

January 14, 2021 (Agenda)

Local Agency Formation Commission
105 East Anapamu Street
Santa Barbara CA 93101

Authorization to file Applications for Benefits related to Executive Officer services

Dear Members of the Commission

RECOMMENDATION

It is recommended that the Commission authorize the Executive Officer to file Applications for and Chair to sign for the following benefits related policies for LAFCO employees:

- a. Health Care Benefits from CalPERS with a maximum LAFCO contribution as provided for in the Agreement for Executive Officer Services, dated November 5, 2020;
- b. Disability Insurance from Ameritas for \$365.27 per month; and
- c. Term Life Insurance from Colonial Penn for \$56.46 per month.

DISCUSSION

LAFCO requested participation in CalPERS Health Benefits Program Coverages for eligible employees pursuant to the Executive Officers contract. These medical benefits would be offered to LAFCO employees provided through CalPERS. CalPERS advised the LAFCO Executive Officer that the Health Resolution and Compliance team has confirmed our eligibility for suite of health coverages offered effective April 1, 2021, upon submittal of enrollment forms.

The costs associated with these new medical benefits would be paid by the LAFCO medical contribution allocation with any remaining apportionments covered by the employees wanting to enroll. LAFCO would pay the health benefit program cost with reimbursements from the employee beyond contribution. CalPERS allows for a minimum of one employee, which is why it was selected.

In addition, three proposals were gathered for long-term disability that met the Executive Officer service Agreement. Ameritas offered the lowest rate. Colonial Penn offered the lowest rate as well.

Exhibits

Exhibit A CalPERS Monthly Premiums

Exhibit B Ameritas Quote

Exhibit C Colonial Penn Quote

Please contact the LAFCO office if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "M Prater".

Mike Prater
Executive Officer

2021 CalPERS Health Premiums

For Public Agency and School Members



With more than 50 years' experience purchasing health care benefits for California's public employees, we put our expertise and influence to work delivering access to exceptional health care for you and your family. Our premiums are competitively priced, with a variety of plan choices to help meet your health care needs. The monthly premiums for 2021 reflect our dedication to provide you with high-quality, comprehensive health coverage.

For more information visit our website at www.calpers.ca.gov
or contact us at **888 CalPERS** (or **888-225-7377**).



2021 Basic and Medicare Plan Premiums

BASIC HMO PLANS	Region 1		
	Single	2-Party	Family
Anthem Blue Cross EPO Del Norte	\$935.84	\$1,871.68	\$2,433.18
Anthem Blue Cross Select HMO	925.60	1,851.20	2,406.56
Anthem Blue Cross Traditional HMO	1,307.86	2,615.72	3,400.44
Blue Shield Access+ EPO	1,170.08	2,340.16	3,042.21
Blue Shield Access+ HMO	1,170.08	2,340.16	3,042.21
Blue Shield Trio HMO	880.50	1,761.00	2,289.30
Health Net SmartCare HMO	1,120.21	2,240.42	2,912.55
Kaiser Permanente	813.64	1,627.28	2,115.46
UnitedHealthcare SignatureValue Alliance HMO	941.17	1,882.34	2,447.04
Western Health Advantage HMO	757.02	1,514.04	1,968.25
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$935.84	\$1,871.68	\$2,433.18
PERS Select	566.67	1,133.34	1,473.34
PERSCare	1,294.69	2,589.38	3,366.19
PORAC	799.00	1,725.00	2,199.00

BASIC HMO PLANS	Region 2		
	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$674.69	\$1,349.38	\$1,754.19
Anthem Blue Cross Traditional HMO	1,046.04	2,092.08	2,719.70
Blue Shield Access+ HMO	938.96	1,877.92	2,441.30
Blue Shield Trio HMO	722.56	1,445.12	1,878.66
Health Net Salud y Más HMO	458.66	917.32	1,192.52
Health Net SmartCare HMO	769.11	1,538.22	1,999.69
Kaiser Permanente	669.77	1,339.54	1,741.40
Sharp Performance Plus HMO	632.27	1,264.54	1,643.90
UnitedHealthcare SignatureValue Alliance HMO	723.84	1,447.68	1,881.98
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$783.19	\$1,566.38	\$2,036.29
PERS Select	476.92	953.84	1,239.99
PERSCare	1,115.68	2,231.36	2,900.77
PORAC	749.00	1,499.00	1,960.00

