

# Loss of Future Earnings Plan

*A Lump Sum Disability Benefit  
up to \$1 Million*



- Professionals
- Medical Students
- Engineers
- Attorneys
- Accountants
- Military Professionals

*Guaranteed Issue  
Available*



**PETERSEN**  
INTERNATIONAL UNDERWRITERS

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# Loss of Future Earnings Disability Plan

## *for Individuals or Groups*

- Covers Accidents and Sicknesses, Worldwide, 24/7/365
- Supplements Any Personal Disability Insurance You Have
- Guaranteed Issue Available for Groups of 5 or More



**This lump sum benefit is payable to you, so YOU can decide how YOU will use it...**



- Annuitize the Benefit to Perpetuate a Living Benefit
- Pay Off or Pay Down Personal or Student Debt
- Pay for Medical Costs Not Covered by Medical Insurance

### Young Professionals

Disability Insurance makes sense, but the amount of coverage you can get is based on what your income is today, not on the substantial increase in income you will soon experience. If you were to become disabled today, the future lifestyle that you have worked so hard for will never be. The Loss of Future Earnings Plan is a solution for this problem.

### Medical Students, Interns, Residents or Fellows

Your income is sure to increase dramatically as you begin to practice, but consider the consequences if you became disabled before you reached your maximum earning potential.

### Military Professionals

Although our government provides you with disability insurance, benefits are only based upon your rank pay. This leaves any other income you may be earning vulnerable. Plus, you will probably be looking at significant increases in income once you enter the private sector.

## THE LOSS OF FUTURE EARNINGS DISABILITY PLAN IS AVAILABLE AT A VERY REASONABLE COST

Individual Monthly Premium

Age / Benefit	\$100,000	\$250,000	\$500,000	\$1,000,000
20 - 29	\$50	\$60	\$122	\$244
30 - 39	\$50	\$76	\$152	\$304
40 - 44	\$50	\$91	\$182	\$364
45 - 49	\$50	\$124	\$249	\$496

\*Please inquire regarding any groups.

# Loss of Future Earnings Disability Plan

## *Guidelines*

### **Individual Coverage:**

The Loss of Future Earnings insurance plan uses a simplified application and underwriting process which is required for individual coverage. Most cases will not require a medical exam, blood or urine. For coverage to become effective, the completed LFE individual application must be submitted to our office, approved by underwriters and the initial premium must be received and accepted by our office.

### **Multi-Life/Group/Association Coverage:**

A custom plan design will be based on a census or association review. Guaranteed issue is available for most multi-life / group / association cases. Online enrollment and online payment options are also available for these programs. Please inquire with our office about your multi-life, group or association plan opportunities.

### **Military Professionals:**

The Loss of Future Earnings insurance plan is limited to military professionals such as physicians, engineers, attorneys and other specialists who are not actively deployed to war zones or combat environments.

### **Policy Features:**

- Pays a lump sum benefit for Permanent Total Disability (PTD)
- Benefit may be tax free depending on who pays the premium
- 12-month waiting period
- True Own Occupation definition
- Waiver of premium after 90 days of disability
- 12/12 pre-existing condition clause
- Maximum benefit limit based on 10x insured's annual income
- Maximum benefit of \$1,000,000 for simplified issue or guaranteed issue
- Higher benefits available with full individual underwriting
- Standardized rate chart applies to individual coverage

# LOSS OF FUTURE EARNINGS DISABILITY INSURANCE - INDIVIDUAL APPLICATION

TO: PETERSEN INTERNATIONAL UNDERWRITERS

Producer #: \_\_\_\_\_

Applicant's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation/Specialty: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Payment Mode: ☐ Annual ☐ Monthly (EFT/CC)

Bill To: ☐ E-mail ☐ Applicant's Address ☐ Other: \_\_\_\_\_

1. Are you actively at work? ☐ Yes ☐ No

*Please provide full details in the space below or attached on a separate sheet if answer is "Yes" for any of the following:*

2. Do you ever engage in hazardous sports or hobbies? ☐ Yes ☐ No

3. Are you a party to any legal proceeding at this time? ☐ Yes ☐ No

4. Are you aware of any fact that could change your occupation or financial stability? ☐ Yes ☐ No

5. Have you ever been convicted of any felony or misdemeanor or do you have any charges pending? ☐ Yes ☐ No

6. Have you or any business of which you had any ownership in filed for bankruptcy in the last 5 years? ☐ Yes ☐ No

7. Have you ever had disability, life, health, or accident insurance declined, postponed, cancelled, rated, or modified, or reinstatement of such refused? ☐ Yes ☐ No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for last visit: \_\_\_\_\_

What was your gross earned income less business expenses, but before taxes from your profession? Current YTD 20\_\_\_\_ Last Year 20\_\_\_\_ Two Years Ago 20\_\_\_\_  
You may include retirement contributions. US\$ \_\_\_\_\_ US\$ \_\_\_\_\_ US\$ \_\_\_\_\_

*Please indicate the amount of coverage that you are applying for.*

Lump Sum Benefit: ☐ 100,000 ☐ 250,000 ☐ 500,000 ☐ 1,000,000

## IT IS UNDERSTOOD AND AGREED:

that all answers to the questions on this application, to the best of my knowledge and belief, are complete and true, that all answers on this application shall form the basis of the issuance of any coverage hereunder, that in the event of any fraud, misstatement, concealment, or failure to disclose information in response to any question on this application, whether intentional or inadvertent, any insurance coverage issued based upon this application may become void, and no benefits shall be payable, and the insurance hereunder applied for shall take effect on the date set forth on the certificate, if issued, provided the first premium and all requirements are received within 31 days of the effective date and there have been no changes to any questions on this application between the date of application and the effective date of the certificate. I have read or had read to me and understand each of the questions and statements on this entire application. No one has prevented me from spending as much time as I felt was necessary to understand this application.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_