



# AMERICAN SENTINEL INSURANCE COMPANY

HARRISBURG, PA

## TOTAL DISABILITY INCOME PROTECTION

### OUTLINE OF COVERAGE

**READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of some important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail, the rights and obligations of both you and The American Sentinel Insurance Company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

**TOTAL DISABILITY INCOME PROTECTION COVERAGE.** This category of coverage is designed to provide, to persons insured, benefits for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Benefits are not provided for basic hospital, basic medical-surgical, or major medical expenses.

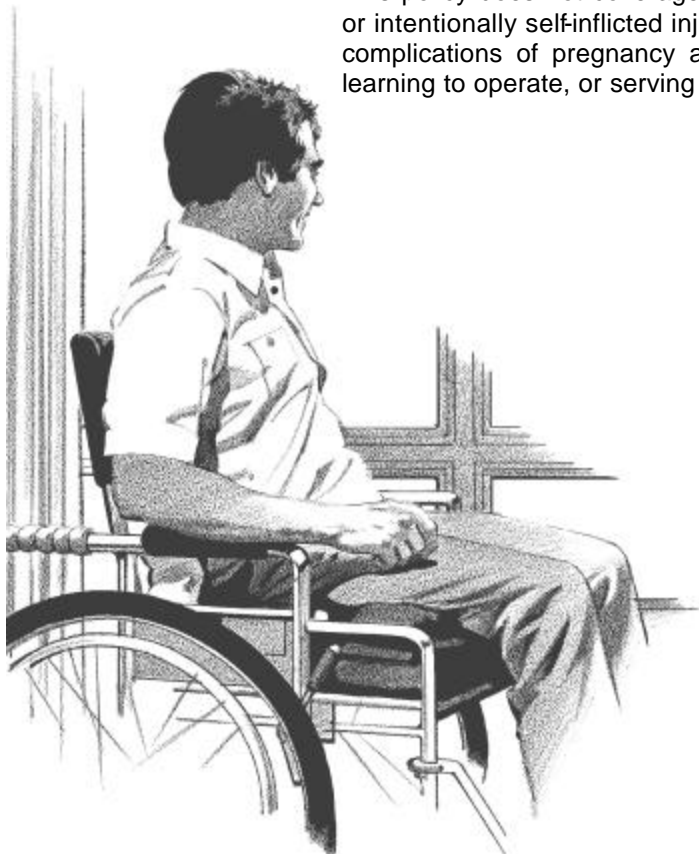
#### **BENEFITS OF THIS POLICY.**

This policy will pay the monthly income benefit selected below when you are **TOTALLY** disabled. **TOTAL** disability means you cannot perform substantial and material duties of your regular occupation, and you are under the care of a Physician.

Policy pays a monthly income of \$\_\_\_\_\_ for a covered accident beginning on the \_\_\_\_\_ day of total disability and a monthly income of \$\_\_\_\_\_ for a covered sickness beginning on the \_\_\_\_\_ day of total disability. Benefit is payable for as long as \_\_\_\_\_.

#### **EXCLUSIONS**

This policy does not coverage loss caused by (1) declared war or any enemy action; (2) suicide or intentionally self-inflicted injuries; (3) pregnancy, childbirth, miscarriage or abortion except that complications of pregnancy are covered as any other sickness or disease; or (4) operating, learning to operate, or serving as a member of a crew of an aircraft.



#### **RENEWABILITY OF THIS POLICY.**

This policy is guaranteed renewable to the premium due date on or next following the Insured's 65<sup>th</sup> birthday. The Company reserves the right to modify its premium rates applicable to policies of the same class. In the event of a change in premium rates, such change shall be made only on a class basis and the original insuring age of the Insured shall be used in determining the premium in accordance with the new rates. Any rate change shall be implemented on a policy anniversary date. As long as the policy continues in force, the Company shall not have the right to place any restrictive riders thereon with respect to coverage already in force.

