1) the sight in both eyes; or
- (2) the hearing in both ears; or
- (3) speech; or
- (4) the use of both hands; or
- (5) the use of both feet; or
- (6) the use of one hand and one foot.

When *you* are considered *totally disabled* by reason of this provision:

- (1) benefits will begin to accrue from the date of the specific loss instead of after the *elimination period*; and
- (2) *you* must meet the Physician Care Requirement in Part II of this policy; and
- (3) benefit payments will end if the specific loss is recovered; and
- (4) benefit payments will not be made for more than the *maximum benefit period for total disability*; and
- (5) *total disability* must begin while this policy is *in force*.

**WAIVER OF PREMIUM.** Premium payments must continue until *your* claim has been approved by *us*. We will waive any premium on this policy as it comes due, until *disability* ends, beginning with the date *your* claim is approved but not before 90 days of continuous *disability*. Once we start waiving premium, we will also refund the pro rata portion of any premium paid that applies to the period of *disability* on or after the date *you* became *disabled*. Beginning with the date *your disability* ends, payment of the pro rata portion of the premium due for coverage until the next premium due date, as well as any premiums that come due thereafter, must be paid in order to keep this policy *in force*.

**GOOD HEALTH BENEFIT.** We will reduce the *elimination period* shown on the *schedule* by two days, for every consecutive policy year *you* complete after the *issue date* without any monthly *disability* benefits being paid under this policy.

Once we begin paying monthly *disability* benefits, the good health benefit is reset to zero. It will begin to accumulate again by two days for every consecutive policy year *you* complete without any monthly *disability* benefits being paid under this policy, beginning with the policy anniversary immediately following the date that monthly *disability* benefits are no longer being paid under this policy.

In no case will this benefit reduce the *elimination period* to less than 30 days.

**ADVANCE BENEFIT.** If *you* remain *totally disabled* during the entire month after satisfying the *elimination period* and *your* claim has been approved by *us*, we will pay the first *maximum monthly benefit*, even if we have not yet received all required *proof of your covered overhead expenses* for that month. In order for *disability* benefits to continue, we must receive *proof of your covered overhead expenses* for that month and all subsequent months in which *you* continue to be *disabled*. Any overpayment of *covered overhead expenses* made for the first month will be applied against future benefits. This benefit will be included as part of the maximum overhead expense benefit shown on the *schedule*.

**Presumes total disability for certain specific losses. Loss need not be permanent or irrecoverable.**

**You can work full-time and still receive benefits. No elimination period applies if you are disabled by presumptive disability.**

**Premium payments are waived upon approval of your claim after you have been continuously disabled for at least 90 days. Any premiums paid beginning with the date of disability will be refunded.**

**Elimination period will be reduced by two days for every year you complete without receiving any monthly disability benefits under the policy.**

**After satisfying the elimination period of the Advance Benefit, the first base monthly benefit can be paid, even if the required financial documentation on the covered overhead expenses has not been received.**

**ACCUMULATION BENEFIT.** If your actual covered overhead expenses in any month during total disability are more than the available monthly benefit, the unpaid balance may be carried forward and reimbursed in the following months during your total disability when actual covered overhead expenses in future months are less than the available monthly benefit. Any remaining unpaid balance of covered overhead expenses will not be reimbursed beyond the maximum benefit period for total disability.

**EXTENSION OF BENEFITS.** For any one period of disability, we will continue to pay total disability benefits beyond the maximum benefit period for total disability, if:

- (1) you continue to be totally disabled; and
- (2) the maximum monthly benefit multiplied by the number of months in which monthly total disability benefits were paid during the maximum benefit period for total disability is greater than the sum of all of the monthly benefits that were paid for total disability.

Such payments will continue until the earlier of the following:

- (1) the sum of all monthly benefits that were paid for total disability equals the maximum monthly benefit multiplied by the number of months in which monthly total disability benefits were paid during the maximum benefit period for total disability; or
- (2) payments have been made for a period of 12 months beyond the maximum benefit period for total disability.

In no event will the sum of all monthly benefits paid for any one period of disability, including the recovery benefit, exceed the maximum overhead expense benefit shown on the schedule.

**SURGICAL TRANSPLANT.** While this policy is in force, if a total disability results from transplanting a part of your body to the body of another person, we will consider you totally disabled due to sickness, provided the transplant occurs more than six months after the issue date. In this instance, the elimination period will be waived.

**COSMETIC SURGERY.** While this policy is in force, if a total disability results from cosmetic surgery to correct a disfigurement or to improve your appearance, we will consider you totally disabled due to sickness, provided the cosmetic surgery occurs more than six months after the issue date.

**REHABILITATION.** We will not consider you recovered from a total disability just because you participate in a program of occupational rehabilitation. You may request or we may suggest that you participate in a formal, supervised rehabilitation program designed to help you return to an occupation.

If we mutually agree that such a program is appropriate, we will pay expenses as set forth in a signed, written agreement between you and us.

**WORKPLACE MODIFICATION BENEFIT.** If we are paying monthly disability benefits under this policy and we mutually agree that a modification to your workplace would be appropriate solely to allow you to return to work, we may reimburse a portion or all of the expense of that modification as set forth in a signed, written agreement between you and us, once we have received written proof of payment of such expenses.

