Phone [800-745-1112] Client Service Office [PO Box 81889 / Lincoln, NE 68501]

Ameritas

Ameritas Life Insurance Corp. 5900 O Street / Lincoln, NE 68510 / [ameritas.com]

Insured: [John Doe]
Policy Number: [N12345678A]

We will pay the benefits according to the terms of this *policy*.

LOOK AT THE APPLICATION FORMS. This *policy* is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this *policy* may be affected.

NONCANCELABLE TO THE EXPIRY DATE. This *policy* is noncancelable until *age* 65, or until the *policy* expiry date shown on the *schedule*, if later.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. On each *policy* anniversary following the *policy* expiry date, this *policy* may be renewed on a limited basis, subject to the terms and conditions of the Conditionally Renewable for Life provision in Part IV of this *policy*. Only coverage for *total disability* will continue and premiums will be based on *your* attained *age*. The benefit period is shown on the *schedule*.

PLEASE READ THIS POLICY CAREFULLY. This *policy* is a legal contract between the *owner* and Ameritas Life Insurance Corp. **Pre-existing condition limitations or exclusions and other limitations or exclusions may apply.**

RIGHT TO EXAMINE. Upon receipt of this *policy*, the *owner* has 30 days to review it and, if not satisfied, return it to *us* or to the agent who sold it. Immediately upon return, this *policy* will be as if it had never been issued and any premiums paid will be refunded.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Disability Income Policy
Nonparticipating

ICC21 4601NC 6-21

This is not an insurance policy.

This is a general specimen and reflects policy and rider wording in potential policies issued. Certain provisions may vary by state.

Descriptions included in this specimen policy are for informational purposes only and do not supersede or alter the provisions of the policy.

Policy form 4601NC is available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

As long as premiums are paid, Ameritas cannot cancel or change the policy or increase rates prior to the expiry date.

Income protection can continue as long as the insured keeps working and pays the premiums that are in effect. Other conditions may apply.

The following differences apply for New York:

- Phone number: 877-280-6110
- Company name: Ameritas Life Insurance Corp. of New York
- Physical address: 445 Hamilton Avenue, Suite 403A, White Plains, NY 10601
- Policy form number: 5601-NC

The Client Service Office address is the same for all states, including New York.

Certain provisions may vary by state.

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POLICY SCHEDULE

Policy Number:	[N12345678A]
Insured:	[John Doe]
Issue Age and Sex:	[35], [Male]
Occupational Class:	[6A]
Risk Class:	[Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2021]
Issue Date:	[July 1, 2021]
Expiry Date:	[July 1, 2051]

As of the Expiry Date, *your* policy is Conditionally Renewable for Life at the premium then in effect.

POLICY SCHEDULE

Base Policy Information	
Base Monthly Benefit	$[n,nnn]
Elimination Period	[nn] Days
Accumulation Period	[nnn] Days
Maximum Benefit Period	
[For Total Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000
COBRA Maximum Benefit Period	[18 Months]
MNDA Benefit Period	[Lifetime maximum: nn Months]
Rider Information	
Enhanced Plus Residual Disability Rider	
Cost of Living Adjustment Rider	[2% - 6%]
Automatic Increase Rider	
Monthly Benefit Increase	$[nn]
Benefit Increase Rider	
BIR Expiration Date	[July 1, 2041]
Future Increase Option Rider	
Total Maximum Increase	$[n,nnn]
FIO Expiration Date	[July 1, 2041]
Lump Sum Savings Rider	
Qualifying Amount	$[nn,nnn]
LSS Expiration Date	[July 1, 2046]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[n,nnn]
SIS Elimination Period	[nn] Days
SIS Accumulation Period	[nnn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] Days
Catastrophic Accumulation Period	[nnn] Days
Catastrophic Maximum Benefit Period	
[For Catastrophic Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
Student Loan Repayment Rider	
Maximum Monthly SLR Benefit	$[n,nnn]
Maximum SLR Benefit Period	[To *Age* nn]
SLR Elimination Period	[nn] Days
SLR Accumulation Period	[nnn] Days
SLR Expiration Date	[July 1, 2031]
Endorsements	
Exclusions/Limitations	

DEFINITION OF TOTAL DISABILITY

TOTAL DISABILITY OR TOTALLY DISABLED. [Means that, solely due to *your sickness* or *injury*, *you* are not able to perform the material and substantial *duties* of *your occupation,* even if *you* are working in another occupation for wage or profit.]

Ameritas offers flexibility in monthly benefit amounts, benefit periods and elimination periods.

A wide range of additional income protection benefits is available through optional riders.

Definition of total disability - For the length of the benefit period, the inability to work in the insured's own occupation, even if the insured is working in another occupation. Specialty Own Occupation language is included for physicians and dentists. (Not available with occupation classes 2A and 2M.)

POLICY SCHEDULE

Base Policy Information	
Base Monthly Benefit	$[n,nnn]
Elimination Period	[nn] Days
Accumulation Period	[nnn] Days
Maximum Benefit Period	
[For Total Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000
COBRA Maximum Benefit Period	[18 Months]
MNDA Benefit Period	[Lifetime maximum: nn Months]
Rider Information	
Enhanced Plus Residual Disability Rider	
Cost of Living Adjustment Rider	[2% - 6%]
Automatic Increase Rider	
Monthly Benefit Increase	$[nn]
Benefit Increase Rider	
BIR Expiration Date	[July 1, 2041]
Future Increase Option Rider	
Total Maximum Increase	$[n,nnn]
FIO Expiration Date	[July 1, 2041]
Lump Sum Savings Rider	
Qualifying Amount	$[nn,nnn]
LSS Expiration Date	[July 1, 2046]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[n,nnn]
SIS Elimination Period	[nn] Days
SIS Accumulation Period	[nnn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] Days
Catastrophic Accumulation Period	[nnn] Days
Catastrophic Maximum Benefit Period	
[For Catastrophic Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
Student Loan Repayment Rider	
Maximum Monthly SLR Benefit	$[n,nnn]
Maximum SLR Benefit Period	[To *Age* nn]
SLR Elimination Period	[nn] Days
SLR Accumulation Period	[nnn] Days
SLR Expiration Date	[July 1, 2031]
Endorsements	
Exclusions/Limitations	

DEFINITION OF TOTAL DISABILITY

TOTAL DISABILITY OR TOTALLY DISABLED. [Means that, solely due to your sickness or injury, you are not able to perform the material and substantial duties of your occupation and you are not working in any occupation for wage or profit.]

Ameritas offers flexibility in monthly benefit amounts, benefit periods and elimination periods.

A wide range of additional income protection benefits is available through optional riders.

Definition of total disability - For the length of the benefit period, the inability to work in the insured's own occupation, and the insured is not working in any other occupation for wage or profit. Specialty Own Occupation language is included for physicians and dentists. (Available to all occupation classes.)

POLICY SCHEDULE

Base Policy Information

Base Monthly Benefit	$[n,nnn]
Elimination Period	[nn] Days
Accumulation Period	[nnn] Days
Maximum Benefit Period	
[For Total Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000
COBRA Maximum Benefit Period	[18 Months]
MNDA Benefit Period	[Lifetime maximum: nn Months]

Rider Information

Enhanced Plus Residual Disability Rider	
Cost of Living Adjustment Rider	[2% - 6%]
Automatic Increase Rider	
Monthly Benefit Increase	$[nn]
Benefit Increase Rider	
BIR Expiration Date	[July 1, 2041]
Future Increase Option Rider	
Total Maximum Increase	$[n,nnn]
FIO Expiration Date	[July 1, 2041]
Lump Sum Savings Rider	
Qualifying Amount	$[nn,nnn]
LSS Expiration Date	[July 1, 2046]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[n,nnn]
SIS Elimination Period	[nn] Days
SIS Accumulation Period	[nnn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] Days
Catastrophic Accumulation Period	[nnn] Days
Catastrophic Maximum Benefit Period	
[For Catastrophic Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
Student Loan Repayment Rider	
Maximum Monthly SLR Benefit	$[n,nnn]
Maximum SLR Benefit Period	[To *Age* nn]
SLR Elimination Period	[nn] Days
SLR Accumulation Period	[nnn] Days
SLR Expiration Date	[July 1, 2031]

Endorsements

Exclusions/Limitations

DEFINITION OF TOTAL DISABILITY

TOTAL DISABILITY OR TOTALLY DISABLED. [Means that, solely due to your sickness or injury, you are not able to perform the material and substantial duties of your occupation. However, after you have received 24 months of base monthly benefit due to the same disability, total disability or totally disabled means that, solely due to your sickness or injury, you are not able to perform the material and substantial duties of any occupation for which you are or become qualified based on your education, training, or experience.]

Ameritas offers flexibility in monthly benefit amounts, benefit periods and elimination periods.

A wide range of additional income protection benefits is available through optional riders.

Definition of total disability – For the first 24 months, the inability to work in the insured's own occupation and thereafter the insured's inability to work in any reasonable occupation based on education, training or experience. Specialty Own Occupation language is included for physicians and dentists. (Available to all occupation classes.)

POLICY SCHEDULE

Premium Information

Base Policy	$[nnn.nn]
[Enhanced Plus Residual Disability Rider	$nn.nn]
[Cost of Living Adjustment Rider	$nnn.nn]
[Automatic Increase Rider	NONE
[Benefit Increase Rider	NONE
[Future Increase Option Rider	$nn.nn]
[Lump Sum Savings Rider	$nnn.nn]
[Social Insurance Substitute Rider	$nnn.nn]
[Catastrophic Disability Rider	$nn.nn]
[Student Loan Repayment Rider	$nn.nn]
Subtotal	$[n,nnn.nn]
[Discount]	$[nnn.nn]
[Policy Fee]	$[nn.nn]
Total [**Annual**] Premium	$[nnn.nn]

Modal Premium Options

Mode	Premium
Annual	$[nnn.nn]
Semiannual	$[nnn.nn]
Quarterly	$[nnn.nn]
Monthly	$[nn.nn]

[Automatic Increase Rider Summary

Effective Date	Base Monthly Benefit	Annual Premium
07/01/2021	$n,nnn	$nnn.nn
07/01/2022	$n,nnn	$nnn.nn
07/01/2023	$n,nnn	$nnn.nn
07/01/2024	$n,nnn	$n,nnn.nn
07/01/2025	$n,nnn	$n,nnn.nn
07/01/2026	$n,nnn	$n,nnn.nn

The premiums shown may be different when billed, if there are benefit or rider changes to this policy.]