BASIC HMO PLANS	Region 3		
	Single	2-Party	Family
Anthem Blue Cross Select HMO	\$639.10	\$1,278.20	\$1,661.66
Anthem Blue Cross Traditional HMO	984.21	1,968.42	2,558.95
Blue Shield Access+ HMO	834.88	1,669.76	2,170.69
Blue Shield Trio HMO	660.49	1,320.98	1,717.27
Health Net Salud y Más HMO	412.88	825.76	1,073.49
Health Net SmartCare HMO	691.48	1,382.96	1,797.85
Kaiser Permanente	669.84	1,339.68	1,741.58
UnitedHealthcare SignatureValue Alliance HMO	720.89	1,441.78	1,874.31
BASIC PPO PLANS	Single	2-Party	Family
PERS Choice	\$761.23	\$1,522.46	\$1,979.20
PERS Select	459.94	919.88	1,195.84
PERSCare	1,036.07	2,072.14	2,693.78
PORAC	725.00	1,450.00	1,894.00

Out of State			
	Single	2-Party	Family
BASIC HMO PLANS			
Kaiser Out of State <i>(in select areas only)</i>	\$1,040.15	\$2,080.30	\$2,704.39
BASIC PPO PLANS			
PERS Choice	\$760.17	\$1,520.34	\$1,976.44
PERSCare	1,008.08	2,016.16	2,621.01
PORAC	899.00	1,850.00	2,233.00

All Regions			
	Single	2-Party	Family
MEDICARE PLANS			
Anthem Select Medicare Preferred PPO ¹ <i>(not available Out of State)</i>	\$383.37	\$766.74	\$1,150.11
Anthem Medicare Preferred PPO ¹ <i>(not available Out of State)</i>	383.37	766.74	1,150.11
Kaiser Permanente Senior Advantage ²	324.48	648.96	973.44
Kaiser Permanente Senior Advantage - Out of State <i>(in select areas only)</i>	317.48	634.96	952.44
UnitedHealthcare Group Medicare Advantage PPO ³	311.56	623.12	934.68
PERS Choice Medicare Supplement PPO	349.97	699.94	1,049.91
PERS Select Medicare Supplement PPO <i>(not available Out of State)</i>	349.97	699.94	1,049.91
PERSCare Medicare Supplement PPO	381.25	762.50	1,143.75
PORAC Medicare Supplement PPO	513.00	1,022.00	1,635.00
Sharp Direct Advantage PPO ⁴ <i>(San Diego County only)</i>	244.39	488.78	733.17

¹ Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.

² Dental benefit is an additional \$15.05 per member per month. The plan will bill you directly for this amount.

³ Dental and Vision coverage is an additional \$25.55 per member per month. The plan will bill you directly for this amount.

⁴ Dental benefit is an additional \$12.00 per member per month. The plan will bill you directly for this amount.

Public agency and school health regions by county

Region 1

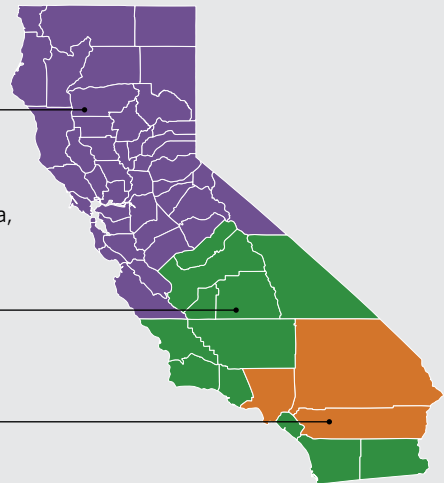
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba

Region 2

Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura

Region 3

Los Angeles, Riverside, and San Bernardino



Plan type definitions

HMO Plan

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

PPO Plan

A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher coinsurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain coinsurance amount and the plan pays the balance up to the allowable amount.

