



5900 O Street
Lincoln, NE 68510

Client Service Office



800-745-1112
Fax: 402-467-7335



P.O. Box 81889
Lincoln, NE 68501

Insured: [John Doe]

Policy Number: [G1234567LA]

We will pay the benefits according to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

GUARANTEED RENEWABLE TO AGE 65

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between the *owner* and Ameritas Life Insurance Corp.

RIGHT TO EXAMINE. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning and any premiums paid will be refunded.

AMERITAS LIFE INSURANCE CORP.

President

Secretary

Disability Income Policy
Nonparticipating

4504LS

This is not an insurance policy.

This is a general specimen and reflects policy wording in potential policies issued. Certain provisions may vary by state and policy may not be available in all states.

Descriptions in this specimen contract are for informational purposes and do not supersede or alter the provisions of the contract.

As long as premiums are paid, Ameritas® Life Insurance Corp. cannot cancel or change your policy. We reserve the right to change rates.

Certain provisions may vary by state.

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POLICY SCHEDULE

Policy Number:	[G1234567LA]
Insured:	[John Doe]
Issue Age and Gender:	[35], [Male]
Occupational Class:	[1L]
Risk Class:	[Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2018]
Issue Date:	[July 1, 2018]
Expiry Date:	[July 1, 2048]

POLICY SCHEDULE

Base Policy Information

Total Disability Benefit

Option A:	
Lump Sum Benefit	\$[nn,nnn]
Option B:	
Monthly Benefit	\$[nn,nnn]
Benefit Period	6 Months

Rider Information

[Critical Illness Rider]

Critical Illness Benefit	\$[nn,nnn]
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[Accident Only Disability Rider]

Accident Monthly Benefit	\$[n,nnn]
Accident Elimination Period	90 Days
Accident Maximum Benefit Period	24 Months

[Catastrophic Disability Rider]

Catastrophic Monthly Benefit	\$[n,nnn]
Catastrophic Elimination Period	365 Days
Catastrophic Maximum Benefit Period	
For Catastrophic Disability starting:	
(1) Before <i>age</i> 63	To <i>Age</i> 65
(2) At or after <i>age</i> 63	24 Months

You can choose either a single lump sum payment or six equal monthly payments.

A range of additional income protection is available through these optional benefit riders.

Premium Information

Base Policy	\$[nnn.nn]
[Critical Illness Rider]	\$[nnn.nn]
[Accident Only Disability Rider]	\$[nn.nn]
[Catastrophic Disability Rider]	\$[nn.nn]
Subtotal	\$[nnn.nn]
Policy Fee	\$[nn.nn]
Total [Annual] Premium	\$[nnn.nn]

Modal Premium Options

<u>Mode</u>	<u>Premium</u>
Annual	\$[nnn.nn]
Monthly	\$[nn.nn]

The premium shown may be different when billed, if there are benefit or rider changes to the policy.

PART I: DEFINITIONS

(Defined terms appear in italics throughout this policy.)

AGE. Means *your age* on *your* last birthday. The term "*age*" followed by a number, such as *age* 65, refers to the policy anniversary on or after *your* 65th birthday.

BENEFIT PERIOD. Means the period of time monthly benefits are paid. This period is shown on the *schedule*.

HOSPITAL. Means an institution licensed by law as a facility which:

- (1) is primarily engaged in providing in-patient medical care for diagnosis and treatment of *injuries* or *sickness*, and charges a fee for such care; and
- (2) is staffed by *physicians* on the premises; and
- (3) provides services by registered graduate nurses 24 hours a day.

In no event will this include any institution which is:

- (1) run mainly as a rest, nursing or convalescent home; or
- (2) primarily operating for the care of the elderly; or
- (3) is engaged in the education of its patients.

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.

MENTAL/NERVOUS DISORDER. Means any disorder (except dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of a period of disability. Such disorders include, but are not limited to, psychotic, emotional, or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a period of disability.

OWNER. Means *you*, the insured, unless *our* records show otherwise. 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 disability is due to a *mental/nervous disorder*, 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 tax records, medical records, employment records, and financial records.