We will pay only those costs that are not otherwise covered by worker's compensation, any public fund, or another policy or rider in effect prior to the issue date of this policy. This is an additional benefit and will not be included as part of the maximum monthly benefit or the maximum overhead expense benefit shown on the schedule.

**FINDER FEE BENEFIT.** If we are paying monthly total disability benefits under this policy, we may reimburse the owner, up to a maximum of \$5,000, for the expense of a professional employment agency to find a substitute to perform your duties. This benefit is payable once during the life of this policy and only after we have received written proof of payment of such an expense. If you have one or more insurance policies that provide a similar benefit, we will not pay more than a total of 100% of the expense incurred under all such policies up to a combined maximum of \$5,000. This is an additional benefit and will not be included as part of the maximum monthly benefit or the maximum overhead expense benefit shown on the schedule.

**If you have more expenses in a month than the maximum benefit payable, you may carry over the excess expenses to the following month or months.**

**If the insured has not met the maximum benefit, we will extend the maximum benefit period for up to 12 months.**

**Disability resulting from being a transplant donor that occurs more than six months after the issue date is treated as a sickness and benefits are payable from the first day of disability.**

**Disability resulting from cosmetic surgery that occurs more than six months after the issue date is treated as a sickness and benefits are payable following the satisfaction of the elimination period.**

**To help you recover and return to work, basic benefits are still payable if you participate in an approved program of occupational rehabilitation.**

**The Finder Fee Benefit reimburses up to a maximum benefit of \$5,000, for the cost of a professional employment agency to find a substitute to perform the duties of the insured during his or her disability.**

**LEGAL AND ACCOUNTING FEE BENEFIT.** If we are paying monthly *disability* benefits under this policy and you terminate or sell your ownership interest in the *business* due to your *disability*, we will reimburse your portion of the resulting legal and accounting fees, up to a maximum of \$5,000, if:

- (1) you continue to be *disabled* due to the same *disability*; and
- (2) the expense is incurred while this policy is *in force* but not later than 12 months after the end of the *maximum benefit period for total disability*; and
- (3) written *proof of payment* is provided to us within 90 days of the date the expense is incurred.

This is an additional benefit and will not be included as part of the *maximum monthly benefit* or the maximum overhead expense benefit shown on the *schedule*. If you have one or more insurance policies that provide a similar benefit, we will not pay more than a total of 100% of the expense incurred under all such policies up to a combined maximum of \$5,000.

**BENEFIT CONTINUATION AFTER DEATH.** If you die while monthly *total disability* benefits are being paid under this policy, we will continue to pay monthly *total disability* benefits which otherwise would have been paid had you lived, up to but not exceeding the three-month period immediately following your death. No benefit will be paid for expenses which accrue after the *business* is closed or your ownership interest is sold.

**CONVERSION PRIVILEGE.** This policy may be converted to an individual disability income indemnity policy at any time before you reach *age 60*, if:

- (1) this policy is then *in force*; and
- (2) you are not *disabled* at time of conversion; and
- (3) written application is made to us by the *owner*.

The conversion policy will not include any optional benefit riders, regardless of any riders that may be attached to this policy, and will be subject to the following:

- (1) the maximum benefit period may not exceed two years; and
- (2) the *elimination period* must be at least as long as the *elimination period* of this policy; and
- (3) the base monthly benefit may not be greater than the *maximum monthly benefit* of this policy; and
- (4) the base monthly benefit of the conversion policy, when added to all other *disability* income coverage *in force* with all companies, may not exceed our published issue and participation limits then in effect.

We must receive all of the information necessary to determine your eligibility for insurance under the conversion policy, including but not limited to: a completed application, evidence of your current income, and verification of your employment and occupation. We may require additional evidence of financial insurability, as necessary. Evidence of medical insurability will be required if requesting coverage in excess of that described in the paragraph above.

The conversion policy will:

- (1) be a policy form then being issued by us; and
- (2) contain renewability features similar to this policy; and
- (3) provide monthly income for *total disability*; and
- (4) cover only a *disability* occurring while it is *in force*; and
- (5) exclude only conditions excluded by this policy; and
- (6) not depend on business overhead expenses incurred by you for payment of benefits.

The premium for the conversion policy will be based on your *age* and occupation at time of conversion using our table of rates then in use.

The *issue date* of the conversion policy will be the date your application for conversion is approved by us and the initial premium is received by us. However, the contestable period of the new policy will be measured from the *issue date* of this policy.

**While receiving disability benefits, legal and accounting fees are reimbursed up to a maximum benefit of \$5,000, if the insured terminates or sells their ownership interest of the business, as a result of the disability.**

**A valuable extra benefit that could pay three months of additional benefit upon your death.**

**Prior to age 60, if you qualify as outlined in this section, you may exchange this policy for an individual DI policy without evidence of medical insurability.**

### PART III: EXCEPTIONS/LIMITATIONS

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**WAR.** Benefits are not payable for a *sickness, injury or disability* caused or contributed to by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months.