2021 Combination Plan Premiums

A combination plan means at least one family member is enrolled in a Basic health plan and at least one family member is enrolled in a Medicare health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

	Medicare Subscriber +			Basic Subscriber +		
	1 Basic Dependent	2+ Basic Dependents	1+ Basic & 1 Medicare Dependent	1 Medicare Dependent	2+ Medicare Dependents	1 Basic & 1+ Medicare Dependent
BASIC HMO + MEDICARE PLANS						
Region 1						
Anthem Del Norte and Medicare Preferred	\$1,285.81	\$1,847.31	\$1,261.44	\$1,285.81	\$1,635.78	\$1,847.31
Anthem HMO Select and Medicare Preferred ¹	1,308.97	1,864.33	1,322.10	1,308.97	1,692.34	1,864.33
Anthem HMO Traditional and Medicare Preferred ¹	1,691.23	2,475.95	1,551.46	1,691.23	2,074.60	2,475.95
Kaiser Permanente and Senior Advantage ²	1,138.12	1,626.30	1,137.14	1,138.12	1,462.60	1,626.30
UnitedHealthcare and Medicare Advantage ³	1,252.73	1,817.43	1,187.82	1,252.73	1,564.29	1,817.43

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,285.81	\$1,847.31	\$1,261.44	\$1,285.81	\$1,635.78	\$1,847.31
PERS Select and Medicare Supplement	916.64	1,256.64	1,039.94	916.64	1,266.61	1,256.64
PERSCare and Medicare Supplement	1,675.94	2,452.75	1,539.31	1,675.94	2,057.19	2,452.75
PORAC and Medicare Supplement	1,439.00	1,913.00	1,496.00	1,308.00	1,825.00	1,782.00

BASIC HMO + MEDICARE PLANS						
Region 2						
Anthem HMO Select and Medicare Preferred	\$1,058.06	\$1,462.87	\$1,171.55	\$1,058.06	\$1,441.43	\$1,462.87
Anthem HMO Traditional and Medicare Preferred ¹	1,429.41	2,057.03	1,394.36	1,429.41	1,812.78	2,057.03
Kaiser Permanente and Senior Advantage ²	994.25	1,396.11	1,050.82	994.25	1,318.73	1,396.11
Sharp Performance Plus and Direct Advantage ⁴	876.66	1,256.02	868.14	876.66	1,121.05	1,256.02
UnitedHealthcare and Medicare Advantage ³	1,035.40	1,469.70	1,057.42	1,035.40	1,346.96	1,469.70

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,133.16	\$1,603.07	\$1,169.85	\$1,133.16	\$1,483.13	\$1,603.07
PERS Select and Medicare Supplement	826.89	1,113.04	986.09	826.89	1,176.86	1,113.04
PERSCare and Medicare Supplement	1,496.93	2,166.34	1,431.91	1,496.93	1,878.18	2,166.34
PORAC and Medicare Supplement	1,326.00	1,810.00	1,557.00	1,321.00	1,775.00	1,805.00

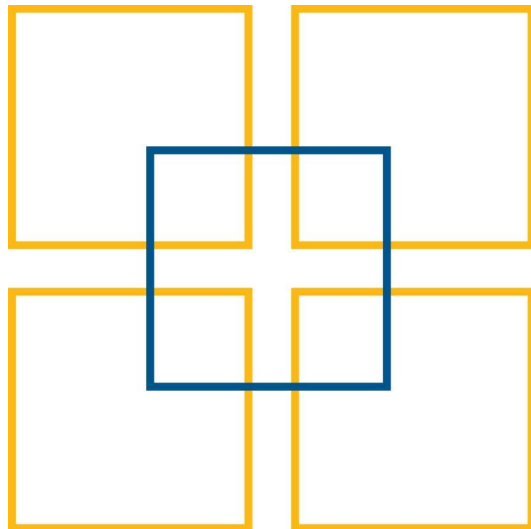
BASIC HMO + MEDICARE PLANS						
Region 3						
Anthem HMO Select and Medicare Preferred	\$1,022.47	\$1,405.93	\$1,150.20	\$1,022.47	\$1,405.84	\$1,405.93
Anthem HMO Traditional and Medicare Preferred ¹	1,367.58	1,958.11	1,357.27	1,367.58	1,750.95	1,958.11
Kaiser Permanente and Senior Advantage ²	994.32	1,396.22	1,050.86	994.32	1,318.80	1,396.22
UnitedHealthcare and Medicare Advantage ³	1,032.45	1,464.98	1,055.65	1,032.45	1,344.01	1,464.98

