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# Personal Disability Income Protection

## PRODUCT GUIDE

CALIFORNIA version

**AssurityBalance<sup>®</sup>**

For Agent use only.



## Product Guide for AssurityBalance® Personal Disability Income Protection

### Important Notice

This is a product guide for Assurity Balance® Personal Disability Income Protection, approved for sale to residents of California **ONLY**.

**The individual contract is your ultimate authority for any questions you may have about the benefits of this product.**

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# General Guidelines

## PRODUCT TYPE

Individual guaranteed renewable disability Policy with a traditional definition of disability.

## INTENDED MARKET

Individuals 25 to 50 years old, employed in blue, gray, and white collar occupations earning from \$24,000 to \$50,000 annually. Small business (under 100 employees) owners, managers, and/or employees.

## ISSUE AGES

18-60

Certain restrictions for ages 56-60; see Available Benefit Periods.

## PREMIUMS

Level, based on *nearest* age (as of nearest birthday) at time of application, Occupational Class, Elimination Period, Monthly Disability Benefit Amount, Benefit Period, and any Optional Benefits selected.

## MULTI-LIFE DISCOUNT

A discount of 5% will be applied to all employer-employee groups applying for 3 or more policies at the same time. The discount extends to future insureds when added to an existing eligible list bill.

Available in all Classes.

## NON-TOBACCO

If no tobacco in last 12 months.

## ANNUAL POLICY FEE

\$40

## RATE INCREASES

Premiums may only be raised on a class basis with state approval.

## MODE PREMIUM FACTORS AS A PERCENTAGE OF ANNUAL PREMIUM

Monthly – 8.8% (Pre-authorized Check Only; List Bill available through cooperating Employers)

Quarterly – 25.8%

Semi-Annual – 51.0%

## ELIMINATION PERIODS

The number of consecutive days an Insured must be Totally Disabled before the Monthly Disability Benefit becomes payable. The Elimination Periods available are 60, 90, 180, and 365 days.

**NOTE:** The Elimination Period for the Supplemental Disability Income Rider (see Page 7) will be the same as the Elimination Period for the base policy *unless* the Insured is covered under the California State Disability Insurance Program. Employees covered under this plan will have a mandatory 365-day Elimination Period for the Rider.

## General Guidelines (continued)

### AVAILABLE BENEFIT PERIODS

- **Class 4A** — 1-, 2-, 5-year
- **Class 3A** — 1-, 2-, 5-year
- **Class 2A** — 1-, 2-, 5-year\*
- **Class 1A** — 1-, 2-, 5-year\*

\*Ages 56 to 60 limited to a 1- or 2-year Benefit Period.

### RENEWABILITY

Guaranteed Renewable to Age 65. Until the Policy Anniversary after the Insured's 65<sup>th</sup> birthday, as long as the premiums are paid, the Policy cannot be canceled. However, the premium rates can be changed with state approval.

### UNDERWRITING

Traditional underwriting. Home Office staff will order medical records if needed. See Medical Exam Requirements on page 14.

Different than “applied-for coverage” may be offered with a Policy Amendment Rider, Special Class premium, longer Elimination Period, shorter Benefit Period or a combination of any of these.

### TABLE RATINGS

Special Class premiums are determined based on the following table ratings:

- A** = 25% increase
- B** = 50% increase
- C** = 75% increase
- D** = 100% increase

# Policy Provisions

## DEFINITION OF TOTAL DISABILITY

During the first 24 months after the Elimination Period, Benefits are paid if the Insured is unable, because of sickness or injury, to perform the important, substantial and material duties of his/her **own** occupation and requires a physician's confirmation of Disability.

After Benefits have been paid for 24 months, benefits are paid if the Insured is unable to perform the substantial and material duties of **any** occupation for which he/she is fitted by age, education, training, experience, physical and mental capability, and requires a physician's confirmation, and not engaged in any job for wage or profit.

