# Entertainment Disability Insurance


## FOR

People in the Entertainment Industry

## INCLUDING

- Actors
- Directors
- Producers
- Writers
- Cinematographers
- Art Directors
- Editors Musicians
- Singers
- Dancers
- Stunt Persons
- Special Effects
- Models
- Make-Up Artists
- And Many More

**Offered Exclusively by:**
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# MONTHLY DISABILITY BENEFITS

❑ Personal Disability ❑ Buy-Sell ❑ Buy-In ❑ Overhead Expenses
❑ Key Person ❑ Contract Guarantee ❑ Bank Loan Indemnification

**Monthly Benefits** are payable while Totally Disabled or Residually Disabled, if applicable, beginning the first day following the Elimination Period and for as long as the Benefit Period **for each disability.**

| | BENEFIT | ANNUAL PREMIUM |
|---|---|---|
| MONTHLY BENEFIT AMOUNT | $ _____ | $ _____ |
| ELIMINATION PERIOD | _____ Days | |
| BENEFIT PERIOD | _____ Months | |
| MAXIMUM BENEFIT EACH CLAIM | $ _____ | |
| TERM OF INSURANCE | _____ Year(s) | |
| OPTIONAL RESIDUAL DISABILITY RIDER | | $ _____ |
| OPTIONAL COLA RIDER (CPI) 10% | | $ _____ |
| **TOTAL ANNUAL PREMIUM** | | $ _____ |

**UNDERWRITING REQUIREMENTS:** ❑ Application ❑ Medical Exam ❑ Blood ❑ Urine ❑ EKG ❑ _____

## SPECIAL FEATURES

- **TOTAL DISABILITY** means that due to **sickness or injury you cannot perform the material duties of your regular occupation.** You must be under the regular care of a legally qualified physician.
- **PRESUMPTIVE DISABILITY** benefits will be paid for the maximum benefit period **even if you are able to return to any occupation**. Benefits will be paid should you **lose the use of** both hands, both feet, one hand and one foot, the sight in both eyes, hearing in both ears, or the ability to speak. The medical care requirements and the elimination period will be automatically waived.
- **RECURRENT DISABILITIES** resulting from the same cause or causes are considered a **new claim** with a **new benefit period** if you have returned to your regular occupation, full-time, for six months or longer.
- **TRANSPLANT BENEFIT** means that Total Disability benefits will be paid for disability following surgery **if you donate an organ from your body** to another person. Benefits will be paid as a sickness benefit. This benefit is applicable after the certificate has been in force for six months or longer.

- **RESIDUAL DISABILITY** means that you are engaged in your occupation and **your income is reduced** due to a disability by 20% or more. The benefit will be calculated by multiplying the monthly benefit by the percentage of reduced income compared to the average income from the preceding twelve months at the time of disability.
- **COST OF LIVING ADJUSTMENT (COLA)** will **automatically increase** the monthly benefit amount based upon the Consumer Price Index (CPI), but not to exceed 10% per year.

*This is a brief description of the insurance provided by this plan.*
*The Certificate of Insurance is the complete description of coverage.*

# LUMP SUM DISABILITY BENEFITS

❑ Personal Disability ❑ Buy-Sell ❑ Buy-In ❑ Key Person
❑ Contract Guarantee ❑ Bank Loan Indemnification

**The Principal Sum** is payable after the specified elimination period.

| | BENEFIT | ANNUAL PREMIUM |
|---|---|---|
| BENEFIT AMOUNT | $ _____ | $ _____ |
| ELIMINATION PERIOD | _____ Months | |
| TERM OF INSURANCE | _____ Year(s) | |

**UNDERWRITING REQUIREMENTS:** ❑ Application ❑ Medical Exam ❑ Blood ❑ Urine ❑ EKG ❑ _____

## SPECIAL FEATURES

- **This is not an aggregate policy!** This benefit is payable, **in addition to and not reduced by,** any other disability benefits provided by this or any other plan.
- The **Lump Sum Benefit** may be taken in a **single lump sum or** designed to **PAY LIFETIME BENEFITS** as an annuity of the lump sum.

## CONDITIONS

- You must have been totally disabled for the elimination period and at the end of such period you are determined by competent medical authority to be unable to resume the material duties of your regular occupation and that you have suffered a career-ending disability.
- We reserve the right to have you examined by a physician of our choice. Should your physician and our physician not be able to agree that you are permanently totally disabled, your physician and our physician shall name a third physician to make a decision on the matter which shall be final and binding.
- Disability must result from an injury or sickness which is first diagnosed or incurred and which results in a loss beginning while the certificate is in force.
- This is a **pure own-occupation disability insurance plan.** The plan will automatically terminate if you change your occupation after the certificate is issued, unless you get written acceptance from the Underwriters to agree to cover you in the new occupation.

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# GENERAL INFORMATION

## DEFINITIONS

*Sickness* means disease or illness which is first diagnosed and results in a disability while this Certificate is in force.

*Injury* means accidental bodily injury sustained and which results in a disability while the Certificate is in force.

## SPECIFIED OCCUPATIONS

These plans are Specified Occupation Plans. They will terminate automatically if you change from the occupation in which you were engaged in at the time the plan was issued, unless an agreement has been obtained in writing from the underwriters and any additional premium required by the underwriters has been paid. The sole liability of the underwriters in the event of an occupation change shall be to return on a pro-rata basis any unearned premiums paid for the balance of the plan term.

## TERM OF INSURANCE

These plans are annually renewable or for longer periods of time up to three (3) years in duration or up to five (5) years for contract completion covers. It is contemplated that the plans will be renewed, however, the underwriters reserve the right to refuse to renew or to change the premium rates on renewal. A statement of good health may be required by the underwriters for consideration of renewal.

A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium, during which Grace Period the plan shall continue in force.

Non-renewal by the Insurer will be without prejudice to any claim in connection with a loss commencing while this plan is in force.

This policy does not cover any loss resulting from pregnancy, maternity, suicide or attempted suicide, intentionally self-inflicted injuries while sane or insane, alcoholism, drug addiction, mental or nervous disorders, subjective pain unless supported by objective medical findings as to the cause of the pain, the commission or attempted commission of a criminal or felonious act or serving in the military service of any country except for service in the military reserve of the United States.

War, declared or undeclared, riot or civil insurrection are not covered unless an additional premium has been paid to provide such coverage and the underwriters have accepted this extended risk.

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