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,111.20	\$1,567.94	\$1,156.68	\$1,111.20	\$1,461.17	\$1,567.94
PERS Select and Medicare Supplement	809.91	1,085.87	975.90	809.91	1,159.88	1,085.87
PERSCare and Medicare Supplement	1,417.32	2,038.96	1,384.14	1,417.32	1,798.57	2,038.96
PORAC and Medicare Supplement	1,274.00	1,793.00	1,593.00	1,268.00	1,847.00	1,678.00

BASIC HMO + MEDICARE PLANS						
Out of State						
Kaiser Permanente and Senior Advantage Out of State	\$1,357.63	\$1,981.72	\$1,259.05	\$1,357.63	\$1,675.11	\$1,981.72

BASIC PPO + MEDICARE PLANS						
PERS Choice and Medicare Supplement	\$1,110.14	\$1,566.24	\$1,156.04	\$1,110.14	\$1,460.11	\$1,566.24
PERSCare and Medicare Supplement	1,389.33	1,994.18	1,367.35	1,389.33	1,770.58	1,994.18
PORAC and Medicare Supplement	1,412.00	1,837.00	1,395.00	1,412.00	1,925.00	1,781.00

¹ Dental and Vision coverage is an additional \$38.00 per member per month. The plan will bill you directly for this amount.
² Dental benefit is an additional \$15.05 per member per month. The plan will bill you directly for this amount.
³ Dental and Vision coverage is an additional \$25.55 per member per month. The plan will bill you directly for this amount.
⁴ Dental benefit is an additional \$12.00 per member per month. The plan will bill you directly for this amount.



Disability Income insurance provides a solid foundation for your financial future. It can help protect against the unexpected while ensuring your future.

Dinamic Foundation

Noncancelable

Disability Income Insurance

Presented to

Michael Prater

Presented by

Susan Polk CLU, ChFC, RHU
1443 Marsh St.
CA 93401
(805) 544-6454

Prepared on

December 15, 2020

DINAMIC FOUNDATION

Disability Income Insurance Summary Illustration Noncancelable and Guaranteed Renewable

Designed for: Michael Prater
Rates: Male, Non Tobacco
Occupation Class: 6A (Preferred Occ)
Issue Age: 47

Prepared by: Susan Polk CLU, ChFC, RHU
Prepared on: 12-15-2020
Issue State: California
Premium: Level

Policy Information	Amount	Annual Premium
Base Monthly Benefit	\$7,900	\$4,462.02
Elimination Period: 90 Days		
Maximum Benefit Period: To Age 67		
Base includes Enhanced Partial Disability Benefit		
Total Monthly Benefit	\$7,900	\$4,462.02
Potential Annual Base Benefit (\$7,900.00 x 12 months) =	\$94,800	
*Potential Cumulative Base Benefit (\$7,900.00 x 12 months x 20 years) =	\$1,896,000	

Definition of Disability: Own Occupation and Not Working for the length of the benefit period

Base Policy Features

Nondisabling Injury Benefit	\$3,000	No Charge
COBRA Premium Benefit		No Charge
Survivor Benefit		No Charge
Good Health Benefit		No Charge
Presumptive Total Disability		No Charge
Surgical Transplant Benefit		No Charge
Cosmetic Surgery Benefit		No Charge
Rehabilitation		No Charge
Waiver of Premium		No Charge

Optional Riders Selected

Automatic Increase Rider (AIR)		No Charge
--------------------------------	--	-----------

Premium Adjustment

Premium Before Adjustment	\$4,462.02
Preferred Occupational Premium**	\$4,240.91

Total Annual Premium

Semi-Annual	\$2,165.48
Quarterly	\$1,105.24
Monthly	\$365.27

*This assumes a maximum potential payout if you are totally disabled for the entire benefit period. Actual benefits will vary based on certain factors, such as age at disability and riders selected.