## PRESUMPTIVE DISABILITY

The Company will presume the Insured is Totally Disabled if the Insured suffers total loss of speech, loss of hearing, loss of sight, severance and loss of both feet, severance and loss of both hands, or severance and loss of one hand and one foot. The Elimination Period is waived and full Monthly Benefits will be paid for the Maximum Benefit Period, whether or not the Insured is able to return to work.

## RECURRENT DISABILITY

A second disability is considered a continuation of a previous disability (recurrent) unless it is due to an unrelated sickness or injury, or the recurrent disabilities are separated by at least 6 months.

## VOCATIONAL REHABILITATION BENEFIT

If the Insured is Totally Disabled and receiving Monthly Benefits, the Company will consider helping pay the cost of a rehabilitation program. Participation in such program is voluntary. The Company will consider paying the cost of an Insured's proposed rehabilitation program if it provides educational instruction or training by an accredited college, university or vocation school, and the program will lead to the Insured returning to work sooner, in a position acceptable to the Insured.

## SURVIVOR BENEFIT

A survivor benefit is provided paying a lump sum benefit to a named beneficiary in the event the Insured has been receiving disability benefits for at least 12 months and then dies. The lump sum death benefit equals 6 times the Monthly Benefit.

## WAIVER OF PREMIUM

Premiums are waived following the later of 90 days of Total Disability or the Elimination Period. Any premium paid that should have been waived will be refunded. Waiver stops when Total Disability stops **or** at the end of the Maximum Benefit Period, whichever is first.

## HOME MODIFICATION BENEFIT

The Company will pay a one-time benefit of \$1000 for the modification of the Insured's existing residence due to a current Total Disability. This benefit is intended to assist with improving access to or use of facilities in the Insured's existing residence.

## Policy Provisions (continued)

### INSURANCE WITH OTHER INSURERS

Monthly Benefits for Total Disability will be paid on a *reduced* basis when there is **Other Valid Coverage** providing benefits for the same loss. The reduced benefit will be a proportionate amount based on the following calculation:

Policy Benefits *plus* other disability benefits for which the Company had prior notice *divided by* the Total of Policy Benefits, other disability benefits for which the Company had prior notice, and **Other Valid Coverage**.

**Other Valid Coverage** is disability income coverage, including group disability benefits, individual coverage provided by union welfare plans or by an employer or employee benefit organization, and benefits provided by state statute *not revealed on the application or given notice to the Company prior to the loss*.

A pro-rata portion of the premium paid for the amount of benefit reduced under this provision will be returned to the Insured.

# Optional Benefits

## Available only at time of application

### **SUPPLEMENTAL DISABILITY INCOME RIDER**

#### **Available to all Occupational Classes. Not Available to “Special Occupations.”**

This rider provides a Monthly Benefit in addition to the Monthly Benefit provided by the base Policy, coordinating with any primary or family disability benefits paid under the U.S. Social Security Act. If the Insured qualifies for or receives Social Security Disability Benefits, the Monthly Benefit paid under the Supplemental Disability Income Rider will cease. No Rider benefit will be paid during the time the Insured is receiving or is qualified to receive Social Security Disability Benefits. Social Security Disability Benefits *do not* include benefits provided under the Retirement portion of the U.S. Social Security Act.

Rider Monthly Benefits are paid after the Elimination Period for the Rider. The Elimination Period for the Rider will be the same as the Elimination Period for the base Policy *unless* the Insured is covered under the California State Disability Insurance Program. Employees covered under this plan will have a mandatory 365-day Elimination Period for the Rider.

### **AUTOMATIC BENEFIT INCREASE RIDER**

#### **Available in all Occupational Classes.**

This rider provides for an annual increase equal to **5%** of the original base Policy Monthly Benefit amount on each anniversary of the date of Total Disability, if an Insured is continuously Totally Disabled for the previous 12 months. The lifetime cap on Monthly Benefit amounts is two times the original base Policy Monthly Benefit.

