**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** |  |  |
| **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 |  |  |  |