PART I: DEFINITIONS

(Defined terms appear in italics throughout this *policy*.)

ACCUMULATION PERIOD. Means the uninterrupted period of consecutive days during which the *elimination period* must be satisfied. This period is shown on the *schedule*.

AGE. Means *your age* on *your* last birthday. When *we* use "*age*" followed by a number, such as *age* 65, *we* are referring to the *policy* anniversary on or after *your* 65th birthday.

BASE MONTHLY BENEFIT. Means the amount paid under the terms of this *policy* for each month *you* are *totally disabled* after the e*limination period*. This amount is shown on the *schedule*.

DISABILITY OR DISABLED. Means *total disability*, *totally disabled*, *residual disability*, or *residually disabled*.

DUTIES. Means all functions that *you* were performing before the onset of a *disability*.

ELIMINATION PERIOD. Means the period of time *you* must be *totally disabled* before *we* start paying benefits. These days need not be consecutive, but they must be satisfied within the *accumulation period*. Benefits will not accrue or be payable during the *elimination period*. This period is shown on the *schedule.*

HOSPITAL. Means an institution licensed by law and operating as a hospital which:

(1) is primarily engaged in providing in-patient medical care for diagnosis and treatment of injuries or sicknesses, and typically charges a fee for such care; and
(2) is staffed by physicians on the premises; and
(3) provides services by registered graduate nurses 24 hours a day.

In no event will this include any institution which is:

(1) run mainly as a rest, nursing or convalescent home, or rehabilitative or long-term care facility; or
(2) primarily operating for the care of the elderly; or
(3) is engaged in the education of its patients.

IN FORCE. Means premiums have been paid when due and *you* remain insured under the terms of this *policy*.

INJURY. Means any accidental bodily injury that occurs on or after the *issue date* and while this *policy* is *in force*. If a *disability* occurs more than 30 days after the date of the injury, the condition shall be considered a *sickness*.

ISSUE DATE. Means the date on which coverage begins. This date is shown on the *schedule*.

LAPSE. Means a premium is in default and *you* are no longer insured under this *policy*.

LOSS. Means an *injury*, *sickness* or *disability* that occurs while this *policy* is *in force* upon which a claim is based.

MAXIMUM BENEFIT PERIOD. Means the maximum length of time *we* will pay *you* a *base monthly benefit* as long as *you* are *totally disabled*. This period is shown on the *schedule.*

MENTAL/NERVOUS DISORDERS. Means any disorder, abnormality, dysfunction, disturbance, or syndrome that is psychological; emotional; behavioral; or personality, cognitive, mood or stress related, regardless of the cause and regardless of the presence of physical symptoms, classified in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), as of the start of *your disability*. This includes, but is not limited to, bipolar disorders, depression or depressive disorders, anxiety disorders, schizophrenia or other psychotic, delirium, or delusional disorders, post-traumatic stress disorder, or disorders relatable to stress or to substance abuse or dependency, including complications or treatment thereof, or complications resulting from the treatment. Mental/Nervous Disorders do not include certain Neurocognitive Disorders such as Alzheimer's, dementia or cognitive impairment resulting from stroke, physical trauma, infection, or any neurodegenerative disease. If the DSM is discontinued or replaced, we will use the diagnostic manual then in use by the APA, or by an organization which succeeds it, subject to approval by the Interstate Insurance Product Regulation Commission.

Insured must satisfy the elimination period within a specific period of time which is stated on the policy schedule page.

Insured must be totally disabled for a period of time before benefits are payable. The elimination period does not require consecutive days of disability, but it must be satisfied within the accumulation period stated in the policy.

OWNER. Means *you*, the insured, unless *our* records show otherwise. The *owner* is shown on the *schedule*. The rights of the *owner* are described in Part VI of this *policy*.

PHYSICIAN. Means a person who is medically qualified and licensed as a doctor of medicine or osteopathy in the jurisdiction in which he or she practices and who is acting within the scope of his or her professional license to treat the *injury* or *sickness* that caused *your disability*. If a *loss* is due to *mental/nervous disorders*, the physician must be a board-certified psychiatrist or a licensed doctoral-level psychologist. A *physician* cannot be *you*, the *owner*, anyone related to *you* or the *owner* by blood or marriage, any person who shares a business interest with *you* or the *owner*, or any person who is a partner in a legally sanctioned domestic partnership or civil union with *you* or the *owner*.

POLICY. Means the legal contract between the *owner* and *us*. The entire contract consists of the *policy*, *schedule*, any application(s) and supplemental application(s), and any attached riders, amendments, and endorsements currently *in force*.

POLICY DATE. Means the date from which *policy* anniversaries, *policy* years and premium due dates are determined. This date is shown on the *schedule*.

PROOF. Means records and statements, including but not limited to tax records, medical records, employment records, and financial records.

SCHEDULE. Means the *policy schedule* or revised *policy schedule* most recently sent to *you* by *us* that includes a summary of *your* benefits and premiums.

SICKNESS. Means any illness or disease first manifested on or after the *issue date* and while this *policy* is *in force*, including complications of pregnancy or childbirth as diagnosed by a *physician*.

TOTAL DISABILITY OR TOTALLY DISABLED. This is defined on the *schedule*.

WE, OUR, US. Means Ameritas Life Insurance Corp.

YOU, YOUR. Means the person insured under this *policy* as shown on the *schedule*.

YOUR OCCUPATION. Means the occupation or occupations that *you* were engaged in at the time *disability* began. *Your occupation* does not mean a specific job title, designation, industry, or job with a certain employer. If *you* are not employed at the time of *disability*, *your occupation* means any occupation for which *you* are or become qualified based on *your* education, training or 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*.

PART II: BENEFIT PROVISIONS

BENEFIT FOR TOTAL DISABILITY. If *your total disability* begins while this *policy* is *in force*, *we* will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* after the *elimination period*. Payments will not be made for more than the *maximum benefit period* shown on the *schedule*.

If *you* can perform one or more, but not all, of the material and substantial *duties* of *your occupation, you* will not be considered *totally disabled*, but *you* may qualify for *residual disability* benefits if included in this *policy*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for *disability* benefits or for *us* to waive premium under this *policy*, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing *disability*. *We* will waive this requirement, if *we* receive written *proof*, satisfactory to *us*, that continued medical treatment will not improve *your* condition. However, waiving this requirement does not change or affect *our* rights under this *policy*.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. After satisfying the *elimination period*, successive periods of *total disability* will be considered as one period if:

(1) they are caused by the same or related conditions; and
(2) they are separated by less than 180 days; and
(3) they each begin while this *policy* is *in force*.

All other periods of *total disability* will be considered separate and not successive periods of *total disability*.

For successive periods of *total disability*:

(1) *you* will not be required to satisfy a new *elimination period*; and
(2) the *maximum benefit period* will not start over; and
(3) the accumulated successive periods of *total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

Attempts to return to work for up to 180 days will not require a new elimination period to be satisfied and the maximum benefit period will not start over.

CONCURRENT DISABILITY. Once a period of *disability* starts, it will be considered one continuous period of *disability* no matter what *injury* or *sickness*, or how many, caused the *disability* or caused the *disability* to continue. The amount and duration of benefits for a concurrent *disability* will not be more than the maximum for any one *disability*.

PRESUMPTIVE TOTAL DISABILITY. *We* will also consider *you totally disabled* if, while this *policy* is *in force*, *you* sustain the total loss of:

(1) the sight in both eyes; or
(2) the hearing in both ears; or
(3) speech; or
(4) the use of both hands; or
(5) the use of both feet; or
(6) the use of one hand and one foot.

We will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* due to one of the specific losses shown above. Payments will not be made for more than the *maximum benefit period*. In addition:

(1) benefits will begin to accrue from the date of the specific loss instead of after the *elimination period*; and
(2) *you* may work at any occupation and still receive benefits; and
(3) *you* must meet the Physician Care Requirement in Part II of this *policy*; and
(4) *base monthly benefit* payments will continue as long as the presumptive *total disability* continues but not for more than the *maximum benefit period*.

Presumes total disability for these specific losses, even if insured is able to work in any occupation. No elimination period applies and the loss is not required to be permanent or irrecoverable.

SURGICAL TRANSPLANT. While this *policy* is *in force*, if a *total disability* results from transplanting a part of *your* body to the body of another person, *we* will consider *you totally disabled* due to *sickness*, provided the transplant occurs after the *issue date*.

COSMETIC SURGERY. While this *policy* is *in force*, 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*. Cosmetic Surgery does not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection, other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect, which will be treated as any other *sickness*.

Disability resulting from being a transplant donor after the policy issue date is treated as a sickness and benefits are payable following the elimination period.

Disability resulting from cosmetic surgery that occurs more than six months after the issue date is treated as sickness and benefits are payable following the elimination period.

REHABILITATION. *We* will not consider *you* recovered from a *total disability* just because *you* participate in a program of occupational rehabilitation. *You* may request or *we* may suggest that *you* participate in a formal, supervised rehabilitation program designed to help *you* return to an occupation.

If *we* mutually agree that such a program is appropriate, *we* will pay a portion or all of the expenses not otherwise covered by any other plan, program, or policy, and as set forth in a signed, written agreement between *you* and *us*. *We* will periodically review the program and *your* progress and will continue to pay such expenses, as long as *we* determine that the mutually agreed upon objectives of the program are being met.

WORKPLACE MODIFICATION BENEFIT. If *you* are receiving monthly *disability* benefits under this *policy* and *we* mutually agree that a modification to *your* workplace would be appropriate solely to allow *you* to return to work, *we* may pay a portion or all of the expense of that modification as set forth in a signed, written agreement between *you* and *us,* once *we* have received written *proof* of payment of such expenses. *We* will pay only those costs that are not otherwise covered by any other plan, program, or policy.

BENEFIT ADVANCEMENT. While no other benefits are being paid under this *policy*, if *you* suffer an *injury* that requires treatment prescribed by a *physician,* or the repair to natural teeth prescribed by a dentist, *we* will advance *you* $500 of *your base monthly benefit*.