**ANNUALLY**\$ \_\_\_\_\_  
**SEMI-ANNUALLY**\$ \_\_\_\_\_  
**QUARTERLY**\$ \_\_\_\_\_

Outline of Coverage-Policy Form D-81

Form D81OC (96)  
04/06

**AMERICAN SENTINEL INSURANCE COMPANY**

**HARRISBURG, PA**

**OCCUPATIONAL CLASSIFICATIONS**

<p><b>A</b></p> <p>Accountant..... 1</p> <p>Actor, actress – no acrobatics..... 2</p> <p>Athlete refer to H.O..... X</p> <p>Architect..... 2</p> <p>Artist – commercial, cartoonist, designer, or illustrator..... 1</p> <p>Attorney..... 1</p> <p>Auditor..... 1</p> <p>Automobile Salesman, dealer, or accessory merchant..... 3</p> <p><b>B</b></p> <p>Baker..... 3</p> <p>Barber..... 2</p> <p>Bartender..... 3</p> <p>Beautician..... 2</p> <p>Bricklayer..... 4</p> <p>Broker..... 1</p> <p>Butcher..... 3</p> <p><b>C</b></p> <p>Carpenter..... 4</p> <p>Cashier (only)..... 1</p> <p>Chemist..... 2</p> <p>Cleaner, dyer..... 3</p> <p>Clergy..... 1</p> <p>Collector of Accounts..... 2</p> <p>Contractor..... 4</p> <p>Cook..... 3</p> <p><b>D</b></p> <p>Day Care Provider..... 2</p> <p>Decorator..... 2</p> <p>Dentist, dental lab worker..... 2</p> <p>Detective..... 3</p> <p>Doctor..... 2</p> <p>Dog Groomer..... 3</p> <p>Domestic help – butler, maid, cook, caretaker, housekeeper, chauffeur, etc..... 2</p> <p>Driver – bus, coach, taxi or truck..... 3</p> <p>Druggist..... 2</p> <p><b>E</b></p> <p>Electrician..... 3</p> <p>Engineer..... 2</p> <p>Office duties only..... 1</p> <p><b>F</b></p> <p>Farmer..... 4</p> <p>Fireman..... 4</p> <p>Florist..... 3</p> <p>Funeral Director..... 2</p> <p>Furrier..... 3</p>	<p><b>G</b></p> <p>Garage Employees – Mechanic and all others..... 3</p> <p>Gardener..... 3</p> <p>Geologist – field work, no mining..... 2</p> <p>Glazier..... 3</p> <p>Golf course – caretaker..... 3</p> <p>Instructor, proprietor of driving range..... 2</p> <p>Grocer..... 2</p> <p><b>H</b></p> <p>Hotel – manager, proprietor, waiter, waitress, bellboy, operator, housekeeper..... 3</p> <p><b>I</b></p> <p>Inspector – bank, building, credit, food, drug, etc..... 2</p> <p>Heavy work – iron, bridge structure, telephone, telegraph pole or wire work..... 4</p> <p><b>J</b></p> <p>Janitor..... 3</p> <p>Junk dealer..... 4</p> <p><b>L</b></p> <p>Laborer..... 4</p> <p>Labor union official..... 3</p> <p>Landscaper..... 3</p> <p>Laundry-workers..... 3</p> <p>Letter carrier..... 4</p> <p><b>M</b></p> <p>Machinist..... 4</p> <p>Mason..... 4</p> <p>Masseur..... 3</p> <p>Merchant or clerk..... 2</p> <p>Musician, music teacher..... 2</p> <p><b>N</b></p> <p>Newspaper – editor, reporters, publisher..... 2</p> <p>Nurse..... 3</p> <p><b>O</b></p> <p>Oculist, optometrist..... 2</p> <p>Office personnel – executive, clerk, salesman, lawyer, accountant (office and travel duties; no delivering)..... 1</p>	<p><b>P</b></p> <p>Painter (house)..... 4</p> <p>Pawnbroker..... 2</p> <p>Photographer..... 2</p> <p>Plumber..... 4</p> <p>Police..... 3</p> <p>Postmaster..... 1</p> <p>All other postal employees..... 4</p> <p>Printer – photograph, lithography or engraving..... 2</p> <p>Produce broker..... 2</p> <p><b>R</b></p> <p>Radio, TV – Salesman, dealer; no repair and no installation..... 2</p> <p>Repairman..... 3</p> <p>TV Installation..... 3</p> <p>Radiographer/X-ray Tech..... 2</p> <p>Realtor..... 2</p> <p>Respiratory Therapist..... 2</p> <p>Restaurant – employees..... 2</p> <p>Roofer..... 4</p> <p><b>S</b></p> <p>Salesman – office and travel duties; no delivering..... 1</p> <p>Sculptor..... 3</p> <p><b>T</b></p> <p>Tailor..... 2</p> <p>Teacher – classroom instruction of all kinds except physical training, trade instructor..... 1</p> <p>Physical training, trade instructor... 2</p> <p>Television, radio, motion pictures - manager, announcer, producer..... 2</p> <p>Stagehand..... 4</p> <p>Trucker..... 3</p> <p><b>U</b></p> <p>Undertaker – mortician, embalmer, funeral director..... 2</p> <p>Upholsterer..... 3</p> <p><b>V</b></p> <p>Veterinarian..... 3</p> <p><b>W</b></p> <p>Welder..... 4</p>
---	---	--

	<b><u>Minimum Amounts</u></b>	<b><u>Maximum Amounts</u></b>
Class 1 & 2	300/MOS	UP TO 1,500/MOS
Class 3	300/MOS	UP TO 1,200/MOS
Class 4	300/MOS	UP TO 1,000/MOS

Total Disability Benefits from this and all other policies carried or applied for by the applicant shall not exceed 70% of average monthly income from applicant's occupation.

Semi-annual rate – Add 1.00 and divide by 2; Quarterly rate – add 2.00 and divide by 4; Monthly rate – add 12.00 and divide by 12. Monthly billing requires two months advance premium and automatic check withdrawal. Please request an ACH Form.