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.

TOTAL DISABILITY BENEFIT. Means either the lump sum benefit or monthly benefit shown on the *schedule*.

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 any occupation for which you are reasonably suited based on *your* education, training, and experience.

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

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

PART II: BENEFIT PROVISIONS

BENEFIT FOR TOTAL DISABILITY. This policy pays for *total disability* only. We will pay the *total disability benefit*, if you suffer a *total disability* that begins while this policy is *in force*, and:

- (1) is expected to last a minimum of 365 days; or
- (2) results in death more than 30 days after and within 365 days of the onset of *total disability*.

No benefits are payable under this policy if you die within the first 30 days following the onset of a *total disability*.

Once benefits become payable under this policy in accordance with the Time of Payment of Claims provision in Part V of this policy, the *owner* may elect to receive payment monthly for the length of the *benefit period* or as a lump sum. These options are shown on the *schedule*. In no event will total benefits paid under this policy exceed the amount shown on the *schedule* for the lump sum benefit.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for benefits under this policy, you must be under the regular care and treatment of a *physician* appropriate for the condition causing *total disability*.

CONCURRENT DISABILITIES. During a period of *total disability*, if a new disability occurs from a separate and distinct cause, it will not be considered the same disability. In no event will we pay for more than one *total disability* under this policy.

PART III: EXCEPTIONS/LIMITATIONS

WAR. Benefits are not payable for *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; or for participation in a riot or insurrection; or while 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.

MENTAL/NERVOUS DISORDERS, ALCOHOLISM, AND/OR DRUG ABUSE. If you suffer a compensable *total disability* that is caused by or contributed to by a *mental/nervous disorder*, alcoholism and/or drug abuse, the benefit payable will be limited to one-half of the *total disability benefit*. However, if you are expected to be confined to a *hospital* for at least 365 days due to that condition, you will receive the *total disability benefit*.

Benefit is payable when a disability prevents you from performing any occupation for which you are reasonably suited, based on education, training and experience. The disability must also be expected to last at least 365 days.

You must survive the disability by at least 30 days.

Benefits for disabilities related to mental/nervous disorders, alcoholism and/or drug abuse are limited to 50% of the total disability benefit. If you are expected to be confined to a hospital for at least 365 days due to one of these conditions, you will receive the total disability benefit.

PRE-EXISTING CONDITIONS. We will not pay benefits for any disability that:

- (1) begins in the first 12 months following the policy *issue date*; and
- (2) is caused by or contributed to by a pre-existing condition.

A disability caused by or contributed to by a pre-existing condition may be covered only if it begins after 12 months from the policy *issue date* and has not been specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which during the 6-month period preceding the policy *issue date*:

- (1) you have sought medical treatment; or
- (2) symptoms existed that would have caused a reasonably prudent person to seek medical treatment.

Medical treatment includes medical advice or treatment, diagnostic procedures, or prescribed drugs or medication.

PART IV: PREMIUM AND RENEWAL PROVISIONS

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 our client service office, P.O. Box 81889, Lincoln, Nebraska 68501. All premiums are payable in United States currency.

Your premium mode is shown on the *schedule*. You may request a change in the premium mode, subject to our approval.

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 your 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.

REINSTATEMENT. Within 90 days 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 effective:

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

Following reinstatement, your 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.

GUARANTEED RENEWABLE TO AGE 65. You have the right to continue this policy to *age 65* by paying the premium as due, subject to the Termination and Incontestability provisions in Part VI of this policy. While this policy is *in force*, we shall not:

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

A disability caused by or contributed to by a pre-existing condition may be covered only if the disability begins after 12 months from the policy issue date and has not been specifically excluded from coverage.

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

Reinstating coverage is possible within 90 days after the policy lapses.

We cannot cancel a Guaranteed Renewable policy except for non-payment of premium and we cannot change the terms of the policy except to your benefit or per your request.