If the Insured recovers from Total Disability and there was a Monthly Benefit increase under this rider, the Insured can increase the base Policy Monthly Benefit to the amount of the last Monthly Benefit payment.

To obtain the increase, the Insured must:

- Be under age 60.
- Apply within 90 days of the end of Total Disability.
- Have a full-time job, working at least 30 hours per week.

A new premium for the increase will be charged, based on the current rates and the Insured's attained age. The new premium must be paid within 31 days of the increase.

### **RECOVERY BENEFIT RIDER**

#### **Available to all Occupational Classes.**

This rider will provide a Monthly Benefit for residual disability. A residual disability is a condition that allows the Insured to perform one or more of the material and substantial duties of his/her own occupation, allows the Insured to be employed on a part-time basis, and immediately follows a period of Total Disability for which Monthly Benefits were paid. Payment of the benefit is subject to the Maximum Benefit Period shown on the Policy schedule, less any period in which Total Disability benefits were payable, not to exceed 6 months.

## Optional Benefits (continued)

### RETURN OF PREMIUM RIDER

#### Available with all Occupational Classes. Issue ages 18 through 55

This rider will provide a return of premium paid on the Policy minus any claims paid. The amount of premium returned is based on a scale determined by the issue age of the Policyholder and the amount of time the Policy was in force. There is no refund available until the Policy has been in force for three (3) full Policy years.

For applicants age 18 through 44 years at the time of issue, the minimum return is 5% (after three full Policy years), continuing on a defined schedule up to 100 percent returned after 25 years or more. For applicants age 45 through 55 years of age, the minimum return is 5% (after three full Policy years), continuing on a defined schedule up to 50 percent returned after 10 years.

All return premium amounts will be calculated as all premium paid, multiplied by the total percentage shown in the schedule, less the total of all benefits paid, including all premiums waived under the Waiver of Premium provision.

# Exclusions

## No benefits will be paid for the following conditions:

### **NORMAL PREGNANCY**

Total Disability due to normal pregnancy or childbirth is excluded from benefits. However, the Company will pay Monthly Benefits for a Total Disability caused by:

1. Complications of pregnancy **OR**
2. Pregnancy or childbirth, in which the period of Total Disability extends beyond the later of 90 days or the Policy's Elimination Period.

Complications of pregnancy include eclampsia, toxemia, hyperemesis gravidarum, anemia of pregnancy, placenta previa, ectopic pregnancy, puerperal infection, anemia of pregnancy, and Cesarean Section delivery and miscarriage.

### **WAR**

Total Disability due to war or act of war, whether or not declared.

### **SELF-INFLICTED**

Total Disability due to an intentional, self-inflicted injury or sickness.

### **FELONY**

Total Disability due to committing or attempting to commit a felony.

### **ILLEGAL OCCUPATION**

Total Disability due to engaging in an illegal occupation.

### **INTOXICATION**

No benefits will be paid for Total Disabilities sustained while intoxicated or under the influence of an illegal drug or a narcotic not prescribed by a physician.

# Limitations

## Limits on benefits are as follows:

### **MENTAL, NERVOUS, DRUG, ALCOHOL**

Monthly Benefits for disabilities related to mental, nervous, drug and alcohol disorders and conditions are limited to a lifetime maximum of 24 months. Conditions included under the mental/nervous part of this limitation shall be any disorder classified in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

The Company will pay normal Policy benefits for mental, nervous, drug, and alcohol disorders or conditions if the Insured is confined in a hospital, under a physician's care.

### **FOREIGN TRAVEL**

Monthly Benefits for a Total Disability sustained outside the United States will be paid only upon the Insured's return to the United States and provided the Total Disability was not sustained in a country where national unrest or war exists, where living conditions are unsanitary, or in a remote or uncivilized area.