Where there is any question as to the proper classification, contact the Home Office.  
FORM D81OL (06)

**ACCIDENT AND SICKNESS**

**Annual Premium Rates for Policy Form D81  
Disability Income per \$100 Monthly Benefit**

**6 Month Accident – 6 Month Sickness**

<u>Issue Age</u>	<u>Elimination Period</u>	<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>	<u>Class 4</u>
18-25	0-15	\$25.49	\$33.14	\$40.78	\$50.98
	30-30	19.49	25.34	31.18	38.98
	60-60	16.49	21.44	26.38	32.98
26-35	0-15	32.75	42.58	52.40	65.50
	30-30	25.75	33.48	41.20	51.50
	60-60	22.75	29.58	36.40	45.50
36-45	0-15	42.03	54.64	67.25	84.06
	30-30	34.03	44.24	54.45	68.06
	60-60	30.03	39.04	48.05	60.06
46-55	0-15	50.27	65.35	80.43	100.54
	30-30	40.27	52.35	64.43	80.54
	60-60	35.27	45.85	56.43	70.54
56-60	0-15	53.56	69.63	85.70	107.12
	30-30	41.56	54.03	66.50	83.12
	60-60	35.56	46.23	56.90	71.12

**Plan features of American Sentinel's Individual Disability Policy**

- Fully portable (policy is individually owned)
- 24 hour coverage – worldwide (occupational and non-occupational)
- Guaranteed renewable policy (cannot be cancelled due to health problems)
- Accident and Sickness coverage
- Benefits not offset by Workers' Compensation and Social Security
- Covers most *blue* and white collar occupations
- Uni-sex rates

**Simplified Underwriting**

- No physical examinations, blood, urine, attending physician's statements, or investigative reports required
- No income documentation
- Will consider *all* earned income ranges
- Will not deny coverage on employed persons with unearned income

**Design Your Plan from These Options**

- 6 month or 1 year Benefit Period
- 0 day accident – 15 day sickness Elimination Period
- 30 day accident – 30 day sickness Elimination Period
- 60 day accident – 60 day sickness Elimination Period



**AMERICAN SENTINEL INSURANCE COMPANY**

Mailing Address: P.O. Box 61140 ● Harrisburg, PA 17106-1140

Located at 2407 Park Drive in Harrisburg

(717) 540-0600

Toll Free (800) 692-7338

Fax (717) 657-9499

**AGENCY:** \_\_\_\_\_

**APPLICATION FOR TOTAL DISABILITY INSURANCE**

Amount Applied For: \$ \_\_\_\_\_ per month

PREMIUM \_\_\_\_\_

If semi-annual, add \$1.00 and divide by 2; if quarterly, add \$2.00 and divide by 4;

If monthly, add \$12.00 and divide by 12.

Elimination Period \_\_\_\_\_ Benefit Period \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_

Occupational Classification \_\_\_\_\_

Proposed Insured 1. (Print)	First	Middle	Last	Birth Date	Age	Sex
--------------------------------	-------	--------	------	------------	-----	-----

Resident Address 2.	Street	City	State	Zip	Home Phone ( )	Height	Weight
------------------------	--------	------	-------	-----	-------------------	--------	--------

Occupation 3.	(Position or Title)	Duties Performed	Marital Status
------------------	---------------------	------------------	----------------

Employer 4.	Type of Business
----------------	------------------

Business Address 5.	Business Phone ( )	How long with present employer
------------------------	-----------------------	--------------------------------

(b) If with present employer less than 1 year, who was your previous employer?	Business Phone ( )	How long
--	-----------------------	----------

6. What is your average monthly earned income? \_\_\_\_\_

7. If you become disabled, will your salary be continued?  Yes  No How long? \_\_\_\_\_

8. Do you understand and agree that, under the terms of this insurance, (a) no benefits are payable for the first \_\_\_\_\_ days of disability due to injury (accident); (b) no benefits are payable for the first \_\_\_\_\_ days of disability due to sickness.  Yes  No

9. What other accident or disability coverage is in force or applied for in all companies.	Company	Monthly Benefit	Benefit Period
--	---------	-----------------	----------------

10. Will this insurance replace any Disability Coverage presently in force?  Yes  No

11. Have you within the past 5 years had medical or surgical advice or treatment or been hospital confined?  Yes  No

12. Have you ever been treated for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormal Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Venereal Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental or Nervous Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma or Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Pregnancy (Are you pregnant?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of "YES" Answers for Questions 11 & 12

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

I have read the answers and statements made in this application and declare that they are true and complete to the best of my knowledge and belief. I understand that any policy issued and delivered to me will be in effect on the date approved by the Home Office.

Signature of Applicant \_\_\_\_\_ Application Date \_\_\_\_\_  
Form D81A (96)

**AUTHORIZATION**

TO WHOM IT MAY CONCERN: I request and authorize you to the extent that it is lawful to disclose, whenever requested to do so by AMERICAN SENTINEL INSURANCE COMPANY or its representative, any and all information and records available on or prior to the date below when I was under your observation. A Photostat of this authorization is to be considered acceptable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Signed \_\_\_\_\_ Proposed Insured