

Section 14: Disability

SHORT TERM DISABILITY

GROUP VOLUNTARY STD MONTHLY PREMIUM ILLUSTRATION FOR

90039 RENEWAL

60% of Mo. Earnings; 30 days Accident/30 day Sickness Elimination Period; 6 Months Benefit Duration (26 weeks)

Annual Salary	Monthly Salary		Max Monthly Benefit	Ages		Ages		Ages		Ages		Ages		Ages	
	From	To		0-29	30-39	40-44	45-49	50-54	55-59	60-64	±65				
\$ 8,000	666.67	833.32	400	7.92	8.56	9.52	9.56	10.80	13.28	16.00	19.48				
\$ 10,000	833.33	999.99	500	9.90	10.70	11.90	11.95	13.50	16.60	20.00	24.35				
\$ 12,000	1,000.00	1,166.66	600	11.88	12.84	14.28	14.34	16.20	19.92	24.00	29.22				
\$ 14,000	1,166.67	1,333.32	700	13.86	14.98	16.66	16.73	18.90	23.24	28.00	34.09				
\$ 16,000	1,333.33	1,499.99	800	15.84	17.12	19.04	19.12	21.60	26.56	32.00	38.96				
\$ 18,000	1,500.00	1,666.66	900	17.82	19.26	21.42	21.51	24.30	29.88	36.00	43.83				
\$ 20,000	1,666.67	1,833.32	1,000	19.80	21.40	23.80	23.90	27.00	33.20	40.00	48.70				
\$ 22,000	1,833.33	1,999.99	1,100	21.78	23.54	26.18	26.29	29.70	36.52	44.00	53.57				
\$ 24,000	2,000.00	2,166.66	1,200	23.76	25.68	28.56	28.68	32.40	39.84	48.00	58.44				
\$ 26,000	2,166.67	2,333.32	1,300	25.74	27.82	30.94	31.07	35.10	43.16	52.00	63.31				
\$ 28,000	2,333.33	2,499.99	1,400	27.72	29.96	33.32	33.46	37.80	46.48	56.00	68.18				
\$ 30,000	2,500.00	2,666.66	1,500	29.70	32.10	35.70	35.85	40.50	49.80	60.00	73.05				
\$ 32,000	2,666.67	2,833.32	1,600	31.68	34.24	38.08	38.24	43.20	53.12	64.00	77.92				
\$ 34,000	2,833.33	2,999.99	1,700	33.66	36.38	40.46	40.63	45.90	56.44	68.00	82.79				
\$ 36,000	3,000.00	3,166.66	1,800	35.64	38.52	42.84	43.02	48.60	59.76	72.00	87.66				
\$ 38,000	3,166.67	3,333.32	1,900	37.62	40.66	45.22	45.41	51.30	63.08	76.00	92.53				
\$ 40,000	3,333.33	3,499.99	2,000	39.60	42.80	47.60	47.80	54.00	66.40	80.00	97.40				
\$ 42,000	3,500.00	3,666.66	2,100	41.58	44.94	49.98	50.19	56.70	69.72	84.00	102.27				
\$ 44,000	3,666.67	3,833.32	2,200	43.56	47.08	52.36	52.58	59.40	73.04	88.00	107.14				
\$ 46,000	3,833.33	3,999.99	2,300	45.54	49.22	54.74	54.97	62.10	76.36	92.00	112.01				
\$ 48,000	4,000.00	4,166.66	2,400	47.52	51.36	57.12	57.36	64.80	79.68	96.00	116.88				
\$ 50,000	4,166.67	4,333.32	2,500	49.50	53.50	59.50	59.75	67.50	83.00	100.00	121.75				

LONG TERM DISABILITY

GROUP VOLUNTARY LTD MONTHLY PREMIUM ILLUSTRATION FOR

90039 RENEWAL

60% Benefit; 180 day Elimination Period; Normal Social Security Retirement Age Benefit Duration