### **PRE-EXISTING CONDITIONS**

A Total Disability due to health conditions not disclosed on the application for which medical advice, treatment or medication was received or symptoms existed before the effective date of coverage is **not** covered for the first 2 years after coverage is in force.

Benefits will be paid if the condition was disclosed and not misrepresented on the Insured's application and is not excluded by a Policy Amendment Rider.

# Financial Guidelines

## EARNED INCOME

Earned income is the gross income from the applicant's occupation, including salary, wages, bonuses, fees and any other compensation received from all sources for work performed by the applicant. Applicants earning less than \$2,000 per month are ineligible. If the applicant is self employed, or owns any part of a business, earned income is the applicant's share of the income earned by the business, plus the salary and/or bonus from the business, minus the applicant's share of business expenses that are deductible for income tax.

## INCOME VERIFICATION

Income verification will be required as part of the underwriting process:  
All applications for coverage must be accompanied with two (2) full years income verification.

Employed applicants will provide two full years W-2's as proof of employment. **Applicants who have not been employed continuously, full time, during the last 2 years are ineligible.** The applicant may provide his/her most recent pay stubs as verification of current income if substantially different than income reported on the W-2's.

Self-employed applicants will provide 2 full years tax returns with all schedules and W-2's, if any. "All schedules" includes all forms submitted to the IRS for the previous 2 years

## UNEARNED INCOME

Any kind of unearned income, such as rental property or interest income, that continues even if the Insured is Totally Disabled, does not qualify as earned income. Pension or retirement benefits will also be considered as unearned income. If unearned income is greater than 15% of earned income, the total Monthly Benefits available at issue will be reduced by one half of the monthly unearned income.

## OTHER INCOME PROTECTION

Other sources of income protection will be considered to avoid over-insurance. Other sources include: group disability income, salary continuation, social insurance disability, retirement disability, and other individual disability income. Unless being replaced, these in-force coverages must be subtracted from the total amount of Monthly Benefit applied for.

## SELF-EMPLOYED APPLICANTS

Many self-employed individuals capitalize on depreciation and expenses to report little or no income for income tax purposes. However, these individuals may be eligible for limited disability income coverage if:

- A. Self-employed in the same business for two years.
- B. Self-employed on a full-time basis, at least 30 hours per week.
- C. Under age 50 at the time of the application.
- D. Showing a net business profit on each of the 2 most recent tax returns of less than \$24,000 and not showing a business loss. Assurity will consider up to \$600 (\$300 base, \$300 SDIR) with no other benefits or riders available.

## Financial Guidelines (continued)

### NEWLY SELF-EMPLOYED APPLICANTS

Newly self-employed applicants who do not have a full year tax return (January through December calendar year) from self-employment will be required to demonstrate prior full-time employment in a related field. No offers for coverage will be made to newly self-employed applicants without related experience. Any offers made will be based on the following:

- One-half of the applicant's documented average annual income over the last two years;
- Standard cases only – no waivers, no rate ups;
- 1, 2, or 5 year Benefit Period;
- Minimum 90 day Elimination Period;
- Applicant must be age 55 or younger;
- Maximum base Policy Monthly Benefit of \$2,000. Supplemental Disability Income Rider Monthly Benefit may be the maximum for which the applicant qualifies based on the result of the two year income average divided by 2; and
- No riders other than SDIR, AIR, RPR

### MAXIMUM ISSUE AND PARTICIPATION LIMITS

The maximum issue and participation limits are those indicated below.

- **Class 4A** — \$7,000
- **Class 3A** — \$6,000
- **Class 2A** — \$5,000
- **Class 1A** — \$4,000

**The participation limit includes all monthly disability income already in force with Assurity Life Insurance Company or any of its affiliates or with any other company under individual or group policies.**

## Financial Guidelines (continued)

### TABLE OF ISSUE LIMITS BY INCOME LEVEL

The minimum issue is \$500 of Base Policy Monthly Benefit. (Minimum SDIR is \$100) Applicants earning less than \$2,000 of monthly earned income are not eligible. The maximum issue limit will depend on the applicant's occupation class, earned income and existing disability coverage. The application must clearly list all other disability coverages in force and applied for.