**SELF-INFLICTED INJURY.** Benefits are not payable for *sickness, injury or disability* resulting from an intentionally self-inflicted *injury*.

**CRIMINAL ACTIVITY.** Benefits are not payable during any period *you* are incarcerated; or for any *sickness, injury or disability* to which a contributing cause was *your*: commission of, or attempt to commit, a felony; participation in a riot or insurrection; or engaging in an illegal occupation.

**TERMINATION OF LICENSE.** Except as a direct result of a *sickness or injury*, benefits are not payable if *you* are prevented from engaging in an occupation as the result of suspension, revocation, or surrender of a professional or occupational license or certification.

**RESIDENCE.** While *you* reside outside of the United States or Canada, *we* will not pay benefits for more than twelve months during the lifetime of this policy.

**PREGNANCY.** Benefits are not payable for normal pregnancy or childbirth until *you* have been *disabled* for 90 days.

**PRE-EXISTING CONDITIONS.** During the first 24 months following the *issue date* of this policy, *we* will pay benefits for a *disability* caused or contributed to by a pre-existing condition only if that condition is:

- (1) fully disclosed and not misrepresented on this policy's application; and
- (2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of this policy:

- (1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
- (2) a reasonably prudent person would have sought medical advice, care, or treatment.

### PART IV: PREMIUM AND RENEWAL PROVISIONS

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**PAYMENT OF PREMIUMS.** The first premium is due on the *policy date*. Subsequent premiums are payable on or before the date they are due. Premiums must be paid to *us* at the client service office address shown on the front cover of this policy. All premiums are payable in United States currency.

The premium mode is shown on the *schedule*. The mode may be changed, subject to *our* approval; however, it may not be changed while *disability* benefits are being paid.

If *we* accept a premium while this policy is *in force*, this policy will continue *in force* until the end of the period for which the premium was paid.

*We* will refund the unused portion of the premium in the event of *your* death.

**GRACE PERIOD.** A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period.

**As long as pre-existing conditions have been fully disclosed and they are not specifically excluded, they will be covered.**

**You have extra time to pay a premium that is due while coverage continues.**

**REINSTATEMENT.** Within one year after this policy *lapses*, we will consider reinstatement of this policy upon payment of all past due premiums. We may require an application for reinstatement and evidence of insurability.

If we accept the past due premium with no further requirements, we will reinstate this policy effective the date the past due premium was received. If we require an application for reinstatement, this policy will be reinstated:

- (1) when we approve your application; or
- (2) 45 days after the date of the application unless we have refunded the premium and notified you in writing of our denial.

Following reinstatement, this policy will cover only:

- (1) an *injury* that occurs after the date of reinstatement; or
- (2) a *sickness* beginning more than 10 days after the date of reinstatement.

All other rights of this policy will remain the same except for changes made to this policy as a result of reinstatement.

**NONCANCELABLE AND GUARANTEED RENEWABLE TO AGE 65.** Until age 65, as long as premium is paid by the end of the Grace Period, we shall not:

- (1) cancel this policy (except for nonpayment of premium); nor
- (2) increase the premium; nor
- (3) add any restrictions.

**CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE.** This policy may be renewed on each policy anniversary from age 65 for life, if, at the time of renewal:

- (1) no benefit is being received, including Waiver of Premium, under this policy or any attached rider; and
- (2) you are actively working at least 30 hours each week for wage or profit; and
- (3) this policy is *in force* with no premium in default; and
- (4) the premium in effect for your age at that time is paid; and
- (5) you furnish *proof* that you are responsible for the expense of operating a *business*.

If this policy is renewed under this provision, only the benefit for *total disability* will be renewed. At the time of renewal, all exclusion riders, limitations, exceptions, endorsements, and ratings will be renewed and remain part of this policy, unless specified otherwise. All other non-exclusion riders attached to this policy and *in force* at age 65 are non-renewable and will terminate according to the terms of those riders.

**SUSPENSION DURING SERVICE IN THE ARMED FORCES.** If you are on active duty in any armed forces for more than 30 days, the *owner* has the option to suspend this policy. During such suspension:

- (1) the provisions of this policy will not be in effect; and
- (2) the contestable period in Part VI of this policy shall be tolled; and
- (3) premium payments shall not be required.

The *owner* must request this suspension in writing. We will refund the part of any premium paid beyond your active duty date. If your active service ends before you reach age 65, the *owner* may reinstate this policy within 90 days after your active service ends. We must receive this request in writing along with your deactivation notice and payment of the premium due for coverage until the next premium due date. We will reinstate this policy effective the date premium is received. This policy will not cover a *disability* from *injuries* which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, the *owner* and we shall have the same rights under this policy as each had before it was suspended.

**Reinstating coverage is possible within one year after the policy lapses.**

**Premiums on a Noncancelable and Guaranteed Renewable policy are guaranteed to age 65. We cannot cancel the policy except for non-payment of premium and we cannot change the terms of the policy except to the benefit of the client or per the client's request.**

## PART V: CLAIM PROVISIONS

**NOTICE OF CLAIM.** A claim must be sent to *us* in writing within 30 days after the date of loss, or as soon as reasonably possible, thereafter. The notice of claim should be submitted to *us* at the client service office address shown on the front cover of this policy and must include *your* name and policy number.