Annual Salary	Monthly Salary From / To	Max Monthly Benefit	Ages		Ages		Ages		Ages		Ages		Ages	
			0-29	30-39	40-44	45-49	50-54	55-59	60-64	60-64	60-64	60-64	60-64	60-64
\$ 8,000.00	\$500.00 - 666.66	400	1.05	1.92	3.30	5.01	7.02	8.19	8.19					
\$ 10,000.00	\$666.67 - 833.32	500	1.31	2.40	4.13	6.26	8.78	10.24	10.24					
\$ 12,000.00	\$833.33 - 999.99	600	1.58	2.88	4.95	7.52	10.53	12.29	12.29					
\$ 14,000.00	\$1,000.00 - 1,166.66	700	1.84	3.36	5.78	8.77	12.29	14.33	14.33					
\$ 16,000.00	\$1,166.67 - 1,333.32	800	2.10	3.84	6.60	10.02	14.04	16.38	16.38					
\$ 18,000.00	\$1,333.33 - 1,499.99	900	2.36	4.32	7.43	11.27	15.80	18.43	18.43					
\$ 20,000.00	\$1,500.00 - 1,666.66	1,000	2.63	4.80	8.25	12.53	17.55	20.48	20.48					
\$ 22,000.00	\$1,666.67 - 1,833.32	1,100	2.89	5.28	9.08	13.78	19.31	22.52	22.52					
\$ 24,000.00	\$1,833.33 - 1,999.99	1,200	3.15	5.76	9.90	15.03	21.06	24.57	24.57					
\$ 26,000.00	\$2,000.00 - 2,166.66	1,300	3.41	6.24	10.73	16.28	22.82	26.62	26.62					
\$ 28,000.00	\$2,166.67 - 2,333.32	1,400	3.68	6.72	11.55	17.54	24.57	28.67	28.67					
\$ 30,000.00	\$2,333.33 - 2,499.99	1,500	3.94	7.20	12.38	18.79	26.33	30.71	30.71					
\$ 32,000.00	\$2,500.00 - 2,666.66	1,600	4.20	7.68	13.20	20.04	28.08	32.76	32.76					
\$ 34,000.00	\$2,666.67 - 2,833.32	1,700	4.46	8.16	14.03	21.29	29.84	34.81	34.81					
\$ 36,000.00	\$3,000.00 - 3,166.66	1,800	4.73	8.64	14.85	22.55	31.59	36.86	36.86					
\$ 38,000.00	\$3,166.67 - 3,333.32	1,900	4.99	9.12	15.68	23.80	33.35	38.90	38.90					
\$ 40,000.00	\$3,333.33 - 3,499.99	2,000	5.25	9.60	16.50	25.05	35.10	40.95	40.95					
\$ 42,000.00	\$3,500.00 - 3,666.66	2,100	5.51	10.08	17.33	26.30	36.86	43.00	43.00					
\$ 44,000.00	\$3,666.67 - 3,833.32	2,200	5.78	10.56	18.15	27.56	38.61	45.05	45.05					
\$ 46,000.00	\$3,833.33 - 3,999.99	2,300	6.04	11.04	18.98	28.81	40.37	47.09	47.09					
\$ 48,000.00	\$4,000.00 - 4,166.66	2,400	6.30	11.52	19.80	30.06	42.12	49.14	49.14					
\$ 50,000.00	\$4,166.67 - 4,333.32	2,500	6.56	12.00	20.63	31.31	43.88	51.19	51.19					
\$ 52,000.00	\$4,333.33 - 4,499.99	2,600	6.83	12.48	21.45	32.57	45.63	53.24	53.24					
\$ 54,000.00	\$4,500.00 - 4,666.66	2,700	7.09	12.96	22.28	33.82	47.39	55.28	55.28					
\$ 56,000.00	\$4,666.67 - 4,833.32	2,800	7.35	13.44	23.10	35.07	49.14	57.33	57.33					
\$ 58,000.00	\$4,833.33 - 4,999.99	2,900	6.83	13.92	23.93	36.32	50.90	59.38	59.38					
\$ 60,000.00	\$5,000.00 - 5,166.66	3,000	7.88	14.40	24.75	37.58	52.65	61.43	61.43					
\$ 62,000.00	\$5,166.67 - 5,333.32	3,100	8.14	14.88	25.58	38.83	54.41	63.47	63.47					

GROUP VOLUNTARY LTD MONTHLY PREMIUM ILLUSTRATION FOR

60% Benefit; 180 day Elimination Period; Normal Social Security Retirement Age Benefit Duration