Payment will be subject to the following:

(1) the claim must be submitted within 90 days from the date of the *injury;* and
(2) sufficient *proof* of *loss* must be provided.

If *you* continue to be *disabled* according to the terms of the *policy*, then upon satisfaction of the *elimination period* and *our* approval of *your* claim, *we* will reduce the first payment for *disability* benefits due by the $500 of monthly benefit that was advanced to *you* for that claim.

Any period of *disability* for which no advanced benefits are paid will be unaffected by this provision.

In no event will *we* advance more than $500 per *injury* under this *policy,* including any increases to this *policy*.

WAIVER OF PREMIUM. Premium payments must continue until *you* submit *proof* of *your total disability* and *your* claim has been approved by *us*. *We* will waive any premium on this *policy* as it comes due, until *your total disability* ends, beginning with the date *your* claim is approved but not before 90 days of continuous *total disability*. Once *we* start waiving premium, *we* will also refund the pro rata portion of any premium paid that applies to the period of *total disability* on or after the date *you* became *totally disabled*. Beginning with the date *your total disability* ends, payment of the pro rata portion of the premium due for coverage until the next premium due date, as well as any premiums that come due thereafter, must be paid in order to keep this *policy in force*. This *policy* will terminate, if the *policy* expiry date shown on the *schedule* occurs while premiums are being waived.

GOOD HEALTH BENEFIT. *We* will reduce the *elimination period* shown on the *schedule* by two days, for every consecutive *policy* year *you* complete after the *issue date* without receiving any monthly *disability* benefits under this *policy,* not including those received under the Benefit Advancement provision in Part II of this *policy*.

Once *you* begin receiving monthly *disability* benefits under this *policy*, the good health benefit is reset to zero. It will begin to accumulate again by two days for every consecutive *policy* year *you* complete without receiving any monthly *disability* benefits under this *policy*, beginning with the *policy* anniversary immediately following the date *you* are no longer receiving benefits.

In no case will this benefit reduce the *elimination period* to less than 30 days.

SURVIVOR BENEFIT. If *you* die after satisfying the *elimination period* and while monthly *disability* benefits are being paid under this *policy, we* will pay an additional three months of *base monthly benefit*, as shown on the *schedule*. This benefit is in addition to any other benefit of this *policy*. This benefit is payable to the *owner's* estate.

To help the insured recover and return to work, we may participate in the cost of an approved program of occupational rehabilitation and will not consider the insured recovered just for participating in the program.

We may participate in the cost of a workplace modification in an effort to allow the insured to return to work.

Insured is eligible for an advanced monthly benefit payment of $500 for an injury that requires medical treatment or repair to natural teeth. This is a per occurrence benefit.

Premium payments are waived upon approval of claim and after insured has been continuously disabled for at least 90 days. Any premiums paid beginning with the date of disability will be refunded.

The elimination period will be reduced by two days for each consecutive year completed without receiving any monthly disability benefits under the policy. Benefits paid out under the Benefit Advancement provision do not affect the Good Health Benefit. Once monthly disability benefits are received, the Good Health Benefit resets to zero. Elimination period will never reduce to less than 30 days.

A valuable benefit that could pay three months of additional benefits upon the insured's death.

COBRA PREMIUM BENEFIT. *We* will reimburse the premium paid by *you* for medical coverage provided under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 and any subsequent amendments or any state mini-COBRA laws, beginning with the first premium due after *you* satisfy the *elimination period* of this *policy*, not to exceed the COBRA maximum monthly benefit shown on the *schedule*, if:

(1) *you* are receiving monthly *disability* benefits under this *policy*; and
(2) *you* became unemployed due to *your disability* and, as a result, *you* are paying premium to continue medical coverage under that employer's health or medical plan as provided for under COBRA.

We will reimburse *you,* for each month that *you* submit *proof* of the premium that *you* have paid for COBRA medical coverage, as long as *you* continue to receive monthly *disability* benefits under this *policy*, not to exceed the COBRA maximum benefit period shown on the *schedule.* All *proof* must be submitted within 365 days from the date the expense was incurred.

If *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than 100% of the COBRA premium expense incurred monthly under all policies.

PART III: EXCEPTIONS/LIMITATIONS

WAR. Benefits are not payable for a *sickness*, *injury* or *disability* caused by or contributed to by war, declared or undeclared, or any act or incident of war, whether civil or among nations, declared or undeclared, while *you* are serving in active or reserve military service, a military auxiliary unit, or in any civilian, governmental or non-combatant unit working for or serving with military forces, or as a result of active duty in the military service.

CRIMINAL ACTIVITY. Benefits are not payable during any period *you* are legally incarcerated or detained for more than seven days; or for any *sickness*, *injury* or *disability* to which a contributing cause was *your* commission of, or attempt to commit a felony, participation in a riot or insurrection, or engaging in an illegal occupation.

SELF-INFLICTED INJURY. Benefits are not payable for *sickness*, *injury* or *disability* resulting from an intentionally self-inflicted *injury*.

LOSS OF LICENSE. While *your injury* or *sickness* may result in the suspension, revocation, or surrender of *your* professional or occupational license or certification, this loss of *your* professional or occupational license or certification by itself does not constitute a *disability*.

RESIDENCE. While *you* reside outside of the United States, territories of the United States, or Canada, *we* will not pay benefits for more than a cumulative twelve months during the lifetime of this *policy*. If benefits have been suspended, upon return to the United States, territories of the United States, or Canada, *you* may resubmit a notice of claim for consideration to resume benefits under the terms of the *policy*.

PREGNANCY. Benefits are not payable for pregnancy or childbirth until *you* have been *disabled* for 90 days or the *elimination period*, if longer. This does not apply to complications of pregnancy as diagnosed by a *physician*.

MENTAL/NERVOUS DISORDERS, ALCOHOLISM, AND/OR DRUG ABUSE (MNDA). For each month *you* are *totally disabled, we* will not pay benefits for *disabilities* caused by or contributed to by *mental/nervous disorders,* alcoholism and/or drug abuse for more than the MNDA benefit period shown on the *schedule*, regardless of the *maximum benefit period* for *total disability* shown on the *schedule,* subject to the applicable law in the state where the *policy* is issued for delivery. However, for each month *you* are *totally disabled*, *we* will pay benefits, subject to the *maximum benefit period* for *total disability* shown on the *schedule*, for *loss* caused by *mental/nervous disorders,* alcoholism and/or drug abuse for as long as *you* are thereby continuously confined in a *hospital* under the care of a *physician*.

If the insured becomes unemployed as a result of disability, we may reimburse for COBRA medical premiums (either individual or family) paid, not to exceed $1,000 per month for up to 18 months.

Disability benefits are limited to 12 months for the life of the policy if the insured resides outside of the US, its territories or Canada.

PRE-EXISTING CONDITIONS. *We* will not pay benefits for any *disability* that starts within the first 24 months following the *policy issue date* and is caused by or contributed to by a pre-existing condition that was not fully disclosed on this *policy's* application.

Benefits for a *disability* caused by or contributed to by a pre-existing condition will be payable only if the pre-existing condition is fully disclosed in the application and *we* have taken no express underwriting action to exclude the pre-existing condition from coverage by name or specific description in any attached rider or endorsement.

A pre-existing condition means any physical or mental condition for which:

(1) during the 24-month period preceding the *issue date* of this *policy*, medical advice, diagnostic testing, or treatment was recommended to *you* or received by *you* from a *physician* or other licensed medical professional, or for which *you* were prescribed drugs or medication by a licensed medical professional; or

(2) during the 12-month period preceding the *issue date* of this *policy*, symptoms existed that would have caused a prudent person to seek medical advice, diagnosis, care, or treatment.

SPECIFIC EXCLUSIONS. Notwithstanding any *policy* provision to the contrary, benefits are not payable for any *sickness*, *injury,* or *disability we* have excluded from coverage by name or specific description in any attached rider or endorsement, based on information disclosed by *you* in the application for the *policy* or identified by *us* during the underwriting process of such application.

PART IV: PREMIUM AND RENEWAL PROVISIONS

PAYMENT OF PREMIUMS. The first premium is due on the *policy date*. Subsequent premiums are payable on or before the date they are due. Premiums must be paid to *us* at *our* client service office address shown on the front cover of this *policy*. All premiums are payable in United States currency.

Your premium mode is shown on the *schedule*. *You* may request a change in the premium mode, subject to *our* approval. However, *you* may not change the mode of payment while receiving *disability* benefits.

If *we* accept a premium while this *policy* is *in force*, this *policy* will continue *in force* until the end of the period for which the premium was paid.

We will refund the unused portion of *your* premium in the event of *your* death or at the *owner's* request to terminate this *policy*.

GRACE PERIOD. A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period. However, if premium is not paid by the end of the grace period, coverage will automatically end on the date of the last period for which premium was paid. If *you* become *disabled* during the grace period, we will deduct any due and unpaid premiums from any benefits *we* pay.

REINSTATEMENT. Within six months after this *policy lapses*, the *owner* may request reinstatement of this *policy. We* may require an application for reinstatement and evidence of insurability.

If we do not require an application, *we* will reinstate this *policy* effective the date the past due premium is received. If we do require an application for reinstatement, this *policy* will be reinstated, effective the earlier of the following:

(1) when *we* approve *your* application; or
(2) 45 days after the date of *your* application unless *we* have notified *you* in *our* denial.

As long as pre-existing conditions have been fully disclosed and they are not specifically excluded, they will be covered under the policy.

We allow extra time to pay a premium that is due while coverage continues.

Reinstating coverage is possible within six months after the policy lapses.

All past due premiums must be received for reinstatement to be effective. Following reinstatement, this *policy* will cover only a *disability* that results from an *injury* that occurs or *sickness* that first manifests on or after the date of reinstatement.

All other rights of this *policy* will remain the same as was prior to the *lapse*, subject to any exclusions, limitations, endorsements, and ratings made to this *policy* as a result of reinstatement.