**CLAIM FORMS.** When *we* receive *your* notice of claim, *we* will send *you* forms for filing *your proof* of loss. If *we* do not send these forms to *you* within 15 days after receipt of *your* notice of claim, *you* may meet the *proof* of loss by giving *us* a written statement describing the nature and extent of *your* loss. *You* should send it to *us* within the time limit stated below.

**PROOF OF LOSS.** It is *your* responsibility, at *your* expense, to submit to *us* written *proof* of loss necessary to evaluate *your* claim, within 90 days after the end of each monthly period for which *you* are claiming *disability* benefits. If *you* are not able to send it within that time, it may be sent as soon as reasonably possible thereafter without affecting *your* claim. The additional time allowed cannot exceed one year unless *you* are legally incapacitated. *We* may request additional *proof* of loss as often as necessary to evaluate *your* claim.

**TIME OF LOSS.** A loss must occur while this policy is *in force*.

**TIME OF PAYMENT OF CLAIMS.** *We* will pay *disability* benefits due, in arrears, on a monthly basis, beginning the later of:

- (1) one month after the end of the *elimination period*; or
- (2) the date all *proof* of loss has been received and *your* claim has been approved by *us*.

Benefits for any other loss will be paid as soon as *we* receive proper written *proof*.

**PAYMENT OF CLAIMS.** *You* must satisfy all terms and conditions of this policy in order for benefits to become payable. All benefits are payable to the *owner*, unless assigned to another person.

If the person who is to receive payments is dead or incompetent, *we* will make the payments to the legal representative for the property of that person. If no legal representative exists, *we* may make payment, not to exceed \$5,000, to any relative of that person *we* consider to be justly entitled to payment. If *we* do this, *we* will be discharged to the extent of such payment made in good faith. In order to continue benefits beyond this amount, *we* will require verification of a legal representative such as a durable power of attorney, conservator, or executor.

Payment of monthly benefits for a period of less than one month will be at the daily rate of 1/30 of the applicable monthly benefit.

**EXAMINATION.** *We* have the right as necessary, at *our* expense, to obtain other medical opinions from, or have *you* examined by, *physicians* of *our* choice. *We* also have the right, at *our* expense, to obtain from a specialist of *our* choice; vocational evaluations, functional capacity evaluations, and any other evaluations and examinations that *we* determine are necessary to assess *your* claim. *We* may suspend or deny benefits under this policy, if *you* fail to attend an examination or fail to cooperate with the examiner. If *you* fail to attend a scheduled examination, any charges incurred will be *your* responsibility.

*We* have the right, at *our* expense and by a financial examiner of *our* choice, to require an examination of all relevant financial and operational records, as often as is reasonably required while *your* claim is pending or is being paid.

**LEGAL ACTIONS.** No legal action may be brought to recover on this policy within 60 days after written *proof* of loss has been given as required by this policy. No such action may be brought after three years from the time written *proof* of loss is required to be given. All actions must be brought in either a state or federal court within the United States.

**FRAUD.** In the event this policy and any rider, benefit, or reinstatement of this policy is procured by fraud or a claim is made with intent to deceive, this policy will be void. This provision shall control over all other policy provisions.

**You have a reasonable length of time to file a claim.**

**Disability benefits are paid to the owner of the policy, unless otherwise assigned.**

*Certain provisions may vary by state.*

## PART VI: GENERAL PROVISIONS

**TIME LIMIT ON CERTAIN DEFENSES.** After two years from the *issue date* of this policy or the effective date of any change to this policy or reinstatement, only fraudulent misstatements in the application may be used to void this policy or any change to this policy or deny a claim for loss incurred or *disability* that starts after the two-year period. However, for a *disability* that starts during this two-year period, *we* may void this policy if *you* made material misrepresentations in *your* application.

Applications include the application for this policy and any amendments or supplemental applications including those used for reinstatement or policy changes.

No claim for loss incurred or *disability* that starts after two years from the *issue date* will be reduced or denied because a disease or physical condition not excluded by name or specific description effective on the date of loss had existed prior to the *issue date*.

**POLICY OWNERSHIP.** The *owner* has the right to:

- (1) receive any benefits due under this policy; and
- (2) assign this policy; and
- (3) exercise other rights that this policy provides or that *we* permit.

**MISSTATEMENT OF AGE AND GENDER.** If *your age* or gender has been misstated, benefits will be adjusted to reflect the amount the premium would have purchased at *your* correct *age* and gender. If, however, no coverage would have been issued at the correct *age*, *you* will not be covered and *we* will refund all premiums paid.

**ENTIRE CONTRACT.** The entire contract consists of:

- (1) this policy; and
- (2) any riders; and
- (3) any endorsements; and
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable *schedule(s)*.

No change in this policy will be effective until approved by one of *our* authorized officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

**NONPARTICIPATING POLICY.** This policy is nonparticipating. No dividends will be paid under this policy.

**HEADINGS.** The paragraph headings in this policy are included for convenience only and do not modify or control the scope of any of the provisions of this policy.