PREMIUM RATES SUBJECT TO CHANGE. We reserve the right to change the premium rates. A change will apply to all policies of this form and class in the same state as the insured. Such change shall apply on the next policy anniversary after the change is made. The new premium will be based on the *age*, gender and occupation of the insured on the *issue date*.

SUSPENSION DURING SERVICE IN THE ARMED FORCES. If *you* are on active duty in any armed forces for more than 30 days, *you* have 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.

You 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, *you* may reinstate this policy within 90 days after *your* active service ends. We must receive *your* 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 disabilities from *injuries* which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, *you* and we shall have the same rights under this policy as each had before it was suspended.

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 *our* client service office, P.O. Box 81889, Lincoln, Nebraska 68501, 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 within 90 days after the date of loss. 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 any additional *proof* of loss as necessary to evaluate *your* claim.

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

TIME OF PAYMENT OF CLAIMS. Subject to receipt of satisfactory written *proof* of loss, we will immediately pay the *total disability benefit* due, upon *our* determination that benefits are payable under this policy.

REFUND OF PREMIUM. *You* must continue to pay premium until *your* claim has been approved by *us*. If *your* claim is approved by *us*, we will refund any premium *you* have paid back to the date *you* became *totally disabled*.

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 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. The amount we pay will not exceed \$5,000 or, if greater, the limit allowed by state law for payments of this kind.

MEDICAL 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 necessary to assess *your* claim.

Premiums on a Guaranteed Renewable policy can be increased prior to age 65, subject to specified criteria.

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

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

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, 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.

PART VI: GENERAL PROVISIONS

INCONTESTABILITY. 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 disabilities that start during this two-year period, we may void *your* 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.

POLICY OWNERSHIP. *You* are the *owner* of this policy unless *our* records show otherwise. 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.

CHANGE OF BENEFICIARY. The *owner* can change the beneficiary at any time by giving *us* written notice. The beneficiary's consent is not required for this or any other change in this policy, unless the designation of the beneficiary is irrevocable.

MISSTATEMENT OF AGE AND GENDER. If *your age* or gender has been misstated, *your* benefits will be adjusted to reflect the amount *your* 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 endorsements; and
- (3) the attached copy of the application, and any amendments or supplemental applications; and
- (4) 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.

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:

During the first two years, the policy is contestable for misrepresentation. After two years, the policy may only be voided for fraud.

- (1) submitting all required forms and other documentation according to this policy's provisions; and
- (2) mitigating all covered expenses; and
- (3) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefit 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*;
- (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; or
- (5) once the *total disability benefit* is paid under this policy.

Ameritas Life Insurance Corp.

ACCIDENT ONLY DISABILITY RIDER

This rider provides a monthly benefit while *you* are *accident disabled*, as defined below.

DEFINITIONS

ACCIDENT DISABILITY AND ACCIDENT DISABLED. Means that, solely due to *injury*, *you* are not able to perform the material and substantial duties of *your own occupation* and *you* are not working in any occupation for wage or profit.

ACCIDENT MAXIMUM BENEFIT PERIOD. Means the maximum length of time we will pay *you* a monthly benefit as long as *you* are *accident disabled*. This period is shown on the *schedule*.

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

OWN OCCUPATION. Means the occupation, or occupations, in which *you* are regularly engaged at the beginning of *your accident disability*.

BENEFIT PROVISIONS

ACCIDENT MONTHLY BENEFIT. If *you* are actively working on a full-time basis, at least 30 hours per week, and *your accident disability* begins while this rider is *in force*, we will pay the accident monthly benefit shown on the *schedule* for each month *you* are *accident disabled* after the *accident elimination period*. Payments will not be made for more than the *accident maximum benefit period* shown on the *schedule*.

Even if a period of *accident disability* is caused by, or continued by, more than one *injury*, benefits will be paid as if the *accident disability* was caused by one *injury*. The amount and duration of benefits paid will not be more than the maximum for any one *accident disability*. In no event will *you* be considered to have more than one period of *accident disability* at the same time.