** Must meet requirements including use of EZ App process to qualify for Preferred Occupational Premium.

This is an illustration and not a contract



DINAMIC FOUNDATION

Disability Income Insurance Summary Illustration Noncancelable and Guaranteed Renewable

Designed for: Michael Prater
Rates: Male, Non Tobacco
Occupation Class: 6A (Preferred Occ)
Issue Age: 47

Prepared by: Susan Polk CLU, ChFC, RHU
Prepared on: 12-15-2020
Issue State: California
Premium: Level

Automatic Increase Rider

AIR Increased Benefits and Premiums

Age	Base Monthly Benefit	Annual Premium
47	7,900	\$4,240.91
48	8,220	\$4,419.40
49	8,540	\$4,605.48
50	8,860	\$4,798.52
51	9,180	\$4,998.67
52	9,500	\$5,205.12

Automatic Increase Rider: This rider is designed to provide for a 4% simple automatic increase in your Base Monthly Benefit, on each policy anniversary, for up to five years. This increase will be made without evidence of insurability and will also apply to the Residual and Cost of Living Adjustment riders (if part of your policy). Declining an increase forfeits your right to future increases.

This is an illustration and not a contract



Policy Information

Thank you for considering Ameritas Life Insurance Corp. for your disability income insurance needs. We believe there is no better way to protect against the financial devastation a disability could cause you and your family. To help you better understand how your Ameritas Life Disability Income Insurance policy can work for you, we have described below the key features and options of your policy. If you have questions about what these features mean to you, contact your agent or call our home office toll-free at 1-800-319-6901.

Noncancelable/Guaranteed Renewable to Age 65: Until you reach age 65, your policy cannot be canceled, premiums cannot be increased, and restrictions cannot be added, as long as you continue paying premiums as due.

Conditionally Renewable for Life: You may renew this policy on each policy anniversary after age 65 for life if you are actively working at least 30 hours each week, you are not receiving a benefit under this policy or any attached rider, and the policy is in force with no premiums in default. When renewing your policy, you will need to submit documentation of your current income and pay the premium due for your age at that time.

Base Monthly Benefit: We will pay the Base Monthly Benefit for each month you are totally disabled, under the terms of the policy, due to accident or sickness. Benefits begin after you satisfy the elimination period. Benefits continue as long as you remain totally disabled or to the end of the benefit period you select, if sooner.

Own Occupation and Not Working for the Length of the benefit period (NW): Total Disability or Totally Disabled means that as a result of sickness or injury, you are not able to perform with reasonable continuity the substantial and material acts necessary to perform your usual occupation in the usual and customary way, and you choose not to work at any occupation. If you choose to work at any job, you will not be considered totally disabled under this policy, but you may qualify for partial disability benefits.

Usual occupation means the occupation or occupations that you were engaged in, based on the duties you were performing for wage or profit, at the time disability began. If you are not employed at the time of disability, your occupation means any occupation you are able to perform based on your education, training and experience.

If you are a physician or dentist and have limited your duties to the performance of the usual and customary functions of a specific, professionally recognized medical or dental specialty, we will consider that specialty your occupation.

Enhanced Partial Disability Benefit: We will pay you a partial benefit while you are partially disabled if you are not totally disabled and while working in an occupation, as a result of sickness or injury, your loss of monthly earnings is more than 15% of your prior monthly earnings. **Recovery Benefit** - We will still consider you partially disabled if you have recovered from a sickness or injury that caused a partial disability and you continue to have a loss of monthly earnings of at least 15% due to that disability.

Waiving Physician's Care: While you are disabled, you must be under the regular care and treatment of a physician appropriate for the condition causing disability. We will waive this requirement, if, in the opinion of that physician, continued medical treatment will not improve your condition.