**CONFORMITY WITH STATE STATUTES.** If any provisions of this policy are in conflict with the laws of the state where *you* reside on the *issue date* of this policy, those provisions are amended to conform to the minimum requirements of those laws.

**During the first two years, the policy is contestable for misrepresentation. After two years, the policy is contestable only for fraud (subject to applicable state law variations).**

*Certain provisions may vary by state.*

**DUTY TO COOPERATE.** *You* have the duty to cooperate with *us* concerning all matters relating to this policy and any claims thereunder. This cooperation includes, but is not limited to:

- (1) submitting all required forms and other documentation according to this policy's provisions; and
- (2) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefits under this policy is based. This includes such corrective/remedial surgery or generally accepted medical procedures which to a *physician* appropriate for such condition(s) would appear medically reasonable.

**TERMINATION.** This policy terminates on the earlier of the following:

- (1) the expiry date shown on the *schedule*, unless this policy is renewed as provided under the Conditionally Renewable for Life provision in Part IV of this policy; or
- (2) the end of the period for which premium has been paid, if premium is not paid by the end of the Grace Period; or
- (3) the date *we* receive the *owner's* written request to terminate this policy; or
- (4) the date of *your* death.

**Ameritas Life Insurance Corp.**

**BUSINESS LOAN REPAYMENT RIDER**

This Business Loan Repayment (BLR) rider is designed to reimburse the scheduled *monthly loan payment* for the duration of a *business loan* while *you* are *totally disabled*.

**DEFINITIONS**

**MAXIMUM MONTHLY BLR BENEFIT.** Means the maximum benefit amount that will be reimbursed each month under this rider. This amount is shown on the *schedule*.

**MAXIMUM BLR BENEFIT PERIOD.** Means the maximum length of time that *we* will pay benefits under this rider. This period is shown on the *schedule*.

**BLR ELIMINATION PERIOD.** Means the period of time *you* must be *totally disabled* before *we* start paying benefits under this rider. Benefits will not accrue or be payable during the *BLR elimination period*. This period is shown on the *schedule*.

**LOAN AGREEMENT.** Means the legal contract that states the terms of the agreement between *you* and the *lender*. *We* are not a party to this agreement and have no liability under the terms and conditions, therein.

**LENDER.** Means the financial institution identified in the application, or its lawful successor(s), that is party to the *loan agreement*.

**MONTHLY LOAN PAYMENT.** Means the scheduled *monthly loan payment*, as defined in the *loan agreement*. Any scheduled payment that is not on a monthly basis will be prorated to determine the expense for each month.

**BENEFIT PROVISIONS**

**BENEFITS FOR TOTAL DISABILITY.** If *your total disability* begins while this rider is *in force*, for each month *you* are *totally disabled* after the *BLR elimination period*, *we* will reimburse *your* portion of the amount of *monthly loan payment* which is actually incurred and paid, not to exceed the *maximum monthly BLR benefit*, once *we* have received written *proof* of payment of this amount.

In order for benefits to be payable under this rider, *you* must satisfy all the terms and conditions of the policy and this rider.

Benefits will terminate on the earlier of the following:

- (1) the date *you* are no longer *totally disabled*; or
- (2) benefits have been paid for the *maximum BLR benefit period*; or
- (3) the date *you* are no longer responsible for the loan obligation stated in the *loan agreement*; or
- (4) the date the *loan agreement* terminates.

The *business debt* specified in the *loan agreement* covered by this rider is not considered a *covered overhead expense* under the policy.

If *you* have coverage for the same *loan agreement* from any other source at the time benefits become payable under this rider, the benefits herein will be adjusted to a proportion equal to the percentage that the benefit of this rider bears to the total amount of coverage *in force*.

In no event will the sum of the benefits paid under this rider and those paid from any other source exceed the total loan obligation outlined in the *loan agreement*.

*We* will refund the unused portion of any premium paid in the event the *loan agreement* is terminated, once *we* receive written *proof* of termination.

**While the insured continues to be totally disabled, the Business Loan Repayment Rider, reimburses the portion of principal and interest of a specified business-related loan, as long as the loan obligation remains but not to exceed the termination date of the rider.**

**NEW LOAN COVERAGE OPTION.** Within 90 days of the date this rider terminates, *you* may apply for a new Business Loan Repayment Rider subject to financial underwriting only, if:

- (1) *your age* is not more than 60; and
- (2) the policy to which this rider is attached is then *in force*; and
- (3) *you* are not *disabled* at time of application; and
- (4) *you* have never received monthly *disability* benefits under the policy; and
- (5) *you* have not already exercised this option under a previous rider of the same type during the life of the policy; and
- (6) written application is made to *us* by the *owner*.

The new rider will be subject to the following:

- (1) the *maximum monthly BLR benefit* and *BLR elimination period* must not exceed that which was issued on the rider under which this option is being exercised; and
- (2) the loan duration must not exceed that which was covered by the rider under which this option is being exercised nor what is available for *your age* at that time in accordance with *our* published underwriting guidelines then in effect; and
- (3) the total loan obligation must not exceed the amount which was covered by the rider under which this option is being exercised; and
- (4) covers only a *total disability* that occurs after the *issue date* of the new rider; and
- (5) the *maximum monthly BLR benefit*, when added to all other like coverage *in force* with *us*, may not exceed *our* issue limits based on *our* published financial underwriting guidelines then in effect.