RECURRENT ACCIDENT DISABILITY. If, while this policy is *in force* and within 180 days of the end of the prior period of *accident disability*, during which time *you* were able to return to work for wage or profit, at least 30 hours per week, *you* suffer an *accident disability* from the same or related cause or causes, we will consider it a continuation of the previous *accident disability*. A recurrent *accident disability* will not be subject to a new *accident elimination period* but will be subject to the remainder of the *accident maximum benefit period*.

If a period of *accident disability* is separated by more than 180 days from the end of a prior period of *accident disability* due to the same or related cause or causes, during which time *you* are able to return to work for wage or profit, at least 30 hours per week, we will consider the subsequent disability a new period of *accident disability*.

Following the end of a period of *accident disability*, at which time *you* are able to return to work for wage or profit, at least 30 hours per week, if *you* suffer another period of *accident disability* from a separate and distinct cause or causes, we will consider the subsequent disability a new period of *accident disability*.

For new periods of *accident disability*, a new *accident elimination period* will apply and the *accident maximum benefit period* will restart.

Provides a monthly benefit if you are unable to work due to a disability caused by an accident.

WAIVER OF PREMIUM. *You* must continue to pay premium until *your* claim under this rider has been approved by *us*. *We* will waive any premium on the policy as it comes due, until the earlier of the end of the *accident maximum benefit period* or *you* are no longer *accident disabled*, beginning with the date *your* claim is approved but not before 90 days of continuous *accident disability*. Once *we* start waiving premium, *we* will also refund the pro rata portion of any premium paid that applies to the period on or after the date *you* became *accident disabled*. Beginning with the date *your* benefits for *accident disability* ends, payment of the pro rata portion of the premium due for coverage under the policy until the next premium due date, as well as any premiums that come due thereafter, must be paid in order to keep the policy *in force*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for *accident disability* benefits or for *us* to waive premium in accordance with this rider, *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 Medical Examination provisions in Part V of the policy.

EXCEPTIONS/LIMITATIONS

We will not pay a benefit under this rider for an *accident disability* caused by, contributed to by, or that results from:

- (1) 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; or
- (2) an intentionally self-inflicted *injury*; or
- (3) suicide, or attempted suicide; or
- (4) commission of, or attempt to commit, a felony; or for participation in a riot or insurrection; or while engaging in an illegal occupation; or
- (5) *your* being legally intoxicated; or
- (6) use of an illegal drug or controlled substance, unless legally prescribed by a *physician* and used in a manner consistent with that prescription; or
- (7) *sickness*, disease, bodily infirmity, or medical treatment of the same; or
- (8) participating in sky diving, hang gliding, motor vehicle or boat racing, mountain or rock climbing, underwater diving, or professional sports; or
- (9) a pre-existing condition, as defined in the policy, during the first 12 months following the *issue date* of this rider; or
- (10) any condition or activity specifically excluded by name or physical description; or
- (11) an *injury* incurred while this rider is not *in force*.

CLAIM PROVISIONS

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

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

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

The **REFUND OF PREMIUM** provision in the Claim Provisions (Part V) section of *your* policy is hereby replaced with the following:

You must continue to pay premium until *your* claim for *total disability* under the policy has been approved by *us*. If *your* claim for *total disability* is approved by *us*:

- (1) we will refund the pro-rata portion of the Base Policy premium *you* have paid, back to the date *you* became *totally disabled*, and
- (2) the Base Policy premium will no longer be required, since the *total disability benefit* is payable only once during the life of the policy.

However, to keep a rider *in force* that is attached to the policy, *you* must continue to pay the premium due for the rider along with the Policy Fee shown on the *schedule*.

GENERAL PROVISIONS

Item (5) in the **TERMINATION** provision in the General Provisions (Part VI) section of *your* policy is hereby amended as follows:

- (5) once the *total disability benefit* is paid under the policy, unless *you* keep a rider *in force* on the policy, by paying premiums as due. However, only one *total disability benefit* is payable during the life of the policy.