This is an illustration and not a contract



Successive Periods of Disability: Successive periods of disability will be considered, as one period if: (a) they are caused by the same or related conditions, (b) they are separated by less than 365 days, and (c) each begins while the policy is in force. The elimination period and benefit period will not restart.

Exceptions and Limitations: Benefits will not be paid: (a) for a disability caused or contributed by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months, (b) for a disability resulting from an intentionally self-inflicted injury, (c) for sickness; injury or disability resulting from committing or attempting to commit a felony or engaging in an illegal occupation, (d) for normal pregnancy or childbirth until you have been disabled for 90 days, (e) for more than 60 months during the lifetime of the policy for disability caused by a mental/nervous disorder and/or being under the influence of any controlled substance or alcohol; or (f) for more than 12 months during the lifetime of the policy, if you reside outside of the United States.

Pre-Existing Condition Limitation: During the first 24 months following the *issue date* of the policy, we will pay benefits for disabilities resulting from a pre-existing condition, only if that condition is: (a) fully disclosed and not misrepresented in the policy's application; and (b) not specifically excluded by name or specific description.

Base Policy Features

Nondisabling Injury Benefit: If you suffer an injury requiring medical treatment prescribed by a physician or the repair to natural teeth prescribed by a dentist, we will pay the expense of such treatment, not to exceed the lesser of 50% of the base benefit or \$3,000. (Not available for Colorado, Connecticut, Maryland or Massachusetts.)

COBRA Premium Benefit: If, you become unemployed due to a disability and, as a result, you are paying COBRA medical coverage premiums, we will reimburse you for those premiums up to \$1,000 a month, beginning with the first premium due after you satisfy the elimination period of this policy but not to exceed 18 months. Reimbursement is also available if continuing your employer-group medical plan under the provisions of a state continuation plan. We will not pay more than 100% of the COBRA premium expense incurred monthly, under all policies.

Survivor Benefit: Should you die after satisfying the elimination period and while monthly disability benefits are being paid under the policy, we will pay an additional three months of Base Monthly Benefit to your designated beneficiary, if any, otherwise to your estate.

Good Health Benefit: For every consecutive policy year you complete without receiving any benefits under the policy, we will reduce the elimination period by two days. In no case will the elimination period be reduced to less than 30 days.

Presumptive Total Disability: You will be considered totally disabled if you sustain the complete loss of hearing in both ears, sight in both eyes, speech, or the use of any two limbs. The elimination (waiting) period will be waived, and benefits will be payable for as long as the presumptive disability continues, even if you are working in an occupation. The loss does not need to be permanent or irrecoverable.

Surgical Transplant Benefit: After your policy has been in force for 6 months, if a part of your body is transplanted into another person's body and as a result you become totally disabled, we will pay benefits as if the disability was due to a sickness, except that we will waive the elimination period.

This is an illustration and not a contract



Cosmetic Surgery Benefit: If a total disability results from cosmetic surgery to correct a disfigurement or to improve your appearance, we will consider you Totally Disabled due to sickness, provided the cosmetic surgery occurs more than six months after the issue date of the policy.

Rehabilitation: You can participate in an occupational rehabilitation program without being considered "recovered" from your disability. Moreover, if we approve the program, we will pay for the reasonable expense of the program, subject to our mutual agreement in writing.

Waiver of Premium: After 90 days and once a claim is approved, we will begin waiving premiums for as long as you are disabled - even beyond the benefit period. We will refund the premiums paid during the elimination period.

Riders

Automatic Increase Rider: This rider is designed to provide for a 4% simple automatic increase in your Base Monthly Benefit, on each policy anniversary, for up to five years. This increase will be made without evidence of insurability and will also apply to the Residual and Cost of Living Adjustment riders (if part of your policy). Declining an increase forfeits your right to future increases.