The premium for the new rider will be based on:

- (1) *your attained age* as of the *issue date* of the new rider; and
- (2) the occupation class shown on the *schedule* attached to the policy on the *issue date* of the new rider.

**CONVERSION OPTION.** This rider may be converted to an individual disability business overhead expense policy at any time before *you* reach *age* 60, if:

- (1) the policy and this rider are then *in force*; and
- (2) *you* are not *disabled* at time of conversion; and
- (3) written application is made to *us* by the *owner*.

The conversion policy will not include any optional benefit riders and will be subject to the following:

- (1) the *maximum benefit period for total disability* may not be greater than that of the policy to which this rider is attached; and
- (2) the *elimination period* must be at least as long as the *elimination period* of the policy to which this rider is attached; and
- (3) the *maximum monthly benefit* may not be greater than the *maximum monthly BLR benefit* of this rider; and
- (4) the *maximum monthly benefit* of the conversion policy, when added to all other disability business overhead expense coverage *in force* with all companies, may not exceed *our* published issue and participation limits then in effect.

We must receive all of the information necessary to determine *your* eligibility for insurance under the conversion policy, including but not limited to: a completed application, evidence of *your* current *covered overhead expenses*, and verification of *your* employment, occupation, and that *you* are responsible for the expense of operating a *business*. We may require additional evidence of financial insurability, as necessary. Evidence of medical insurability will be required if requesting coverage in excess of that described in the paragraph above.

The conversion policy will:

- (1) be a policy form then being issued by *us*; and
- (2) contain renewability features similar to the policy to which this rider is attached; and
- (3) cover only a *disability* occurring while it is *in force*; and
- (4) exclude only conditions excluded by the policy to which this rider is attached; and
- (5) depend on *business* overhead expenses incurred and paid by *you* for payment of benefits.

**Within 90 days of the prior Business Loan Repayment Rider, the insured may apply for a new Business Loan Repayment Rider subject to the criteria listed.**

The premium for the conversion policy will be based on *your age* and occupation at time of conversion using *our* table of rates then in use. The *issue date* of the conversion policy will be the date *your* application for conversion is approved by *us* and the initial premium is received by *us*. However, the contestable period of the new policy will be measured from the *issue date* of this rider.

### GENERAL PROVISIONS

**ASSIGNMENT.** All benefits are payable to the *owner*, unless assigned to another person(s) or entity. The *owner* may assign the benefits of this rider by written request made to *us*. Assignment of any benefits under this rider is not considered an assignment of benefits under the policy, and any assignment of benefits under the policy is not considered an assignment of benefits under this rider.

**RIDER SPECIFICATIONS.** This rider is:

- (1) part of the policy; and
- (2) based on the application for this rider and payment of its premium; and
- (3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on Certain Defenses and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of this rider.

**TERMINATION.** This rider terminates on the earlier of the following:

- (1) the BLR Expiration Date shown on the *schedule*; or
- (2) the date the policy terminates; or
- (3) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
- (4) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

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[ President Secretary ]

**Ameritas Life Insurance Corp.**

**FUTURE INCREASE OPTION RIDER**

This rider gives you the qualified right to increase the *maximum monthly benefit* and the maximum monthly substitute salary benefit, if included in the policy, based on financial insurability only.

**BENEFIT PROVISIONS**

**INCREASE IN MAXIMUM MONTHLY BENEFIT.** You may apply for an increase in the *maximum monthly benefit* on each policy anniversary up to and including the one when you are age 55.

An increase in the *maximum monthly benefit* will also increase the maximum overhead expense benefit shown on the *schedule*. The amount of the increase in the maximum overhead expense benefit is computed by multiplying the amount of the increase in *maximum monthly benefit* by the applicable *maximum benefit period for total disability*.

An increase will apply only to a separate period of *disability* that begins after the *issue date* of the increase.

**AMOUNT OF INCREASE.** You may request an increase in the *maximum monthly benefit* in any amount subject to the following conditions:

- (1) The maximum annual increase allowed will be the lesser of:
  - (a) one-half the *maximum monthly benefit* originally issued as shown on the *schedule*; or
  - (b) the amount for which you qualify based on your *covered overhead expenses* at the time you apply for the increase and our published financial underwriting guidelines then in effect. If you are *disabled* when you apply for an increase, your *covered overhead expenses* prior to the start of *disability* will be used in the calculation of the increase for which you qualify.
- (2) The total of all increases combined may not exceed the lesser of:
  - (a) the total maximum increase originally issued as shown on the *schedule* for this rider; or
  - (b) our published maximum issue and participation limit at the time of the increase.
- (3) The minimum increase allowed is \$300.

**SUBSTITUTE SALARY EXPENSE INCREASE (Provided the policy includes this rider).** Any time the *maximum monthly benefit* is increased, the maximum monthly substitute salary benefit provided by the Substitute Salary Expense Rider may also be increased.