NONCANCELABLE. *You* have the right to continue this *policy* until *age* 65, or until the *policy* expiry date shown on the *schedule*, if later, by paying the premium as due. Until then, *we* shall not:

(1) cancel this *policy* except for nonpayment of premium; nor
(2) increase the premium; nor
(3) add any restrictions.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. *You* may renew this *policy* on each *policy* anniversary following the *policy* expiry date shown on the *schedule* if, at the time of renewal:

(1) this *policy* is *in force* with no premium in default; and
(2) *you* are not receiving a benefit, including Waiver of Premium, under this *policy* or any attached rider; and
(3) this *policy* is not currently suspended under the Suspension During Service in the Armed Forces or the Suspension During Unemployment provisions in Part IV of this *policy*; and
(4) *you* submit *proof*, satisfactory to *us*, that *you* are actively working at least 30 hours each week for wage or profit; and
(5) *you* pay the premium in effect for *your age* at that time.

We must receive *your* request in writing at least 30 days prior to the expiry date of this *policy*.

If this *policy* is renewed under this provision, only the benefit for *total disability* will be renewed. At the time of renewal, all exclusion riders, limitations, exceptions, endorsements, and ratings will be renewed and remain part of this *policy*, unless specified otherwise. All other non-exclusion riders attached to this *policy* and *in force* on the *policy* expiry date shown on the schedule are non-renewable and will terminate according to the terms of those riders.

SUSPENSION DURING SERVICE IN THE ARMED FORCES. If *you* have entered active duty for more than 90 consecutive days in any armed forces, voluntarily or involuntarily, or had active duty extended voluntarily or involuntarily (other than for the purpose of determining physical fitness and other than for training) *you* have the option to suspend this *policy*. During such suspension:

(1) the provisions of this *policy* will not be in effect, no coverage is provided and no options under this *policy* may be exercised; and
(2) the contestable period in the Time Limit for Certain Defenses provision in Part VI of this *policy* shall be tolled; and
(3) premium payments shall not be required.

We or one of *our* agents must receive *your* request for this suspension in writing. If *you* are eligible, *we* will suspend this *policy* from the later of the date *we* receive *your* written request or the date *your* active service begins (or a later date requested by *you*), and *we* will refund the part of any premium paid that applies to the period of suspension. If *your* active duty ends within five years from the date of suspension, *you* may request that coverage be resumed on the same basis as before the suspension took effect without evidence of insurability. Within 90 days after *your* active service ends, *we* must receive *your* request in writing along with *your* deactivation notice and payment of the premium due for coverage until the next premium due date. *We* will resume coverage under this *policy* effective the termination date of *your* active duty, subject to receipt of premium due. However, if *you* remain on active duty on the fifth anniversary of the date of suspension, we will resume coverage under this *policy* contingent on receipt of premium due for coverage from that date until the next premium due date.

Premiums for a Noncancelable policy are guaranteed to remain level until age 65 (until age 67 for a to age 67 benefit period). We cannot cancel the policy except for nonpayment of premium and we cannot change the terms of the policy except to the benefit of the insured or per the insured's request.

Insured may suspend policy upon entering active duty for more than 90 days in the armed forces. During suspension, the policy is not in effect and premiums are not required.

If premium has not been paid and coverage has not been resumed, this *policy* will terminate on the earliest of:

(1) the date *your* active duty ends if *you* have not requested to resume coverage within 90 days of that date; or
(2) the fifth anniversary of the date of suspension, subject to the Reinstatement provision in Part IV of this *policy*; or
(3) the *policy* expiry date shown on the *schedule*.

This *policy* will not cover *loss* from *injuries* which occurred, or *sicknesses* first manifested, while this *policy* was suspended. Otherwise, *you* and *we* shall have the same rights under this *policy* as each had before it was suspended.
Any waiting period in the *policy* shall be tolled during the period of suspension, and shall resume once the suspension has ended.

SUSPENSION DURING UNEMPLOYMENT. While this *policy* is *in force* with no premium in default, a suspension of this *policy* may be requested if *you* become unemployed, subject to the following:

(1) this *policy* has been *in force* for at least one year from the *issue date*; and
(2) *you* furnish *proof* that *you* have been receiving state or federal unemployment benefits for at least 8 consecutive weeks; and
(3) *you* remain unemployed as of the date *we* receive the request for suspension; and
(4) this *policy* has not been suspended for unemployment more than once before; and
(5) at least 36 months have elapsed since the end of the previous suspension for unemployment.

Insured may suspend policy upon becoming unemployed if the policy has been in force at least one year and the insured has been receiving state or federal unemployment benefits for at least eight weeks. During suspension, the policy is not in effect and premiums are not required.

During such suspension:

(1) the provisions of this *policy* will not be in effect, no coverage is provided and no options under this *policy* may be exercised; and
(2) the contestable period in the Time Limit for Certain Defenses provision in Part VI of this *policy* shall be tolled; and
(3) premium payments shall not be required.

The request for this suspension must be made in writing. If approved by *us*, *we* will suspend this *policy* from the date *we* receive the written request, or a later date if requested, and *we* will refund the part of any premium paid that applies to the period of suspension.

The suspension will end the earliest of the following:

(1) the date we receive a written request to end the suspension, along with evidence satisfactory to *us* that *you* are gainfully employed; or
(2) one year from the date the suspension began; or
(3) the date of *your* death.

When the suspension ends, in order to resume coverage under this *policy*, *we* will require payment of the premium due for coverage until the next premium due date. This *policy* will terminate 30 days after suspension ends, if the required premium is not received by *us*, and the Reinstatement provision in Part IV of this *policy* will apply. This *policy* will terminate if the *policy* expiry date shown on the *schedule* occurs while this *policy* is suspended under this provision.

This *policy* will not cover *loss* from *injuries* which occurred, or *sicknesses* first manifested, while this *policy* was suspended. Otherwise, *you* and *we* shall have the same rights under this *policy* as each had before it was suspended.

PART V: HOW TO FILE A CLAIM

NOTICE OF CLAIM. A claim must be sent to *us* in writing within 30 days after *loss* or as soon as reasonably possible thereafter. The notice of claim should be submitted to *us* at the client service office address shown on the front cover of this *policy*, or *our* authorized agent, and must include *your* name and *policy* number.

Insured has a reasonable length of time to file a claim.

CLAIM FORMS. When *we* receive *your* notice of claim, *we* will send *you* forms for filing *your proof* of *loss*. If *we* don't send these forms to *you* within 15 days after receipt of *your* notice of claim, *you* may meet the *proof* of *loss* by giving *us* a written statement describing the nature and extent of *your loss*. *You* must send it to *us* within the time limit stated below.

PROOF OF LOSS. It is *your* responsibility, at *your* expense, to submit to *us* written *proof* of *loss* within 90 days after the date of *loss*. If *you* are not able to send it within that time, it must be sent as soon as reasonably possible thereafter; however, the additional time allowed cannot exceed one year unless *you* are legally incapacitated. Failure to provide *proof* of *loss* within the required time frame may invalidate or reduce *your* claim. *We* may request additional *proof* of *loss* as often as *we* deem necessary in order to evaluate and substantiate *your* claim.

TIME OF LOSS. A *loss* must occur while this *policy* is *in force*.

TIME OF PAYMENT OF CLAIMS. *We* will pay *disability* benefits due, in arrears, on a monthly basis, beginning the later of:

(1) one month after the end of the *elimination period*; or
(2) the date all *proof* of *loss* has been received and *your* claim has been approved by *us*.

Any monthly benefits due but not yet paid when *your disability* ends shall be paid immediately upon receipt of due written *proof* of *loss*. Benefits for any other *loss* will be paid as soon as *we* receive proper written *proof*.

If a claim is paid more than thirty (30) days after *we* receive satisfactory *proof* of *loss*, the delayed payment shall be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory *proof* of *loss* and ending on the day the claim is paid.

PAYMENT OF CLAIMS. *You* must satisfy all terms and conditions of this *policy* in order for benefits to become payable. All benefits are payable to the *owner*, unless assigned to another person.

If the person who is to receive payments is deceased or incompetent, *we* will make the payments to the legal representative for the property of that person. If no legal representative exists, *we* may make payment, not to exceed $5,000, to any relative of that person *we* consider to be justly entitled to payment. If *we* do this, *we* will be discharged to the extent of such payment made in good faith. In order to continue benefits beyond this amount, *we* will require verification of a legal representative such as a durable power of attorney, conservator, or executor.

Payment of monthly benefits for a period of less than one month will be at the daily rate of 1/30 of the applicable monthly benefit.

EXAMINATION. *We* have the right as necessary, at *our* expense, to obtain other medical opinions from or have *you* examined by *physicians* of *our* choice. *We* also have the right, at *our* expense, to obtain from a specialist of *our* choice; vocational evaluations, functional capacity evaluations, and any other evaluations and examinations that *we* determine are necessary to assess *your* claim. *We* may suspend or deny benefits under this *policy*, if *you* fail to attend an examination or fail to cooperate with the examiner.

We have the right, at *our* expense and by a financial examiner of *our* choice, to require an examination of all relevant financial and operational records, as often as is reasonably required while *your* claim is pending or is being paid.

OVERPAYMENT OF CLAIMS. If, for any reason, any overpayment of benefits occurs under this *policy*, *we* have the right to immediate and full reimbursement from the *owner*. *We* will notify the *owner* promptly upon discovery of any overpayment. After such notice, any overpayment amounts not fully reimbursed by the *owner* within 60 days may then be recovered by *us* by offsetting against any future amounts otherwise payable under this *policy*, or by other means, until the overpayment amount is repaid in full.

Disability benefits are paid to the owner of the policy, unless otherwise assigned.

LEGAL ACTIONS. No legal action may be brought to recover on this *policy* within 60 days after written *proof* of *loss* has been given as required by this *policy*. No such action may be brought after three years from the time written *proof* of *loss* is required to be given. All actions must be brought in either a state or federal court within the United States.

PART VI: GENERAL PROVISIONS

TIME LIMIT FOR CERTAIN DEFENSES. After two years from the *issue date* of this *policy* or the effective date of any *policy* change, reinstatement or increase, only fraudulent misstatements in the application may be used to void this *policy*, *policy* change, reinstatement, or increase, or to deny a claim for *loss* incurred or *disability* that starts after the two-year period. However, for a *loss* incurred or *disability* that starts during this two-year period, *we* may void this *policy*, *policy* change, reinstatement, or increase, if material misrepresentations were made in any relevant application.