This is an illustration and not a contract



DINAMIC FOUNDATION

Disability Income Insurance Summary Illustration Noncancelable and Guaranteed Renewable

Designed for: Michael Prater
Rates: Male, Non Tobacco
Occupation Class: 6A (Preferred Occ)
Issue Age: 47

Prepared by: Susan Polk CLU, ChFC, RHU
Prepared on: 12-15-2020
Issue State: California
Premium: Level

Premium Alternatives

Definition of Disability: Own Occupation and Not Working for the length of the benefit period

	5 Yr Benefit	10 Yr Benefit	To Age 65	To Age 67	To Age 70
30 Days	\$4,966.09				
Base Policy*	\$4,966.09	N/A	N/A	N/A	N/A
Automatic Increase	N/A	N/A	N/A	N/A	N/A
60 Days	\$4,053.30				
Base Policy*	\$4,053.30	N/A	N/A	N/A	N/A
Automatic Increase	N/A	N/A	N/A	N/A	N/A
90 Days	\$2,807.47	\$3,552.34	\$3,934.17	\$4,240.91	\$5,489.58
Base Policy*	\$2,807.47	\$3,552.34	\$3,934.17	\$4,240.91	\$5,489.58
Automatic Increase	N/A	N/A	N/A	N/A	N/A
180 Days	\$2,337.47	\$2,955.69	\$3,271.84	\$3,527.01	\$4,561.76
Base Policy*	\$2,337.47	\$2,955.69	\$3,271.84	\$3,527.01	\$4,561.76
Automatic Increase	N/A	N/A	N/A	N/A	N/A
365 Days	\$1,992.25	\$2,518.53	\$2,786.83	\$3,003.55	\$3,884.43
Base Policy*	\$1,992.25	\$2,518.53	\$2,786.83	\$3,003.55	\$3,884.43
Automatic Increase	N/A	N/A	N/A	N/A	N/A
730 Days		\$2,246.48	\$2,485.70	\$2,678.95	\$3,462.29
Base Policy*	N/A	\$2,246.48	\$2,485.70	\$2,678.95	\$3,462.29
Automatic Increase	N/A	N/A	N/A	N/A	N/A

The options shown above reflect changes in the base benefit and elimination period only. However, the SIS elimination period will never be less than the base elimination period and reflects the elimination period shown on the Summary Page.

* Partial is built-in to the Base policy.

This is an illustration and not a contract



Requirements for Preferred Occupational Premium

6A, 5A, 4A Occupations

- Must use EZ App process
- Ages 60 and under

EZ App Teleunderwriting with Simplified Requirements

EZ App is an effective alternative to the traditional application process. The EZ App process reduces underwriting time, eliminates redundant medical history and lifestyle questions, and can simplify or eliminate the financial and medical requirements that are part of the traditional application process. All of the lifestyle and medical history questions are asked by a skilled professional interviewer over the phone.

Medical Requirements

Ages	Benefit*	Requirement**
18 - 45	Up to \$6,000	TUI
	\$6,001+	TUI, Mini-Exam
46 - 64	Up to \$2,500	TUI
	\$2,501+	TUI, Mini-Exam

* To determine medical requirements, add any of the following as applicable (applied for and in force with Ameritas including GSI):

- Base DI monthly benefit
- Base BOE monthly benefit
- Social Insurance Substitute (SIS) benefit
- Business Loan Repayment Rider monthly benefit

** TUI - Teleunderwriting interview. Mini-Exam includes blood, urine, height, weight, blood pressure and pulse readings. Medical questions are not included in the mini-exam since they are asked during the teleunderwriting phone interview.

Financial Requirements

Financial Documentation Summary – Individual DI					
		Ownership			
Amount*	Employee	Sole Proprietor	Partnership	S-Corp	C-Corp**
\$5,000 or less	Not Required	Schedule C	W-2 and Schedule E or K-1	W-2 and Schedule E or K-1	W-2 and 1120
\$5,001 - \$7,500	Paystub or W-2	Schedule C	W-2 and Schedule E or K-1	W-2 and Schedule E or K-1	W-2 and 1120
\$7,501 - \$14,999	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules)	Complete 1040 (All Schedules) and 1120
\$15,000 and up	2 yrs. complete 1040 (All Schedules)	2 yrs. complete 1040 (All Schedules)	2 yrs. complete 1040 (All Schedules)	2 yrs. complete 1040 (All Schedules)	2 yrs. complete 1040 (All Schedules) and 1120
* Applied for and in force with all companies. All joint returns require a copy of the applicant's W2(s).					
** Form 1120 is not required if applicant owns 20% or less of the C-Corp.					