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 Incontestability 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 OF RIDER. This rider will terminate on the earlier of the following:

- (1) the expiry date shown on the *schedule*; or
- (2) the date the policy terminates; or
- (3) the end of the period for which premium has been paid for this rider, if premium is not paid by the end of the grace period; or
- (4) the date we receive the *owner's* written request to terminate this rider; or
- (5) the date of *your* death.

AMERITAS LIFE INSURANCE CORP.

President

Secretary

Ameritas Life Insurance Corp.

CATASTROPHIC DISABILITY RIDER

As defined below, this rider provides, as defined below, a monthly benefit while *you* are *catastrophically disabled*.

DEFINITIONS

CATASTROPHIC DISABILITY AND CATASTROPHICALLY DISABLED. Means that, due to a *sickness* or *injury*:

- (1) *you* are unable to perform two or more *activities of daily living* without *stand-by assistance* due to loss of functional capacity; or
- (2) *you* require *substantial supervision* due to *severe cognitive impairment*.

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 yourself by getting food into *your* body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.
- (6) **Bathing:** the ability to wash yourself, 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.

STAND-BY ASSISTANCE. Means *you* require the presence of another human being within arm's reach of *you* to prevent, by physical intervention or verbal cueing, *injury* to *you* while *you* are performing the *activities of daily living*.

SUBSTANTIAL SUPERVISION. Means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect *you* from threats to *your* health or safety (such as may result from wandering).

SEVERE COGNITIVE IMPAIRMENT. Means *you* have suffered a loss or deterioration in intellectual capacity requiring *substantial supervision* that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places or time; and deductive or abstract reasoning.

CATASTROPHIC MAXIMUM BENEFIT PERIOD. Means the maximum length of time we will pay *you* a catastrophic monthly benefit as long as *you* are *catastrophically disabled*. This period is shown on the *schedule*.

CATASTROPHIC ELIMINATION PERIOD. Means the period of time *you* must be *catastrophically disabled* before we start paying benefits under this rider. This period is shown on the *schedule*.

BENEFIT PROVISIONS

CATASTROPHIC MONTHLY BENEFIT. If *your catastrophic disability* begins while this rider is *in force*, we will pay the catastrophic monthly benefit shown on the *schedule* for each month *you* are *catastrophically disabled* after the *catastrophic elimination period*. Payments will not be made for more than the *catastrophic maximum benefit period* shown on the *schedule*.

Provides a monthly benefit if you are unable to work due to a disability caused by a severe cognitive impairment or the inability to perform two of the six activities of daily living.

Even if a period of *catastrophic disability* is caused by , or continued by, more than one *injury* and/or *sickness*, benefits will be paid as if the *catastrophic disability* was caused by one *injury* or *sickness*. In no event will *you* be considered to have more than one period of *catastrophic disability* at the same time. The amount and duration of benefits paid will not be more than the maximum for any one *catastrophic disability*.

RECURRENT CATASTROPHIC DISABILITY. If, while this rider is *in force* and within 180 days of the end of the prior period of *catastrophic disability*, *you* suffer a *catastrophic disability* from the same or related cause or causes, we will consider it a continuation of the previous *catastrophic disability*. A recurrent *catastrophic disability* will not be subject to a new *catastrophic elimination period* but will be subject to the remainder of the *catastrophic maximum benefit period*.

If a period of *catastrophic disability* is separated by more than 180 days from the end of a prior period of *catastrophic disability* due to the same or related cause or causes, we will consider the subsequent disability a new period of *catastrophic disability*.

Following the end of a period of *catastrophic disability*, if *you* suffer another period of *catastrophic disability* from a separate and distinct cause or causes, we will consider the subsequent disability a new period of *catastrophic disability*.

For new periods of *catastrophic disability*, a new *catastrophic elimination period* will apply and the *catastrophic maximum benefit period* will restart.