Applications include the application for this *policy* or any *policy* change, reinstatement or increase, and any amendments or supplemental applications.

No claim for *loss* incurred or *disability* that starts after two years from the *issue date* will be reduced or denied because a disease or physical condition not excluded by name or specific description effective on the date of *loss* had existed prior to the *issue date*.

ASSIGNMENT. All benefits are payable to the *owner*, unless assigned to another person(s) or entity. While this *policy* is *in force* and no benefits are payable, the *owner* may assign benefits by written request on a form provided by *us*. *We* are not bound by any assignment for any payments made or actions taken by *us* prior to receiving notice of the assignment. Once approved, the assignment will take effect on the date the assignment form was signed by the *owner*. *We* shall not be liable for the validity or tax consequences of any assignment.

POLICY OWNERSHIP. *You* are the *owner* of this *policy* unless *our* records show otherwise. The *owner* has the right to:

(1) receive any benefits due under this *policy*; and
(2) assign this *policy*; and
(3) exercise other rights that this *policy* provides, or that *we* permit.

The *owner* may name a new *owner* by notice to *us*. A new *owner* will take effect on the date *we* receive the signed notice and it is approved by *us*.

MISSTATEMENT OF AGE AND SEX. If *your age* or sex has been misstated in the application, *your* benefits will be adjusted to reflect the amount *your* premium would have purchased at *your* correct *age* and sex. If, however, no coverage would have been issued at the correct *age*, *you* will not be covered and *we* will refund all premiums paid.

ENTIRE CONTRACT. No change in this *policy* will be effective until approved by one of *our* authorized officers. This approval must be noted on or attached to this *policy*. No agent may change this *policy* or waive any of its provisions.

NONPARTICIPATING POLICY. This *policy* is nonparticipating. No dividends will be paid under this *policy*.

HEADINGS. The paragraph headings in this *policy* are included for convenience only and do not modify or control the scope of any of the provisions of this *policy*.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS. This *policy* has been approved under the authority of the Interstate Insurance Product Regulation Commission and is issued under the Commission standards. Any provision of this *policy* that is in conflict with the Interstate Insurance Product Regulation Commission standards on the *issue date* of this *policy* is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards that were in effect on the *issue date* of this *policy*.

Material misrepresentation in any policy application may affect policy benefits within two years from the application date. There is no time limit for fraudulent misrepresentation.

DUTY TO COOPERATE. *You* have the duty to cooperate with *us* concerning all matters relating to this *policy* and any claims thereunder. This cooperation includes, but is not limited to:

(1) submitting all required forms and other documentation according to this *policy's* provisions; and
(2) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefits under this *policy* is based.

TERMINATION. This *policy* terminates on the earliest of the following:

(1) the *policy* expiry date shown on the *schedule* if, at that time, premiums are being waived in accordance with the Waiver of Premium provision in Part II of this *policy*; however, if *you* are *disabled* and receiving monthly benefits at that time, *we* will pay benefits until the end of the *maximum benefit period* as long as *disability* continues; or
(2) the *policy* expiry date shown on the *schedule* if, at that time, this *policy* is suspended in accordance with either the Suspension During Service in the Armed Forces or Suspension During Unemployment provisions in Part IV of this *policy*; or
(3) when the premium for this *policy* remains unpaid for more than:
    (a) 90 days after the end of a suspension under the Suspension During Service in the Armed Forces provision in Part IV of this *policy*; or
    (b) 31 days after the end of a suspension under the Suspension During Unemployment provision in Part IV of this *policy*; or
(4) the *policy* expiry date shown on the *schedule*, unless *you* renew this *policy* as provided under the Conditionally Renewable for Life provision in Part IV of this *policy*; or
(5) the end of the period for which premium has been paid, if premium is not paid by the end of the grace period; or
(6) the date *we* receive the *owner's* written request to terminate this *policy*; or
(7) the date of *your* death.

Ameritas Life Insurance Corp.

ENHANCED PLUS RESIDUAL DISABILITY RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider, as defined below, is designed to supplement *your* income when *you* are *residually disabled*.

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that solely due to *your sickness* or *injury*:

(1) *your loss of monthly earnings* is at least 15% of *your prior monthly earnings*; and
(2) *your loss of monthly earnings* is the result, directly and apart from any other cause, of an *injury* or *sickness*; and
(3) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your occupation*; or *you* are unable to work in *your occupation* for 80% or more of the time as was usual for you prior to the start of *your disability*.

During the *elimination period, we* will waive the *loss of monthly earnings* requirement above.

Your occupation is defined in the **DEFINITIONS** (Part I) section of the *policy*.

In order to be eligible for residual benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of the *policy*.

RESIDUAL MONTHLY BENEFIT. Means the amount paid under this rider for each month *you* are *residually disabled*. In no event will this amount exceed the *base monthly benefit* shown on the *schedule*.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of the *policy* is hereby amended. Days of both *total disability* and *residual disability* will satisfy the *elimination period*.

RESIDUAL MAXIMUM BENEFIT PERIOD. The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule.* Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*.

SUCCESSIVE PERIODS OF DISABILITY. Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *residual disability*. This is shown in the **BENEFIT PROVISIONS** (Part II) section of the *policy.*

MONTHLY EARNINGS. Means:

(1) all wages, fees, salaries, bonuses, commissions (which includes pension and profit-sharing contributions made by *you*) before any pre-tax deductions; and
(2) other payments for service *you* do; less
(3) unreimbursable *usual and customary business expenses* for the same period.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include *your* share, based on *your* percentage of ownership or *your* right via contractual agreement, of:

(1) profits or losses generated by the business; and
(2) contributions made on *your* behalf to a retirement plan and/or profit sharing by the business.

Available to occupation classes 6A - 3A and 6M - 3M, 4P and 4D

Loss of income required is only 15%.

During the elimination period, no loss of earnings is required – insured must have a loss of time or duties only.

Successive periods of disability include days of both total and residual disability.

Earnings include more than just salary.

Usual and customary business expenses are only those expenses which:

(1) *you* can deduct for federal income tax purposes (other than expenses shown on *your* federal income tax return as IRC S Section 179 expenses); and
(2) are other than salaries, drawing accounts, profits, benefits, and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the 60-day period immediately preceding the onset of a *disability*; and
(3) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

When usual and customary business expenses are used to determine *current monthly earnings*, these expenses may not exceed *your* average monthly business expenses for the same period used to determine *your prior monthly earnings*.

Monthly earnings do not include royalties, rent, annuities, interest, dividends, formal sick pay plans, income received from deferred compensation or retirement plans, benefits received for disability under a formal wage or salary continuation plan, disability income policy benefits, capital gains, or any other form of unearned income.

Monthly earnings may be considered earned:

(1) in the period actually received (this is the cash accounting method); or
(2) in the period actually earned (this is the accrual accounting method).

You may elect to have *monthly earnings*, *prior monthly earnings* and the *current monthly earnings* calculated using either the cash or accrual accounting method. If *you* choose the cash accounting method, then, with the exception of deferred compensation, income earned but not received before the onset of a *disability* will be excluded from the calculation of *monthly earnings.*

Regardless of the accounting method used, any bonuses or lump sum payments *you* receive will be assigned on a proportional basis to each month during which they were earned and retroactive adjustments will be made to benefits previously paid. As a result, if it is determined that excess benefits were previously paid under this rider, future benefits will be adjusted appropriately.

PRIOR MONTHLY EARNINGS. Means the greater of the average *monthly earnings* received by *you* during:

(1) any two of the past three full tax years just prior to the onset date of *disability*; or
(2) the 12 calendar months just prior to the onset date of *disability.*

CURRENT MONTHLY EARNINGS. Means *monthly earnings* during each month of *residual disability* for which a claim for benefits is made under this rider.

LOSS OF MONTHLY EARNINGS. Means *your prior monthly earnings* less *your current monthly earnings.*

BENEFIT PROVISIONS

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* for each month *you* are *residually disabled* beginning on the later of:

(1) the day after the end of the *elimination period*; or
(2) the day following a period of *total disability* for which benefits have been paid.

During the first three months of a compensable *residual disability*, the *residual monthly benefit* will equal *your loss of monthly earnings,* not to exceed the *base monthly benefit.* Thereafter, during the same *residual disability* claim, the *residual monthly benefit* will be calculated by the following formula:

residual monthly benefit	=	*loss of monthly earnings* / *prior monthly earnings*	(times) X	*base monthly benefit*

Insured may choose which accounting method is used.

Cash method excludes income earned for services performed but not received before disability began.

Prior monthly earnings are the average earnings during two of the past three full tax years or the past 12 months prior to disability, whichever is greater.

During the first three months of residual disability benefits, we will pay a benefit equal to the loss of monthly earnings, not to exceed the base monthly benefit.

For the first six months of *residual monthly benefit* payments, *we* will not pay less than 50% of *your base monthly benefit.*

We will not pay residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

If *your loss of monthly earnings* is more than 75% of *your prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

If *prior monthly earnings* are determined to be less than or equal to zero, then no residual benefits will be paid.

PRIOR MONTHLY EARNINGS ADJUSTMENT. *We* will make an adjustment to *your prior monthly earnings* in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the onset of *your disability*.

To make this adjustment, *we* will use the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that has been approved by the Interstate Insurance Product Regulation Commission. *We* will notify the *owner* before using any such replacement. CPI-U will then mean the chosen index.

For each *disability* claim, *we* will determine the CPI-U value for the third month prior to the start of *your disability*. This is called the initial index.

On each anniversary of the onset of the *disability*, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then calculated by dividing the current index by the initial index. This ratio will remain constant for 12 months and will be recalculated on each succeeding anniversary. This ratio will never be less than 1.00.

The *prior monthly earnings* is then multiplied by this ratio. The result is the adjusted *prior monthly earnings*.

The adjusted *loss of monthly earnings* equals adjusted *prior monthly earnings* less *current monthly earnings*.

Then:

adjusted *residual monthly benefit*	=	adjusted *loss of monthly earnings* / adjusted *prior monthly earnings*	(times) X	*base monthly benefit*

If *your* adjusted *loss of monthly earnings* is more than 75% of *your* adjusted *prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

No *prior monthly earnings* adjustment is made during the first year of *disability*.