Reminder, the financial information section of the application must always be completed.

To expedite the underwriting process, please submit an illustration of the desired plan design with the application.

In approved states, Dlnamic Foundation (forms 4501NC, 4502GR and 4503NCBOE) is issued by Ameritas Life Insurance Corp. In New York, Dlnamic Foundation (forms 5501-NC, 5502-GR and 5503NCBOE) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

This information is provided by Ameritas®, which is a marketing name for subsidiaries of Ameritas Mutual Holding Company, including, but not limited to: Ameritas Life Insurance Corp., 5900 O Street, Lincoln, Nebraska 68510 and Ameritas Life Insurance Corp. of New York, (licensed in New York) 1350 Broadway, Suite 2201, New York, New York 10018. Each company is solely responsible for its own financial condition and contractual obligations. For more information about Ameritas®, visit ameritas.com.

Ameritas® and the bison design are registered service marks of Ameritas Life Insurance Corp. Fulfilling life® is a registered service mark of affiliate Ameritas Holding Company.
© 2020 Ameritas Mutual Holding Company

This is an illustration and not a contract



DINAMIC FOUNDATION

Disability Income Insurance Summary Illustration Noncancelable and Guaranteed Renewable

Designed for: Michael Prater

Rates: Male, Non Tobacco

Occupation Class: 6A

Issue Age: 47

Prepared by: Susan Polk CLU, ChFC, RHU

Prepared on: 12-15-2020

Issue State: California

Premium: Level

Agent License Notice

California requires all illustrations to include the license number of the representative providing this illustration to you. This proposal is presented by:

Representative: Susan Polk CLU, ChFC, RHU

License number: .

Disability Loss Ratio Notice

As required by the state of California, we are providing you with our loss ratio for our disability insurance products. Our loss ratio for 2019 was 56%. A loss ratio is defined as the ratio of incurred claims to earned premiums.

If you have any questions or concerns regarding this notice or any of our disability insurance products please contact your Ameritas sales development team at 1-800-319-6903.

Liability Release

I, _____, (the client), acknowledge that _____ (the agent) has advised me of the potential loss of income I would suffer in the event of a physical or mental disability. The agent has recommended that I purchase a disability income insurance policy in order to protect myself from this potential loss.

I have elected not to purchase a disability income policy at this time and will self-insure this exposure. I do not expect the agent to contact me in the future regarding the purchase of a disability income policy. I agree to contact the agent and/or another insurance professional if I decide to consider the purchase of disability income coverage in the future.

I understand all the consequences associated with not purchasing a policy at this time. These include but are not limited to, the loss of disability benefits that may have been paid (tax free) by the insurance company, as well as the future underwriting requirements that must be satisfied at such time an application is submitted.

Date

X _____
(Client)

Date

X _____
(Agent)

This is an illustration and not a contract





Start New Quote

Renewable Term Life Insurance

Learn About The Plan

mike, this life insurance quote is for you.

Male, 47 years old, California

What you told us about yourself helped us generate this quote.

Review Your Basic Details

Customize Your Requested Policy Coverage

Renewable Term Life Insurance

Select Your Coverage Amount

\$50,000 (+\$56.46)

Coverage for the years you think you'll need it most. It's renewable up to age 90.

[Pricing and Terms](#)

Learn More

Apply Today Update My Quote

BACK TO TOP

Your Policy Quote

Renewable Term Life Insurance

Base Plan Coverage	for	Total Monthly Premium
\$50,000		\$56.46

Apply Today

View Full Quote

Did you know this plan comes with a **30 day try-it-on period?**

This trial period lets you try a plan and cancel for a full refund if it doesn't meet your needs.

Administrative Office

Colonial Penn Life Insurance Co.
399 Market Street
Philadelphia, PA 19106

Contact Information

Sales: 877-877-8052
Service: 800-523-9100
Mon - Fri: 8:30 a.m. - 10 p.m. ET
Sat: 9 a.m. - 5 p.m. ET

Engage With Us



Chat With A Specialist