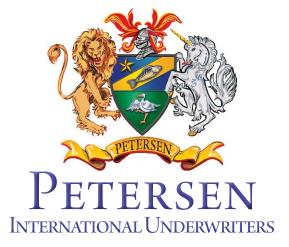
Loss of Future Earnings Plan

A Lump Sum Disability Benefit up to \$1 Million



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

Guaranteed Issue Available



www.piu.org • (800) 345-8816 • piu@piu.org

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 <u>YOU</u> can decide how <u>YOU</u> 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

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Individual	Monthly	Premilim
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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

Applicant's Name:	First		Middl	le	Last _		
							Sex: OMale OFemale
Address:							
	•				-		
					-		
				Length o	of Service:		
Payment Mode:				=			
Bill To:	O E-mail	O Applicant's	3 Address	O Other:			
Are you actively	y at work?						O Yes O No
Please provide fu	ll details in th	ie space below c	or attached o	n a separat	e sheet if answ	ver is "Yes" for	any of the following:
2. Do you ever eng	gage in hazardo	ous sports or hob	obies?				O Yes O No
3. Are you a party	to any legal pr	roceeding at this	time?				O Yes O No
4. Are you aware o	of any fact that	t could change yo	our occupatio	on or financia	ıl stability?		O Yes O No
5. Have you ever b	been convicted	l of any felony or	r misdemeand	or or do you l	have any charg	es pending?	O Yes O No
6. Have you or any	y business of w	vhich you had an	ny ownership	in filed for b	ankruptcy in th	le last 5 years?	O Yes O No
or modified, or i	reinstatement o	life, health, or ac of such refused?					O Yes O No
Personal Physician: Reason for last visit:						e:	
What was your gross e expenses, but before to				Current Y	TD 20 I	Last Year 20	Two Years Ago 20
You may include retire			τ	JS\$	US\$		US\$
	Pl	ease indicate the	e amount of c	coverage that	t you are apply	ving for.	
Lump Sum Benefi		D 100,000	O \$25		\$500,0		\$1,000,000
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to disclose information upon this application m set forth on the certification have been no changes to	the basis of the is a in response to a may become voic cate, if issued, pro to any questions understand each	is application, to the issuance of any correction on the d, and no benefits rovided the first pression this application of the questions.	he best of my koverage hereund his application is shall be payab remium and all on between the and statement	knowledge and der, that in the a, whether inte ble, and the ins I requirements e date of applic	d belief, are come e event of any fragentional or inadvaurance hereunds are received wication and the e	aud, misstatemen vertent, any insur der applied for sh (thin 31 days of tl (ffective date of th	that all answers on this nt, concealment, or failure rance coverage issued based all take effect on the date the effective date and there he certificate. I have read nted me from spending as
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