TERMINATION OF RESIDUAL BENEFITS. *We* will continue to pay the *residual monthly benefit*, until the earlier of:

(1) the date the *residual maximum benefit period* ends; or
(2) the date *you* are no longer *residually disabled*.

RECOVERY BENEFIT. In the month immediately following a period for which monthly *disability* benefits have been paid under the *policy*, a *residual monthly benefit* will be paid provided:

(1) *you* are performing the material and substantial *duties* of *your occupation,* working at least as many hours as was usual for *you* prior to the start of *your disability*; and
(2) *your loss of monthly earnings* is at least 15% of *prior monthly earnings*; and
(3) a demonstrable relationship exists between the *loss of monthly earnings* and the *disability*. This relationship will be reevaluated periodically.

A 50% minimum monthly benefit is payable during the first six months of residual disability payments.

Full monthly benefits are payable when the loss of earnings is more than 75%.

Prior monthly earnings are indexed and based on the actual changes in the CPI-U.

If the insured returns to work following a period of compensable disability and maintains at least a 15% loss of earnings due to disability, residual benefits will continue to be paid.

Otherwise, no *residual monthly benefit* will be payable under the Recovery Benefit.

If *you* are not employed prior to *disability*, no *residual monthly benefit* will be payable under the Recovery Benefit.

A demonstrable relationship exists if *loss of monthly earnings* is solely due to *your residual disability*. A demonstrable relationship does not exist if the *loss of monthly earnings* is contributed to by intervening causes that are not related to *your residual disability*.

TERMINATION OF RECOVERY BENEFIT. The recovery benefit will terminate upon the earliest of the following events:

(1) when a demonstrable relationship between the *loss of monthly earnings* and the *disability* no longer exists; or
(2) two consecutive months in which *your loss of monthly earnings* is less than 15%; or
(3) three non-consecutive months in which *your loss of monthly earnings* is less than 15%; or
(4) *you* are working fewer hours than *you* worked before the start of *your disability*; or
(5) *you* become *disabled* again; or
(6) the date the *residual maximum benefit period* ends.

WAIVER OF PREMIUM. The Waiver of Premium provision in the **BENEFIT PROVISIONS** (Part II) section of the *policy* is amended as follows. References to *total disability* will be construed to include periods of *residual disability*.

Nothing in this rider will increase *your base monthly benefit*.

GENERAL PROVISIONS

PROOF OF EARNINGS. Before *we* can determine and approve any benefits, *we* require *proof* necessary to accurately calculate *your current monthly earnings* and *prior monthly earnings*. *We*, or an independent auditor or consultant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates; or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Recovery benefit may be payable up to the maximum benefit period in the policy.

Days of both total and residual disability may be used to qualify for waiver of premium.

Ameritas Life Insurance Corp.

ENHANCED RESIDUAL DISABILITY RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider, as defined below, is designed to supplement *your* income when *you* are *residually disabled*.

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that solely due to *your sickness* or *injury*:

(1) *your loss of monthly earnings* is at least 20% of *your prior monthly earnings*; and
(2) *your loss of monthly earnings* is the result, directly and apart from any other cause, of an *injury* or *sickness*; and
(3) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your occupation*; or *you* are unable to work in *your occupation* for 80% or more of the time as was usual for you prior to the start of *your disability*.

Your occupation is defined in the **DEFINITIONS** (Part I) section of the *policy*.

In order to be eligible for residual benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of the *policy*.

RESIDUAL MONTHLY BENEFIT. Means the amount paid under this rider for each month *you* are *residually disabled*. In no event will this amount exceed the *base monthly benefit* shown on the *schedule*.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of the *policy* is hereby amended. Days of both *total disability* and *residual disability* will satisfy the *elimination period*.

RESIDUAL MAXIMUM BENEFIT PERIOD. The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule.* Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*.

SUCCESSIVE PERIODS OF DISABILITY. Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *residual disability*. This is shown in the **BENEFIT PROVISIONS** (Part II) section of the *policy*.

MONTHLY EARNINGS. Means:

(1) all wages, fees, salaries, bonuses, commissions (which includes pension and profit-sharing contributions made by *you*) before any pre-tax deductions; and
(2) other payments for service *you* do; less
(3) unreimbursable *usual and customary business expenses* for the same period.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include *your* share, based on *yo* percentage of ownership or *your* right via contractual agreement, of:

(1) profits or losses generated by the business; and
(2) contributions made on *your* behalf to a retirement plan and/or profit sharing by the business.

Available to occupation classes 6A - 3A and 6M - 3M, 4P and 4D.

Loss of income required is 20%.

Successive periods of disability include days of both total and residual disability.

Earnings include more than just salary.

Usual and customary business expenses are only those expenses which:

(1) *you* can deduct for federal income tax purposes (other than expenses shown on *your* federal income tax return as IRC S Section 179 expenses); and
(2) are other than salaries, drawing accounts, profits, benefits, and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the 60-day period immediately preceding the onset of a *disability*; and
(3) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

When usual and customary business expenses are used to determine *current monthly earnings*, these expenses may not exceed *your* average monthly business expenses for the same period used to determine *your prior monthly earnings*.

Monthly earnings do not include royalties, rent, annuities, interest, dividends, formal sick pay plans, income received from deferred compensation or retirement plans, benefits received for disability under a formal wage or salary continuation plan, disability income policy benefits, capital gains, or any other form of unearned income.

Monthly earnings may be considered earned:

(1) in the period actually received (this is the cash accounting method); or
(2) in the period actually earned (this is the accrual accounting method).

You may elect to have *monthly earnings*, *prior monthly earnings* and the *current monthly earnings* calculated using either the cash or accrual accounting method. If *you* choose the cash accounting method, then, with the exception of deferred compensation, income earned but not received before the onset of a *disability* will be excluded from the calculation of *monthly earnings*.

Regardless of the accounting method used, any bonuses or lump sum payments *you* receive will be assigned on a proportional basis to each month during which they were earned and retroactive adjustments will be made to benefits previously paid. As a result, if it is determined that excess benefits were previously paid under this rider, future benefits will be adjusted appropriately.

PRIOR MONTHLY EARNINGS. Means the greater of the average *monthly earnings* received by *you* during:

(1) any two of the past three full tax years just prior to the onset date of *disability*; or
(2) the 12 calendar months just prior to the onset date of *disability*.

CURRENT MONTHLY EARNINGS. Means *monthly earnings* during each month of *residual disability* for which a claim for benefits is made under this rider.

LOSS OF MONTHLY EARNINGS. Means *your prior monthly earnings* less *your current monthly earnings*.

BENEFIT PROVISIONS

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* for each month *you* are *residually disabled* beginning on the later of:

(1) the day after the end of the *elimination period*; or
(2) the day following a period of *total disability* for which benefits have been paid.

residual monthly benefit	=	*loss of monthly earnings* / *prior monthly earnings*	(times) X	*base monthly benefit*

Insured may choose which accounting method is used.

Cash method excludes income earned for services performed but not received before disability began.

Prior monthly earnings are the average earnings during two of the past three full tax years or the past 12 months prior to disability, whichever is greater.

We will not pay residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

If *your loss of monthly earnings* is more than 80% of *your prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

If *prior monthly earnings* are determined to be less than or equal to zero, then no residual benefits will be paid.

PRIOR MONTHLY EARNINGS ADJUSTMENT. *We* will make an adjustment to *your prior monthly earnings* in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the onset of *your disability*.

To make this adjustment, *we* will use the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that has been approved by the Interstate Insurance Product Regulation Commission. *We* will notify the *owner* before using any such replacement. CPI-U will then mean the chosen index.

For each *disability* claim, *we* will determine the CPI-U value for the third month prior to the start of *your disability*. This is called the initial index.

On each anniversary of the onset of the *disability*, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then calculated by dividing the current index by the initial index. This ratio will remain constant for 12 months and will be recalculated on each succeeding anniversary. This ratio will never be less than 1.00.

The *prior monthly earnings* is then multiplied by this ratio. The result is the adjusted *prior monthly earnings*.

The adjusted *loss of monthly earnings* equals adjusted *prior monthly earnings* less *current monthly earnings*.

Then:

adjusted *residual monthly benefit*	=	adjusted *loss of monthly earnings* / adjusted *prior monthly earnings*	(times) X	*base monthly benefit*

If *your* adjusted *loss of monthly earnings* is more than 80% of *your* adjusted *prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

No *prior monthly earnings* adjustment is made during the first year of *disability*.

TERMINATION OF RESIDUAL BENEFITS. *We* will continue to pay the *residual monthly benefit*, until the earlier of:

(1) the date the *residual maximum benefit period* ends; or
(2) the date *you* are no longer *residually disabled*.

RECOVERY BENEFIT. In the month immediately following a period for which monthly *disability* benefits have been paid under the *policy*, a *residual monthly benefit* will be paid provided:

(1) *you* are performing the material and substantial *duties* of *your occupation,* working at least as many hours as was usual for *you* prior to the start of *your disability*; and
(2) *your loss of monthly earnings* is at least 20% of *prior monthly earnings*; and
(3) a demonstrable relationship exists between the *loss of monthly earnings* and the *disability*. This relationship will be reevaluated periodically.

Full monthly benefits are payable when the loss of earnings is more than 80%.

Prior monthly earnings are indexed and based on the actual changes in the CPI-U.

If the insured returns to work following a period of compensable disability and maintains at least a 20% loss of earnings due to disability, residual benefits will continue to be paid.

Otherwise, no *residual monthly benefit* will be payable under the Recovery Benefit.

If *you* are not employed prior to *disability*, no *residual monthly benefit* will be payable under the Recovery Benefit.

A demonstrable relationship exists if *loss of monthly earnings* is solely due to *your residual disability.* A demonstrable relationship does not exist if the *loss of monthly earnings* is contributed to by intervening causes that are not related to *your residual disability*.

TERMINATION OF RECOVERY BENEFIT. The recovery benefit will terminate upon the earliest of the following events:

(1) when a demonstrable relationship between the *loss of monthly earnings* and the *disability* no longer exists; or
(2) the end of three months from the date benefits begin to accrue under the Recovery Benefit, regardless of how many months *you* have qualified for this benefit; or
(3) *you* become *disabled* again; or
(4) the date the *residual maximum benefit period* ends.