Annual Earned Income	Monthly Earned Income	Base Policy Maximum	Supplemental Disability Income Rider Maximum	Annual Earned Income	Monthly Earned Income	Base Policy Maximum	Supplemental Disability Income Rider Maximum
24,000	2,000	750	750	76,800	6,400	2,600	1,200
25,200	2,100	800	750	79,200	6,600	2,690	1,200
26,400	2,200	830	800	81,600	6,800	2,770	1,200
27,600	2,300	900	800	84,000	7,000	2,860	1,200
28,800	2,400	930	850	86,400	7,200	2,980	1,200
30,000	2,500	1,000	850	88,800	7,400	3,090	1,200
31,200	2,600	1,030	900	91,200	7,600	3,210	1,200
32,400	2,700	1,100	900	93,600	7,800	3,320	1,200
33,600	2,800	1,130	950	96,000	8,000	3,400	1,200
34,800	2,900	1,200	950	98,400	8,200	3,470	1,200
36,000	3,000	1,270	950	100,800	8,400	3,520	1,200
37,200	3,100	1,300	1,000	103,200	8,600	3,570	1,200
38,400	3,200	1,370	1,000	105,600	8,800	3,620	1,200
39,600	3,300	1,440	1,000	108,000	9,000	3,660	1,200
40,800	3,400	1,480	1,000	110,400	9,200	3,680	1,200
42,000	3,500	1,520	1,050	112,800	9,400	3,750	1,200
43,200	3,600	1,580	1,050	115,200	9,600	3,810	1,200
44,400	3,700	1,620	1,050	117,600	9,800	3,880	1,200
45,600	3,800	1,650	1,100	120,000	10,000	3,950	1,200
46,800	3,900	1,700	1,100	122,400	10,200	4,000	1,200
48,000	4,000	1,740	1,150	124,800	10,400	4,090	1,200
49,200	4,100	1,780	1,150	127,200	10,600	4,180	1,200
50,400	4,200	1,830	1,150	129,600	10,800	4,270	1,200
51,600	4,300	1,900	1,150	132,000	11,000	4,360	1,200
52,800	4,400	1,980	1,150	134,400	11,200	4,370	1,200
54,000	4,500	2,000	1,150	136,800	11,400	4,450	1,200
55,200	4,600	2,020	1,200	139,200	11,600	4,545	1,200
56,400	4,700	2,090	1,200	141,600	11,800	4,620	1,200
57,600	4,800	2,100	1,200	144,000	12,000	4,710	1,200
58,800	4,900	2,180	1,200	146,400	12,200	4,800	1,200
60,000	5,000	2,200	1,200	148,800	12,400	5,000	1,200
61,200	5,100	2,220	1,200	151,200	12,600	5,100	1,200
62,400	5,200	2,230	1,200	153,600	12,800	5,200	1,200
63,600	5,300	2,250	1,200	156,000	13,000	5,300	1,200
64,800	5,400	2,260	1,200	158,400	13,200	5,400	1,200
67,200	5,600	2,320	1,200	160,800	13,400	5,500	1,200
69,600	5,800	2,390	1,200	163,200	13,600	5,600	1,200
70,800	5,900	2,430	1,200	165,600	13,800	5,700	1,200
72,000	6,000	2,460	1,200	168,000	14,000 +	5,800	1,200
74,400	6,200	2,520	1,200				

# Medical Underwriting Guidelines

## MEDICAL EXAMINATION REQUIREMENTS

All applicants will be required to complete a full paramed exam with blood profile and urinalysis. The Monthly Benefit Limit shown in the chart below includes all coverage, in-force and applied for.