WAIVER OF PREMIUM. *You* must continue to pay premium until *your* claim under this rider has been approved by *us*. We will waive any premium on the policy as it comes due, until the earlier of the end of the *catastrophic maximum benefit period* or *you* are no longer *catastrophically disabled*, beginning with the date *your* claim is approved but not before 90 days of continuous *catastrophic disability*. Once we start waiving premium, we will also refund the pro rata portion of any premium paid that applies to the period on or after the date *you* became *catastrophically disabled*. Beginning with the date *your* benefits for *catastrophic disability* ends, payment of the pro rata portion of the premium due for coverage under the policy, until the next premium due date, as well as any premiums that come due thereafter, must be paid in order to keep the policy *in force*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for catastrophic disability benefits or for *us* to waive premium in accordance with this rider, *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 Medical Examination provisions in Part V of the policy.

CLAIM PROVISIONS

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

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

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

The **REFUND OF PREMIUM** provision in the Claim Provisions (Part V) section of *your* policy is hereby replaced with the following:

You must continue to pay premium until *your* claim for *total disability* under the policy has been approved by *us*. If *your* claim for *total disability* is approved by *us*:

- (1) we will refund the pro-rata portion of the Base Policy premium *you* have paid, back to the date *you* became *totally disabled*, and
- (2) the Base Policy premium will no longer be required, since the *total disability benefit* is payable only once during the life of the policy.

However, to keep a rider *in force* that is attached to the policy, *you* must continue to pay the premium due for the rider along with the Policy Fee shown on the *schedule*.

GENERAL PROVISIONS

Item (5) in the **TERMINATION** provision in the General Provisions (Part VI) section of *your* policy is hereby amended as follows:

(5) once the *total disability benefit* is paid under the policy, unless *you* keep a rider *in force* on the policy, by paying premiums as due. However, only one *total disability benefit* is payable during the life of the policy.

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 Incontestability 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 OF RIDER. This rider will terminate on the earlier of the following:

- (1) the expiry date shown on the *schedule*; or
- (2) the date the policy terminates; or
- (3) the end of the period for which premium has been paid for this rider, if premium is not paid by the end of the grace period; or
- (4) the date we receive the *owner's* written request to terminate this rider; or
- (5) the date of *your* death.

AMERITAS LIFE INSURANCE CORP.

President

Secretary

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CRITICAL ILLNESS RIDER

This rider pays a critical illness benefit when *you* are *diagnosed* with a *critical illness*, as defined below. A benefit may be collected only once for each type of *critical illness*, during the life of this rider.

DEFINITIONS

AJCC. Means the most current version of the American Joint Committee on Cancer Staging Manual.

BOARD CERTIFIED. Means that a certification has been awarded from the appropriate specialty member board under the American Board of Medical Specialties.

CANCER. Means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Leukemia, lymphoma, multiple myeloma, and myelodysplastic syndromes are included. *Cancer* must be positively confirmed with a *pathological diagnosis*. A *clinical diagnosis* will be accepted only if:

- (1) a *pathological diagnosis* cannot be made because it is medically inappropriate or life threatening; and
- (2) there is medical evidence to support the *diagnosis*; and
- (3) a *physician* is treating *you* for a *cancer*.

The following tumors are excluded:

- (1) Chronic lymphocytic leukemia classified as RAI stage 0; and
- (2) All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ (AJCC TisN0M0); and
- (3) All skin *cancers* unless AJCC T3N0M0 or with any metastasis to lymph nodes or other organ systems, or the tumor is a malignant melanoma AJCC T1bN0M0 or higher; and
- (4) Prostate *cancer* AJCC T1aN0M0 and T1bN0M0; and
- (5) Papillary carcinoma of the thyroid AJCC T1aN0M0 and T1bN0M0; and
- (6) Noninvasive papillary *cancer* of the bladder AJCC TaN0M0 or lower; and
- (7) Evidence of *cancer* cells or *cancer* genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

CLINICAL DIAGNOSIS. Means an identification of *cancer* based on observation and history, diagnostic testing, laboratory studies, and symptoms.

CRITICAL ILLNESS. Means only *cancer*, *heart attack*, *kidney failure*, *major organ failure with transplant*, or *stroke* as each is defined in this rider.

DATE OF DIAGNOSIS. Means the date the *diagnosis* of a *critical illness* is established by a *physician*.