The maximum amount of increase in the maximum monthly substitute salary benefit shown on the *schedule* allowed at any time is the lesser of:

- (1) one-half of the increase being made in the *maximum monthly benefit*; or
- (2) the amount for which you qualify based on our published financial underwriting guidelines then in effect.

An increase will apply only to a separate period of *disability* that begins after the *issue date* of the increase.

**HOW TO APPLY FOR AN INCREASE.** You must apply for an increase and submit a current *business* tax return and any other documentation deemed appropriate by us within the 31 days prior to or following the policy anniversary on which you want the increase to take effect.

**PREMIUM FOR AN INCREASE.** If your application for an increase is approved, the premium must be paid within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

- (1) be based on your attained age as of the *issue date* of the increase; and
- (2) use the rate basis in effect on the *issue date* of the policy to which this rider is attached; and
- (3) be based on the occupation class shown on the *schedule* attached to the policy on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the policy to which this rider is attached.

**This rider allows you to increase your protection without medical insurability as your business expenses rise.**

**You can apply for an increase on every policy anniversary up to and including age 55.**

**If Substitute Salary Expense Rider is included, it may also be increased under this rider, without medical insurability.**

**The policy provisions will be the same as those contained in this policy. We will use the same premium rates as this policy. The rates will be based on your age at the time you elect an increase.**





**Ameritas Life Insurance Corp.**

**EXTENDED RESIDUAL DISABILITY RIDER**

This rider, as defined below, extends the benefit period for *residual disability* in the policy.

**DEFINITIONS**

The definition of *residual maximum benefit period* in the **DEFINITIONS** (Part I) section of the policy is removed and replaced with the following:

**RESIDUAL MAXIMUM BENEFIT PERIOD.** The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period for total disability*. Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*, except as provided by the **EXTENSION OF BENEFITS** provision in the **BENEFIT PROVISIONS** (Part II) section of the policy as modified below.

**BENEFIT PROVISIONS**

(1) The second paragraph of the **BENEFIT FOR RESIDUAL DISABILITY**, in the **BENEFIT PROVISIONS** (Part II) section of the policy, is removed and replaced with the following:

For the first six months of a compensable *residual disability*, during one period of *disability*, the amount payable will not be less than 50% of the *maximum monthly benefit*.

(2) The **EXTENSION OF BENEFITS** provision in the **BENEFIT PROVISIONS** (Part II) section of the policy is removed and replaced with the following:

**EXTENSION OF BENEFITS.** For any one period of *disability*, we will continue to pay *disability* benefits beyond the *maximum benefit period for total disability*, if:

- (1) *you* continue to be *disabled*; and
- (2) the *maximum monthly benefit* multiplied by the number of months in which monthly *disability* benefits were paid during the *maximum benefit period for total disability* is greater than the sum of all of the monthly benefits that were paid for *disability*.

Such payments will continue until the earlier of the following:

- (1) the sum of all monthly benefits that were paid for *disability* equals the maximum overhead expense benefit shown on the *schedule*; or
- (2) payments have been made for a period of 12 months beyond the *maximum benefit period for total disability*.

In no event will the sum of all monthly benefits paid for any one period of *disability*, including the Recovery Benefit, exceed the maximum overhead expense benefit shown on the *schedule*.

**GENERAL PROVISIONS**

**RIDER SPECIFICATIONS.** This rider is:

- (1) part of the policy; and
- (2) based on the application for this rider and payment of its premium; and
- (3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

**This rider extends the maximum benefit period for residual disability by eliminating the six month limitation in the base policy. For the first six months of a compensable residual disability, the amount payable will not be less than 50% of the base monthly benefit.**

**As long as the insured remains residually disabled, residual disability benefits will continue to be paid beyond the maximum benefit period, for the lesser of twelve months or until the total amount for which the insured is eligible for is paid.**



**Ameritas Life Insurance Corp.**

**SUBSTITUTE SALARY EXPENSE RIDER**

This rider is designed to help pay the expense incurred to employ another person to perform *your duties* after *your total disability* begins.

**DEFINITIONS**

**SUBSTITUTE SALARY EXPENSE.** Means the monthly salary or wage expense actually incurred and paid to a *substitute* while you are *totally disabled*.

**BENEFIT PROVISIONS**

We will reimburse the *owner* for the amount of *substitute salary expense* for each month you are *totally disabled* after the *elimination period*.

In any one month, we will not pay more than the maximum monthly substitute salary benefit shown on the *schedule*, under the policy and this rider combined.

Benefits under this rider:

- (1) must begin while monthly benefits for *total disability* are being paid under the policy; and
- (2) are payable in addition to the *maximum monthly benefit* for *total disability* and the maximum overhead expense benefit shown on the *schedule*; and
- (3) are not eligible for consideration under the Accumulation Benefit and/or Extension of Benefits provisions of the policy; and
- (4) are not payable in excess of 100% of the *substitute salary expense* after taking into consideration any like benefit due or paid for the same period under the policy or under another policy or rider in effect prior to the *issue date* of this rider.

For any one period of *total disability*, we will no longer reimburse the *substitute salary expense* under this rider at the earlier of the following:

- (1) the date *your substitute* is no longer working in the *business* or obtains an ownership interest in the *business*; or
- (2) the end of the maximum substitute salary benefit period shown on the *schedule*; or
- (3) the end of any unused portion of the *maximum benefit period for total disability*; or
- (4) the date of *your* death.