Ages	1-, 2-, and 5-Year Benefit Periods				
	Monthly Benefit	Exam	HOS	SMA	EKG
18-30	\$500 and over	Yes	Yes	Yes	No
31-40	\$500 and over	Yes	Yes	Yes	No
	\$5,001 and over	Yes	Yes	Yes	Yes
41-50	\$500 and over	Yes	Yes	Yes	No
	\$3,501 and over	Yes	Yes	Yes	Yes
51-55	\$500 and over	Yes	Yes	Yes	No
	\$2,501 and over	Yes	Yes	Yes	Yes
56-60	\$500 and over	Yes	Yes	Yes	Yes

## PARAMEDICAL SERVICES – Authorized Paramedical Firms

American Paraprofessional System, Inc. (APPS)	800-635-1677
Examination Management Services (EMSI)	800-872-3674
ExamOne Worldwide (LabOne)	800-873-8845
HealthCheck	785-273-4445
Portamedic/HooperHolmes	800-765-1010

## LAB SERVICES

Blood and urine kits are available through our authorized paramedical firms. All blood and urine samples must be sent to our approved laboratories at the address below. **We will not accept blood chemistry and urinalysis test results from other laboratories.**

**LabOne**  
**10310 West 84<sup>th</sup> Terrace**  
**Lenexa, KS 66214**

## INSPECTION REPORTS

Telephone inspection reports will be ordered by Underwriting on all cases. A commercial inspection company will complete the phone inspections. Please inform every applicant that a phone call will be received.

## COLLECTION LIMITS

A full initial premium may be collected at time of application when the amount of all in-force and applied-for disability coverage with Assurity or its affiliates does not exceed \$5,000. The \$5,000 limit applies to applications that have the health questions answered or the applicant is to be medically examined. On applications with in-force and applied-for amounts that exceed the \$5,000 limit, or where the Proposed Insured has significant health problems, the case must be handled on a C.O.D. basis.

# Customer Service

## CHANGES IN COVERAGE

### Increasing Coverage

To **increase** the amount of the Monthly Benefit, or

- to **increase** the Benefit Period, or
- to **decrease** the Elimination Period

a new application for coverage is required.

There are two methods for increasing in-force disability coverage:

1. Complete an application for the amount of the increase in Monthly Benefits and make arrangements for any needed medical requirements. When the application is approved, the new Policy will be issued for the amount of the increase. The Insured will then have two disability policies in force with Assurity. **OR**
2. Complete an application for the total amount of Monthly Benefits. Indicate on the application that the new Policy is to replace an in-force Policy. Return the in-force Policy to the Home Office with the application and make arrangements for any needed medical requirements. When the application is approved, the new Policy will be issued for the total amount of Monthly Benefits with a current date and the in-force Policy will be terminated. Commissions will be adjusted according to our normal replacement rules. The incontestable period for the new Policy will be two years from the date of issue.

### Decreasing Coverage

To **decrease** the Monthly Benefit, or

- to **increase** the Elimination Period, or
- to **decrease** the Benefit Period,

a written request is required from the Insured indicating the change. When the request is approved, an Endorsement showing the changes is sent to the Policy owner for addition to the Policy.

## REINSTATEMENT OF A LAPSED POLICY

If a disability income Policy lapses for nonpayment of a renewal premium, reinstatement can be applied for after the date of lapse. In order to reinstate, the following items are required:

- A completed reinstatement application.
- A signed medical authorization.
- One renewal premium. The applicant will be given a Conditional Receipt in return for the renewal premium.

The Reinstated Policy will only cover Total Disabilities resulting from an injury that occurs after the effective date of reinstatement or a sickness that begins 10 days after the effective date of reinstatement.

**If the application is approved, the effective date of reinstatement is the date of approval.**

# Occupational Classification

## GUIDELINES

Applicants must be employed on a full-time basis (at least 30 hours per week) at time of application.