DIAGNOSIS. Means a definitive identification of the *critical illness* by a *physician*:

- (1) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
- (2) meeting any diagnostic requirements stated in this rider for the particular *critical illness* being diagnosed.

This includes the documentation of all appropriate and defined supporting studies.

FAMILY MEMBER. Means anyone related to *you* by marriage, blood, or legal adoption. This also includes a common law marriage partner, domestic partner, or civil union partner if legally recognized in the governing jurisdiction.

Provides a lump sum benefit if you are diagnosed with one of the five critical illnesses.

HEART ATTACK. Means an acute myocardial infarction resulting in the death of heart muscle due to inadequate blood supply. *Heart attack* does not include angina (stable or unstable) or the finding of electrocardiographic (EKG) changes indicative of a previous *heart attack*. All of the following requirements for acute myocardial infarction must be satisfied:

- (1) clinical symptoms suggestive of and interpreted by a *physician* of an acute *heart attack*, for example, central chest pain; and
- (2) diagnostic increase of specific cardiac markers; and
- (3) new electrocardiographic changes of infarction or 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.

KIDNEY FAILURE. Means chronic, irreversible failure of both kidneys to function, as a result of which either permanent renal or peritoneal dialysis or renal transplant is initiated.

MAJOR ORGAN FAILURE WITH TRANSPLANT. Means irreversible, end-stage failure of bone marrow or stem cells, entire heart, liver, lungs, or pancreas which requires the malfunctioning organ(s) or tissue to be replaced with the organ(s) or tissue of a suitable human donor (other than *you*) under generally accepted medical procedures, and *you* provide *proof* that one of the following is true:

- (1) *you* are registered with the United Network for Organ Sharing (UNOS), or for bone marrow or stem cell transplant, the National Marrow Donor Program (NMDP); or
- (2) *you* have medical documentation that a suitable donor (other than *you*) is available without a UNOS or NMDP listing.

Failure of any other organ(s), parts of these or any other organ(s), tissues or cells not listed above is excluded.

PATHOLOGICAL DIAGNOSIS. Means the *diagnosis* of *cancer* based upon a microscopic study of fixed tissue or preparations from the hemic (blood) system.

PHYSICIAN. For purposes of this rider, the definition of Physician in the Definitions (Part I) section of the policy is amended to include the following.

- (1) The *physician* must have specialty training and be *board certified* in the field of medicine specific to the *critical illness* being *diagnosed* and must follow all routinely accepted procedures and protocols in the *diagnosis* of the *critical illness*.
- (2) Practitioners of homeopathic, naturopathic, and related medicines are not considered a *physician*.

STROKE. Means the infarction or death of brain tissue or cerebral hemorrhage which is evidenced by new (acute) damage to brain tissue appearing on neurologic imaging and new neurologic deficit(s). The acute damage must be in the location of the brain that accounts for the new neurologic deficit(s) of the specific area or areas of the body. The acute neurologic deficit(s) must last for at least 3 consecutive days following the onset of symptoms. The following are excluded:

- (1) *Diagnosis* of *stroke* by imaging only, without a new acute neurologic deficit attributable to the lesion; and
- (2) Transient ischemic attack; and
- (3) Any cerebral injury that results, in whole or in part, from trauma or brain hypoxia.

BENEFIT PROVISIONS

CRITICAL ILLNESS BENEFIT. If *you* are *diagnosed* by a *physician* with a *critical illness* during *your* lifetime and while this rider is *in force*; we will pay the critical illness benefit shown on the *schedule*. During the life of this rider, we will pay a critical illness benefit no more than once for each type of *critical illness*, defined under this rider. The amount paid under this rider has no relationship to the amount charged for medical services.

If more than one *critical illness* is diagnosed in the same day, we will only pay one critical illness benefit. In addition, no critical illness benefit will be payable for a *critical illness* whose *date of diagnosis* is within 180 days of the *date of diagnosis* of any prior *critical illness* for which benefits have been paid under this rider.