WAIVER OF PREMIUM. The Waiver of Premium provision in the **BENEFIT PROVISIONS** (Part II) section of the *policy* is amended as follows. References to *total disability* will be construed to include periods of *residual disability.*

Nothing in this rider will increase *your base monthly benefit.*

GENERAL PROVISIONS

PROOF OF EARNINGS. Before *we* can determine and approve any benefits, *we* require *proof* necessary to accurately calculate *your current monthly earnings* and *prior monthly earnings. We*, or an independent auditor or consultant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule.* As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates*;* or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Recovery benefit may be payable for up to three months.

Days of both total and residual disability may be used to qualify for waiver of premium.

Ameritas Life Insurance Corp.

BASIC RESIDUAL DISABILITY RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider, as defined below, is designed to supplement *your* income when *you* are *residually disabled*.

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that solely due to *your sickness* or *injury*:

(1) *your loss of monthly earnings* is at least 20% of *your prior monthly earnings*; and
(2) *your loss of monthly earnings* is the result, directly and apart from any other cause, of an *injury* or *sickness*; and
(3) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your occupation*; or *you* are unable to work in *your occupation* for 80% or more of the time as was usual for *you* prior to the start of *your disability*.

Your occupation is defined in the **DEFINITIONS** (Part I) section of the *policy*.

In order to be eligible for residual benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of the *policy*.

RESIDUAL MONTHLY BENEFIT. Means the amount paid under this rider for each month *you* are *residually disabled*. In no event will this amount exceed the *base monthly benefit* shown on the *schedule*.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of the *policy* is hereby amended. Days of both *total disability* and *residual disability* will satisfy the *elimination period*.

RESIDUAL MAXIMUM BENEFIT PERIOD. The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule*. Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*.

SUCCESSIVE PERIODS OF DISABILITY. Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *residual disability*. This is shown in the **BENEFIT PROVISIONS** (Part II) section of the *policy*.

MONTHLY EARNINGS. Means:

(1) all wages, fees, salaries, bonuses, commissions (which includes pension and profit-sharing contributions made by *you*) before any pre-tax deductions; and
(2) other payments for service *you* do; less
(3) unreimbursable *usual and customary business expenses* for the same period.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include *your* share, based on *your* percentage of ownership or *your* right via contractual agreement, of:

(1) profits or losses generated by the business; and
(2) contributions made on *your* behalf to a retirement plan and/or profit sharing by the business.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

Loss of income required is 20%.

Successive periods of disability include days of both total and residual disability.

Earnings include more than just salary.

Usual and customary business expenses are only those expenses which:

(1) *you* can deduct for federal income tax purposes (other than expenses shown on *your* federal income tax return as IRC S Section 179 expenses); and
(2) are other than salaries, drawing accounts, profits, benefits, and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the 60-day period immediately preceding the onset of a *disability*; and
(3) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

When usual and customary business expenses are used to determine *current monthly earnings*, these expenses may not exceed *your* average monthly business expenses for the same period used to determine *your prior monthly earnings*.

Monthly earnings do not include royalties, rent, annuities, interest, dividends, formal sick pay plans, income received from deferred compensation or retirement plans, benefits received for disability under a formal wage or salary continuation plan, disability income policy benefits, capital gains, or any other form of unearned income.

Monthly earnings may be considered earned:

(1) in the period actually received (this is the cash accounting method); or
(2) in the period actually earned (this is the accrual accounting method).

You may elect to have *monthly earnings*, *prior monthly earnings* and the *current monthly earnings* calculated using either the cash or accrual accounting method. If *you* choose the cash accounting method, then, with the exception of deferred compensation, income earned but not received before the onset of a *disability* will be excluded from the calculation of *monthly earnings*.

Regardless of the accounting method used, any bonuses or lump sum payments *you* receive will be assigned on a proportional basis to each month during which they were earned and retroactive adjustments will be made to benefits previously paid. As a result, if it is determined that excess benefits were previously paid under this rider, future benefits will be adjusted appropriately.

PRIOR MONTHLY EARNINGS. Means the greater of the average *monthly earnings* received by *you* during:

(1) any two of the past three full tax years just prior to the onset date of *disability*; or
(2) the 12 calendar months just prior to the onset date of *disability*.

CURRENT MONTHLY EARNINGS. Means *monthly earnings* during each month of *residual disability* for which a claim for benefits is made under this rider.

LOSS OF MONTHLY EARNINGS. Means *your prior monthly earnings* less *your current monthly earnings*.

BENEFIT PROVISIONS

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* for each month *you* are *residually disabled* beginning on the later of:

(1) the day after the end of the *elimination period*; or
(2) the day following a period of *total disability* for which benefits have been paid.

The *residual monthly benefit* will be the lesser of:

(1) 50% of *your base monthly benefit*; or
(2) the amount determined by the following formula.

loss of monthly earnings	(times)	*base*
prior monthly earnings	X	*monthly benefit*

Insured may choose which accounting method is used.

Cash method excludes income earned for services performed but not received before disability began.

Prior monthly earnings are the average earnings during two of the past three full tax years or the past 12 months prior to disability, whichever is greater.

A 50% maximum monthly benefit is payable during a residual disability.

We will not pay residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

If *prior monthly earnings* are determined to be less than or equal to zero, then no residual benefits will be paid.

PRIOR MONTHLY EARNINGS ADJUSTMENT. *We* will make an adjustment to *your prior monthly earnings* in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the onset of *your disability*.

To make this adjustment, *we* will use the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that has been approved by the Interstate Insurance Product Regulation Commission. *We* will notify the *owner* before using any such replacement. CPI-U will then mean the chosen index.

For each *disability* claim, *we* will determine the CPI-U value for the third month prior to the start of *your disability*. This is called the initial index.

On each anniversary of the onset of the *disability*, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then calculated by dividing the current index by the initial index. This ratio will remain constant for 12 months and will be recalculated on each succeeding anniversary. This ratio will never be less than 1.00.

The *prior monthly earnings* is then multiplied by this ratio. The result is the adjusted *prior monthly earnings*.

The adjusted *loss of monthly earnings* equals adjusted *prior monthly earnings* less *current monthly earnings*.

The *residual monthly benefit* then will be the lesser of:

(1) 50% of *your base monthly benefit*; or
(2) the amount determined by the following formula.

adjusted *loss of monthly earnings*	(times)	*base*
adjusted *prior monthly earnings*	X	*monthly benefit*

No *prior monthly earnings* adjustment is made during the first year of *disability*.

TERMINATION OF RESIDUAL BENEFITS. *We* will continue to pay the *residual monthly benefit*, until the earlier of:

(1) the date the *residual maximum benefit period* ends; or
(2) the date *you* are no longer *residually disabled*.

WAIVER OF PREMIUM. The Waiver of Premium provision in the **BENEFIT PROVISIONS** (Part II) section of the *policy* is amended as follows. References to *total disability* will be construed to include periods of *residual disability*.

Nothing in this rider will increase *your base monthly benefit*.

GENERAL PROVISIONS

PROOF OF EARNINGS. Before *we* can determine and approve any benefits, *we* require *proof* necessary to accurately calculate *your current monthly earnings* and *prior monthly earnings*. *We*, or an independent auditor or consultant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

Prior monthly earnings are indexed and based on the actual changes in the CPI-U.

Days of both total and residual disability may be used to qualify for waiver of premium.

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates*;* or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Ameritas Life Insurance Corp.

COST OF LIVING ADJUSTMENT RIDER - 6% MAXIMUM

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider provides for an annual cost of living adjustment in certain monthly income benefits during *disability*.

DEFINITIONS

CPI-U. *CPI-U* is the Consumer Price Index for All Urban Consumers. It is published by the United States Department of Labor. If the *CPI-U* is replaced or changed, *we* will use the index that has been approved by the Interstate Insurance Product Regulation Commission. *We* will notify the *owner* before using any such replacement. *CPI-U* will then mean the chosen index.

INITIAL INDEX. For each *disability* claim, *we* will determine the *CPI-U* value for the third month prior to the onset of *your disability*. This is called the *initial index*. It will remain fixed for the duration of each *disability* claim.

CURRENT INDEX. On each anniversary of the onset of *your disability*, *we* will determine the *CPI-U* value for the third month prior to that date. This is called the *current index*.

INDEX RATIO. The lesser of:

(1) the *current index* divided by the *initial index*; or
(2) 1.06, compounded annually when measured from the onset date of *your disability* to the most recent anniversary of that onset.

This ratio will never be less than 1.02, compounded annually.

MONTHLY INCOME BENEFIT. If *we* are paying *you* a *total disability* benefit, this is equal to the *base monthly benefit* shown on the *schedule*. If *we* are paying *you* a *residual disability* benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to the *policy*. If the *policy* includes a *partial disability* benefit and *we* are paying *you* under that provision, the *monthly income benefit* is equal to the *partial monthly benefit* as determined in that provision.

BENEFIT PROVISIONS

ADJUSTED MONTHLY INCOME BENEFIT. As long as *you* are receiving a *monthly income benefit* under the *policy*, on each anniversary of the onset date of *disability*, *we* will adjust the *monthly income benefit* by the *index ratio* as follows:

Adjusted Monthly Income Benefit = *index ratio* multiplied by the *monthly income benefit*

RIGHT TO PURCHASE ADDITIONAL COVERAGE UPON RECOVERY. *You* have the right to purchase additional *base monthly benefit* if:

(1) for a period of *disability*, *you* have received benefits that were increased under the terms of this rider; and
(2) *you* are not receiving benefits, including waiver of premium, under the *policy* or any of its riders; and
(3) *you* apply for this additional coverage within 90 days from the date *your disability* ends but before *age* 60; and
(4) *your* application includes satisfactory evidence that *you* have fully recovered and are working in *your occupation* on a full-time basis at least 30 hours each week; and
(5) a plan similar to the *policy* to which this rider is attached is available at *your* attained *age*.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This provides an annual cost of living increase after one full year of disability.

The increase will be based on the change in the CPI-U and will never be less than 2% or greater than 6%, compounded annually.