**GENERAL PROVISIONS**

**RIDER SPECIFICATIONS.** This rider is:

- (1) part of the policy; and
- (2) based on the application for this rider and payment of its premium; and
- (3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on Certain Defenses and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of this rider.

**This rider reimburses the salary paid, up to the maximum substitute salary expense benefit to employ a substitute to carry out the duties the insured would have performed, if they were not disabled.**

**These benefits are paid in addition to the maximum base monthly benefit.**

**The maximum benefit period for this rider is six months.**

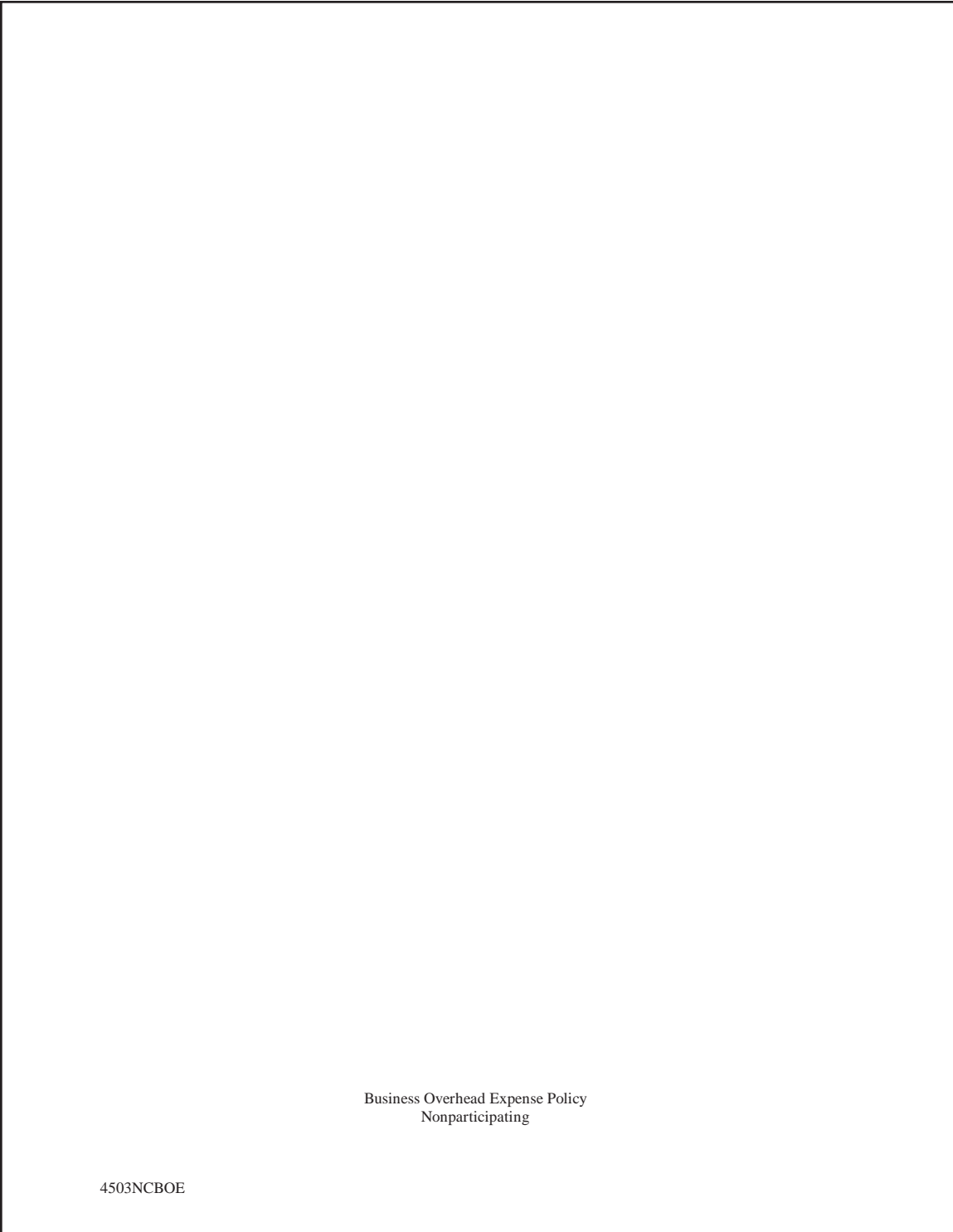
**TERMINATION.** This rider terminates on the earlier of the following:

- (1) the date the policy terminates; or
- (2) the expiry date shown on the *schedule*; even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
- (3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[ **SPECIMEN**                      **SPECIMEN** ]

[     President                                      Secretary     ]



Business Overhead Expense Policy  
Nonparticipating

4503NCBOE

In approved states, DInamic Foundation (forms 4501NC, 4502GR and 4503NCBOE) is issued by Ameritas Life Insurance Corp. In New York, DInamic Foundation (forms 5501-NC, 5502-GR and 5503NCBOE) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

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