Applicants employed only in seasonal occupations are **not eligible** for coverage.

Applicants engaged in more than one occupation, even on a part-time or seasonal basis, will be classified according to the most hazardous occupation.

## BUSINESS IN THE HOME

Applicants conducting business less than 50% of the time in their home will be underwritten in the usual manner. Applicants conducting business more than 50% of the time in their home will be underwritten under the following guidelines:

- Full-time employment in current home-based occupation for at least three years;
- Documented income over the last two years is required;
- Offers will be based on the average of the prior two years income, up to a maximum base Policy Monthly Benefit of \$1,200. The Supplemental Disability Income Rider Monthly Benefit offer will be based on the amount of the documented two year averaged income;
- Standard cases only – no waivers, no rate ups;
- 5-Year Benefit Periods available to applicants ages 18-50;
- 1- and 2-Year Benefit Periods available to applicants ages 51-60;
- Minimum 90-day Elimination Period on all cases;
- No riders other than SDIR, AIR, RPR (only through age 55).

## NEW OCCUPATION OR BUSINESS

Persons just entering a profession or occupation, and persons entering business as self-employed or as a 1099 employee, must have a minimum of 24 months in their new position to be eligible for coverage.

## AVIATION/AVOCATIONS

Persons involved in aviation, auto racing, hang gliding, sky diving, skin/scuba diving, or similar activities on an amateur basis can be considered for Individual Disability Income insurance, in most cases. Report the activity on the application and complete the appropriate Avocation questionnaire. Usually, a Policy Amendment Rider (waiver) will be attached to the Policy if the application is approved.

## FOREIGN NATIONALS

Applications may be taken on foreign nationals who have lived in the U.S. for at least three years and do not plan to return to their native country on a permanent basis. A photocopy of both sides of the applicant's resident alien card must be submitted with an application on a permanent resident alien.

# Occupational Classification (continued)

## DESCRIPTION OF CLASSES

### Class 4A

Includes professional or office-type occupations that are rarely exposed to physical or occupational hazards. Examples include:

Accountant	Librarian
Architect	Biologist
Commercial Artist	Secretary
Real Estate Agent	

### Class 3A

Includes occupations similar to Class 4A but with certain activities or hazards involving laboratory, technical, supervisory, and service work. Examples include:

Clergy	RN/LPN
Horticulturist	Sales Clerk
Lab Technician	Speech Therapist
Locksmith	Surveyor

### Class 2A

Includes skilled and manual occupations in lighter industries, along with most machine operators. Examples include:

Auto Mechanic	Electrician
Beautician	Farmer
Bricklayer	Plumber
Carpenter	Tailor

### Class 1A

Includes occupations involving heavy manual labor or unskilled workers where there is increased risk of accident. Examples

Auto Body Repair	Painter
Crane Operator	Paramedic
Custodian	Roofer
Furniture Mover	Used Car Dealership

### NE (Not Eligible)

Includes occupations not eligible for coverage due to exposure to serious accident or occupational hazards. Examples include:

Air Traffic Controller	Entertainer
Armed Forces	Pilot
Author	Self-employed Artist
Bartender	Student

# Occupational Classification (continued)

## SPECIAL OCCUPATIONS

### **Government Employees**

Federal, State, County, and City employees are considered in the Occupational Schedule under appropriate classification for their job duties. This section also includes Law Enforcement, Fire Fighters, and Postal Workers. Government employees may apply for a maximum base Policy benefit of \$1,000.

### **Teachers**

If teachers are covered under any type of Teachers' Disability Retirement Plan, the benefit maximums will be the same as those used for Government employees.

**Individuals in Special Occupations are not eligible for the Supplemental Disability Income Rider.**

**NOTE:** For a complete listing of occupations and their classes, see the appropriate Occupational Classification Guide – **Occupational Classification Guide (CA)**.