Annual Salary	Monthly Salary From / To	Max Monthly Benefit	Ages									
			0-29	30-39	40-44	45-49	50-54	55-59	60-64			
\$ 64,000.00	\$5,333.33 - 5,499.99	3,200	8.40	15.36	26.40	40.08	56.16	65.52	65.52	65.52	65.52	
\$ 66,000.00	\$5,500.00 - 5,666.66	3,300	8.66	15.84	27.23	41.33	57.92	67.57	67.57	67.57	67.57	
\$ 68,000.00	\$5,666.67 - 5,833.32	3,400	8.93	16.32	28.05	42.59	59.67	69.62	69.62	69.62	69.62	
\$ 70,000.00	\$5,833.33 - 5,999.99	3,500	9.19	16.80	28.88	43.84	61.43	71.66	71.66	71.66	71.66	
\$ 72,000.00	\$6,000.00 - 6,166.66	3,600	9.45	17.28	29.70	45.09	63.18	73.71	73.71	73.71	73.71	
\$ 74,000.00	\$6,166.67 - 6,333.32	3,700	9.71	17.76	30.53	46.34	64.94	75.76	75.76	75.76	75.76	
\$ 76,000.00	\$6,333.33 - 6,499.99	3,800	9.98	18.24	31.35	47.60	66.69	77.81	77.81	77.81	77.81	
\$ 78,000.00	\$6,500.00 - 6,666.66	3,900	10.24	18.72	32.18	48.85	68.45	79.85	79.85	79.85	79.85	
\$ 80,000.00	\$6,666.67 - 6,833.32	4,000	10.50	19.20	33.00	50.10	70.20	81.90	81.90	81.90	81.90	
\$ 82,000.00	\$6,833.33 - 6,999.99	4,100	10.76	19.68	33.83	51.35	71.96	83.95	83.95	83.95	83.95	
\$ 84,000.00	\$7,000.00 - 7,166.66	4,200	11.03	20.16	34.65	52.61	73.71	86.00	86.00	86.00	86.00	
\$ 86,000.00	\$7,166.67 - 7,333.32	4,300	10.50	20.64	35.48	53.86	75.47	88.04	88.04	88.04	88.04	
\$ 88,000.00	\$7,333.33 - 7,499.99	4,400	11.55	21.12	36.30	55.11	77.22	90.09	90.09	90.09	90.09	
\$ 90,000.00	\$7,500.00 - 7,666.66	4,500	11.81	21.60	37.13	56.36	78.98	92.14	92.14	92.14	92.14	
\$ 92,000.00	\$7,666.67 - 7,833.32	4,600	12.08	22.08	37.95	57.62	80.73	94.19	94.19	94.19	94.19	
\$ 94,000.00	\$7,833.33 - 7,999.99	4,700	12.34	22.56	38.78	58.87	82.49	96.23	96.23	96.23	96.23	
\$ 96,000.00	\$8,000.00 - 8,166.66	4,800	12.60	23.04	39.60	60.12	84.24	98.28	98.28	98.28	98.28	
\$ 98,000.00	\$8,166.67 - 8,333.32	4,900	12.86	23.52	40.43	61.37	86.00	100.33	100.33	100.33	100.33	
\$ 100,000.00	\$8,333.33 - 8,499.99	5,000	13.13	24.00	41.25	62.63	87.75	102.38	102.38	102.38	102.38	
\$ 102,000.00	\$8,500.00 - 8,666.66	5,100	13.39	24.48	42.08	63.88	89.51	104.42	104.42	104.42	104.42	
\$ 104,000.00	\$8,666.67 - 8,833.32	5,200	13.65	24.96	42.90	65.13	91.26	106.47	106.47	106.47	106.47	
\$ 106,000.00	\$8,833.33 - 8,999.99	5,300	13.91	25.44	43.73	66.38	93.02	108.52	108.52	108.52	108.52	
\$ 108,000.00	\$9,000.00 - 9,166.66	5,400	14.18	25.92	44.55	67.64	94.77	110.57	110.57	110.57	110.57	
\$ 110,000.00	\$9,166.67 - 9,333.32	5,500	14.44	26.40	45.38	68.89	96.53	112.61	112.61	112.61	112.61	
\$ 112,000.00	\$9,333.33 - 9,499.99	5,600	14.70	26.88	46.20	70.14	98.28	114.66	114.66	114.66	114.66	
\$ 114,000.00	\$9,500.00 - 9,666.66	5,700	14.18	27.36	47.03	71.39	100.04	116.71	116.71	116.71	116.71	
\$ 116,000.00	\$9,666.67 - 9,833.32	5,800	15.23	27.84	47.85	72.65	101.79	118.76	118.76	118.76	118.76	
\$ 118,000.00	\$9,833.33 - 9,999.99	5,900	15.49	28.32	48.68	73.90	103.55	120.80	120.80	120.80	120.80	
\$ 120,000.00	\$10,000.00 - 10,166.66	6,000	15.75	28.80	49.50	75.15	105.30	122.85	122.85	122.85	122.85	