EXCEPTIONS/LIMITATIONS

We will not pay a critical illness benefit under this rider for a *critical illness* caused by, contributed to by, or that results from:

- (1) 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; or
- (2) an intentionally self-inflicted *injury*; or
- (3) suicide, or attempted suicide; or
- (4) commission of, or attempt to commit, a felony; or for participation in a riot or insurrection; or while engaging in an illegal occupation; or
- (5) *your* being legally intoxicated; or
- (6) use of an illegal drug or controlled substance, unless legally prescribed by a *physician* and used in a manner consistent with that prescription; or
- (7) intentional inhalation of a volatile substance (huffing); or
- (8) a *diagnosis* outside of the United States unless the *diagnosis* can be confirmed in the United States; or
- (9) a *diagnosis* that is made by a *family member*; or
- (10) any *injury*, *sickness*, loss, or condition specifically excluded from the definition of a *critical illness*; or
- (11) any condition specifically excluded by name or physical description.

PRE-EXISTING CONDITIONS. We will not pay a critical illness benefit under this rider for any *critical illness* that:

- (1) is *diagnosed* in the first 12 months following the *issue date* of this rider; and
- (2) is caused by or contributed to by a pre-existing condition.

A *critical illness* caused by or contributed to by a pre-existing condition may be covered only if it is *diagnosed* after 12 months from the *issue date* of this rider and has not been specifically excluded by name or specific description.

A pre-existing condition means any physical condition for which during the 6-month period preceding the *issue date* of this rider:

- (1) *you* have sought medical treatment; or
- (2) symptoms existed that would have caused a reasonably prudent person to seek medical treatment.

Medical treatment includes medical advice or treatment, diagnostic procedures, or prescribed drugs or medication.

PREMIUM AND RENEWAL PROVISIONS

The **REINSTATEMENT** provision in the Premium and Renewal Provisions (Part IV) section of *your* policy is hereby amended to include the following:

Following reinstatement, *your* policy will cover only a *critical illness diagnosed* more than 10 days after the date of reinstatement.

CLAIM PROVISIONS

TIME OF PAYMENT OF CLAIMS. Subject to receipt of satisfactory written *proof* of the *diagnosis* of a *critical illness*, we will immediately pay the critical illness benefit shown on the *schedule*, upon *our* determination, pursuant to this rider, that this benefit is payable.

The **REFUND OF PREMIUM** provision in the Claim Provisions (Part V) section of *your* policy is hereby replaced with the following:

You must continue to pay premium until *your* claim for *total disability* under the policy has been approved by *us*. If *your* claim for *total disability* is approved by *us*:

- (1) we will refund the pro-rata portion of the Base Policy premium *you* have paid, back to the date *you* became *totally disabled*, and
- (2) the Base Policy premium will no longer be required, since the *total disability benefit* is payable only once during the life of the policy.

However, to keep a rider *in force* that is attached to the policy, *you* must continue to pay the premium due for this rider along with the Policy Fee shown on the *schedule*.

GENERAL PROVISIONS

The second sentence of the **INCONTESTABILITY** provision in the General Provisions (Part VI) section of *your* policy is hereby revised, as follows.

However, for disabilities that start or a *critical illness* that is diagnosed during this two-year period, we may void *your* policy if *you* made material misrepresentations in *your* application.

Item (5) in the **TERMINATION** provision in the General Provision (Part VI) section of *your* policy is hereby amended as follows:

(5) once the *total disability benefit* is paid under the policy, unless *you* keep a rider *in force* on the policy, by paying premiums as due. However, only one *total disability benefit* is payable during the life of the policy.

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 Incontestability 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 OF RIDER. This rider will terminate on the earlier of the following:

- (1) the expiry date shown on the *schedule*; or
- (2) the date the policy terminates; or
- (3) the end of the period for which premium has been paid for this rider, if premium is not paid by the end of the grace period; or
- (4) the date we receive the *owner's* written request to terminate this rider; or
- (5) the date of *your* death; or
- (6) the date all *critical illness* benefits have been paid under this rider.

AMERITAS LIFE INSURANCE CORP.

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Disability Income Policy
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4504LS

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