**COVERAGE SELECTION**

#FULL\_NAME#

Name Date of Birth (mm/dd/yyyy)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Coverage A** | | | **Coverage B** | |
| **Product** |  | | |  | |
| **Monthly Benefit Amount** | #IDI\_Election\_1\_Benefit# | | |  | |
| Elimination Period |  | | |  | |
| Benefit Period |  | | |  | |
| Your Occupation Period |  | | |  | |
| **Residual Disability Benefit Period** |  | | |  | |
| Work Incentive Benefit Period |  | | |  | |
| Recovery Benefit Period |  | | |  | |
| **Mental Disorders Benefit Period** |  | | |  | |
|  |  | | |  | |
| **Optional Benefits** |  | | |  | |
| **Monthly Catastrophic Benefit Amount** |  | | |  | |
| **COLA** |  | | |  | |
| **Lifetime Continuation Benefit Amount** |  | | |  | |
| Lifetime Continuation Benefit Period |  | | |  | |
| **Monthly ATO Benefit Amount** |  | | |  | |
| ATO Elimination Period |  | | |  | |
| ATO Benefit Period |  | | |  | |
| **Serious Illness Benefit Amount** |  | | |  | |
| Serious Illness Elimination Period |  | | |  | |
| **GPI Amount** |  | | |  | |
| **Monthly AMI Benefit Amount** |  | | |  | |
| AMI Elimination Period |  | | |  | |
| AMI Benefit Period |  | | |  | |
| **Monthly SIS Benefit Amount** |  | | |  | |
| SIS Elimination Period |  | | |  | |
| **LTD Insurability Benefit Amount** |  | | |  | |
| **UPDATE %** |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
| **Business Overhead Expense** | | | | | |
|  | Benefit Amount | | Elimination Period | | Benefit Period |
| Business Protector |  | |  | |  |
| Residual Disability/Recovery |  | |  | |  |
| GPI |  | | N/A | | N/A |
| **Business Buy Out** | | | | | |
| **Funding Method** |  | |  | |  |
| Monthly |  | |  | |  |
| Lump Sum |  | |  | |  |
| Down Payment |  | |  | |  |
| Deferred Reduction Option | 🞏 Yes | 🞏 No |  | |  |