Prepare for the Unexpected . . .

Every 10 minutes, 370 people suffer a disabling injury.

Source: Accident Facts and Figures, National Safety Council, 1996.

If a disabling injury or illness stops you in your tracks, one of your most valuable assets, your income, could stop but your bills will go on (and on)! With Voluntary Group Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance from American Heritage Life, you'll be prepared for the unexpected with flexible, affordable income protection.

Plan Highlights

Your Disability Income Plan lets you select a benefit amount in \$100 increments from a minimum of \$400, up to a maximum of 60% of your earnings.

Short-Term Disability (STD) benefits begin after the STD elimination period (during which you are totally disabled) has been met. Pregnancy and childbirth are covered the same as any other disability. Long-Term Disability (LTD) benefits are payable after the greater of the LTD elimination period (during which you are totally disabled) or the expiration of STD benefits.

Definition of Total Disability

You are totally disabled when American Heritage Life determines that you are unable, due to sickness or injury, to perform all the substantial and material duties of your regular occupation and you are not working in any occupation. After the first 24 months of LTD payments, you are disabled if you are:

1. Not working, and due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience; or 2. Working in any occupation and you continue to have a 20% or more loss in monthly earnings due to your sickness or injury.

Partial Disability

We will continue to pay you a disability benefit after you have received benefits under the STD or LTD plan if you are partially disabled and your disability earnings are less than 80% of pre-disability earnings. Payments will be based on the percentage of income you are losing due to disability.

24 Month Continuation of Coverage

You have the option, if your employment with the policyholder ends, to continue your same group coverage at the current group rates for up to 24 months, provided you've been covered under the employer's Voluntary Group Disability plan with AHL for at least 12 consecutive months and are not retired, disabled, on a leave of absence or covered by any other group disability plan. This continuation is subject to the continuation of the Group Policy.

Exclusions and Limitations

Monthly benefits are reduced by the deductible sources of income listed in the group policy, including, but not limited to, benefits you receive or for which you are eligible to receive under the employer's retirement plan, any state compulsory benefit act or law, other group insurance plan, automobile liability insurance policy, salary continuation or accumulated sick leave plan, Workers Compensation or similar occupational disease law (for LTD only), and Social Security (or other federal disability benefits); however, the monthly benefit will not be reduced to less than \$100.

Your plan does not cover any disabilities caused by, or resulting from (directly or indirectly), your:

1. loss of professional license, occupational license, or certificate; or
2. participation in a felony; or
3. intentionally self-inflicted injuries; or
4. active participation in a riot; or
5. commission of a crime for which you have been convicted under state or federal law; or
6. (for STD only) occupational accident or sickness.

This plan will not cover disability due to war, declared or undeclared, or any act of war. American Heritage Life will not pay a benefit for any period of disability during which the employee is incarcerated. Disabilities due to mental illness, alcoholism, and drug abuse have a limited pay period of up to 24 months from the date of disability.

Pre-Existing Condition Limitations – 12/12 Pre-Existing Condition Limitation for STD.

For LTD - Benefits will not be paid for disabilities that begin within 12 months of the insured's effective date of coverage, if caused by a pre-existing condition, defined as any condition for which the insured received medical treatment, consultation, care, services, or prescribed drugs or medicines in the 12 months just prior to the effective date of coverage. Injury which occurs before you are covered under this plan will be treated as a sickness. Disability must begin while you are covered under this plan. An employee must be actively at work for insurance to become effective. IF YOU DO NOT ENROLL WITHIN 31 DAYS OF YOUR INITIAL ENROLLMENT PERIOD, PROOF OF GOOD HEALTH WILL BE REQUIRED.