Increase applies to the total disability benefit, Enhanced Plus, Enhanced or Basic Residual disability benefit and Social Insurance Substitute benefit, if these riders are a part of the policy.

Insured has a conditional right to purchase the increased amount upon recovery.

The additional coverage:

(1) will be issued on a policy form that is regularly used by *us* at the time of issue and has terms similar to those of the *policy*, exclusive of riders; and
(2) may contain riders if approved by *us*; and
(3) will have an *issue date* which is the later of the date:
    (a) the application for additional coverage is approved by *us*; or
    (b) the first premium for this coverage is paid; and
(4) will have the Time Limit for Certain Defenses provision measured from the *issue date* of the additional coverage; and
(5) may contain ratings, exclusions or limitations, if they were a part of the *policy*; and
(6) may be an amount up to the adjusted monthly income benefit payable at the end of the period of *disability* from which *you* have recovered within the last 90 days, reduced by the *base monthly benefit* shown on the *schedule,* and will be subject to *our* Issue & Participation limits and *our* underwriting rules and guidelines at time of purchase, but will only be issued if this amount is at least $300.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule.* As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates; or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Ameritas Life Insurance Corp.

COST OF LIVING ADJUSTMENT RIDER - 3% MAXIMUM

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider provides for an annual cost of living adjustment in certain monthly income benefits during *disability.*

DEFINITIONS

CPI-U. *CPI-U* is the Consumer Price Index for All Urban Consumers. It is published by the United States Department of Labor. If the *CPI-U* is replaced or changed, *we* will use the index that has been approved by the Interstate Insurance Product Regulation Commission. *We* will notify the *owner* before using any such replacement. *CPI-U* will then mean the chosen index.

INITIAL INDEX. For each *disability* claim, *we* will determine the *CPI-U* value for the third month prior to the onset of *your disability.* This is called the *initial index.* It will remain fixed for the duration of each *disability* claim.

CURRENT INDEX. On each anniversary of the onset of *your disability*, *we* will determine the *CPI-U* value for the third month prior to that date. This is called the *current index.*

INDEX RATIO. The lesser of:

(1) the *current index* divided by the *initial index*; or
(2) 1.03, compounded annually when measured from the onset date of *your disability* to the most recent anniversary of that onset.

This ratio will never be less than 1.00.

MONTHLY INCOME BENEFIT. If *we* are paying *you* a *total disability* benefit, this is equal to the *base monthly benefit* shown on the *schedule.* If *we* are paying *you* a *residual disability* benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to the *policy.* If the *policy* includes a *partial disability* benefit and *we* are paying *you* under that provision, the *monthly income benefit* is equal to the *partial monthly benefit* as determined in that provision.

BENEFIT PROVISIONS

ADJUSTED MONTHLY INCOME BENEFIT. As long as *you* are receiving a *monthly income benefit* under the *policy*, on each anniversary of the onset date of *disability*, *we* will adjust the *monthly income benefit* by the *index ratio* as follows:

Adjusted Monthly Income Benefit = *index ratio* multiplied by the *monthly income benefit*

RIGHT TO PURCHASE ADDITIONAL COVERAGE UPON RECOVERY. *You* have the right to purchase additional *base monthly benefit* if:

(1) for a period of *disability*, *you* have received benefits that were increased under the terms of this rider; and
(2) *you* are not receiving benefits, including waiver of premium, under the *policy* or any of its riders; and
(3) *you* apply for this additional coverage within 90 days from the date *your disability* ends but before *age* 60; and
(4) *your* application includes satisfactory evidence that *you* have fully recovered and are working in *your occupation* on a full-time basis at least 30 hours each week; and
(5) a plan similar to the *policy* to which this rider is attached is available at *your* attained *age*.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This provides an annual cost of living increase after one full year of disability.

The increase will be based on the change in the CPI-U and will never be greater than 3%, compounded annually.

Increase applies to the total disability benefit, Enhanced Plus, Enhanced or Basic Residual disability benefit and Social Insurance Substitute benefit, if these riders are a part of the policy.

Insured has a conditional right to purchase the increased amount upon recovery.

The additional coverage:

(1) will be issued on a policy form that is regularly used by *us* at the time of issue and has terms similar to those of the *policy*, exclusive of riders; and
(2) may contain riders if approved by *us*; and
(3) will have an *issue date* which is the later of the date:
    (a) the application for additional coverage is approved by *us*; or
    (b) the first premium for this coverage is paid; and
(4) will have the Time Limit for Certain Defenses provision measured from the *issue date* of the additional coverage; and
(5) may contain ratings, exclusions or limitations, if they were a part of the *policy*; and
(6) may be an amount up to the adjusted monthly income benefit payable at the end of the period of *disability* from which *you* have recovered within the last 90 days, reduced by the *base monthly benefit* shown on the *schedule,* and will be subject to *our* Issue & Participation limits and *our* underwriting rules and guidelines at time of purchase, but will only be issued if this amount is at least $300.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates; or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Ameritas Life Insurance Corp.

SOCIAL INSURANCE SUBSTITUTE RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This Social Insurance Substitute (SIS) rider provides an additional monthly benefit as defined below while *you* are *totally disabled*.

DEFINITIONS

SOCIAL INSURANCE BENEFITS. Means payments of disability or retirement benefits under:

(1) the Federal Social Security Act under:
  (a) a Primary Insurance Amount (PIA); or
  (b) a PIA and a Family Benefit for dependents;
(2) any Worker's Compensation, Occupational Disease, or Employer's Liability program;
(3) Government Retirement and Disability Fund Benefit including:
  (a) disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which *you* may be eligible; or
  (b) any payment that results from elective retirement;
(4) any other similar federal, state or local governmental program.

SIS MONTHLY BENEFIT. Means the maximum benefit amount that will be paid each month under this rider, as shown on the *schedule.*

MAXIMUM BENEFIT PERIOD. Means the maximum length of time that *we* will pay benefits under this rider, not to exceed the *maximum benefit period* for *total disability* shown on the *schedule*. With respect to all provisions of this rider combined, payment will not be made for more than the *maximum benefit period*.

SIS ELIMINATION PERIOD. Means the period of time *you* must be *disabled* before *we* start paying benefits under this rider. Benefits will not accrue or be payable during the *SIS elimination period*. This period is shown on the *schedule*.

SIS ACCUMULATION PERIOD. Means the uninterrupted period of consecutive days during which the *SIS elimination period* must be satisfied. This period is shown on the *schedule.*

BENEFIT PROVISIONS

The *SIS monthly benefit* payable under this rider is supplemental to benefits otherwise payable. The *base monthly benefit* payable under the *policy* will not be affected by any *SIS monthly benefit* paid. *Social insurance benefits* received during *your disability* could reduce the *SIS monthly benefit* payable under this rider to zero. However, in no circumstance will those *social insurance benefits* affect the *base monthly benefit* payable under the *policy*.

BENEFITS FOR TOTAL DISABILITY. If *you* are receiving a *base monthly benefit* under the *policy*, *we* will pay a *SIS monthly benefit*, reduced by any *social insurance benefits* being received, for each month *you* are *totally disabled* after the *SIS elimination period.*

BENEFITS FOR RESIDUAL DISABILITY (Provided the *policy* includes a residual benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *residual monthly benefit* under the *policy*, for each month *you* are *residually disabled* after the *SIS elimination period*, *we* will add the *SIS monthly benefit* to the *base monthly benefit* when *we* determine what benefits to pay under *residual disability*.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

There is a time limit for satisfying the elimination period. This is called the accumulation period.

This benefit is supplemental to the base monthly benefit. It could be offset by other social insurance benefits received during disability. Social insurance benefits will not affect the base monthly benefit.

Dollar-for-dollar offset with social insurance benefits.

A portion of the SIS monthly benefit will be paid for a residual disability, if there is a residual rider on the policy.

BENEFITS FOR PARTIAL DISABILITY (Provided the *policy* includes a partial benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *partial monthly benefit* under the *policy*, for each month *you* are *partially disabled* after the *SIS elimination period*, *we* will add the *SIS monthly benefit* to the *base monthly benefit* when *we* determine what benefits to pay under *partial disability*.

Partial benefit does not apply to policy form 4601NC.

COST OF LIVING ADJUSTMENT (Provided the *policy* contains a Cost of Living Adjustment Rider). If the *SIS monthly benefit* has been included in determining *your disability* benefits and *you* are receiving *disability* benefits under the *policy*, *we* will add the *SIS monthly benefit*, reduced by any *social insurance benefits* being received, to the *base monthly benefit* when determining the benefits payable under the Cost of Living Adjustment Rider.

SISR benefits can also be increased under the Cost of Living Adjustment Rider if that rider is a part of the base policy.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. Once the *SIS elimination period* has been satisfied, for *successive periods of total disability* as defined in the **BENEFIT PROVISIONS** (Part II) section of the *policy*, *you* will not be required to satisfy a new *SIS elimination period*.

Periods of *total disability* will be construed to include periods of *residual disability* or *partial disability* provided the *policy* contains a residual or partial benefit.

GENERAL PROVISIONS

We cannot require *you* to accept reduced Social Security retirement benefits.

If benefits have been paid under this rider and *you* receive retroactive *social insurance benefits*, then *we* will not seek reimbursement from *you*.

If the insured receives retroactive social insurance benefits, we will not seek reimbursement if payments have been made under this rider for that period.

If *you* fail to notify *us* that *you* are receiving periodic payment of *social insurance benefits* and an overpayment of benefits occurs under this rider, *you* must repay *us* the overpayment.

If *you* receive a lump sum award in lieu of continued periodic payments for loss of income, the lump sum payment will be pro rated on a monthly basis over the time period for which payment was intended. If this time period is not specified, *we* will make a reasonable determination as to the time period for which payment may have been intended. *We* will allow for reasonable adjustments to the lump sum amount if the award specifies that portions of the lump sum were for loss of function, dismemberment, attorney fees, and/or medical treatment. If such portions of the lump sum are not otherwise determinable, no adjustments will be allowed.

LEGISLATIVE INCREASES. During *your disability*, legislated automatic increases may be made to *your social insurance benefits*. These increases will not be included in computing the benefit payable under this rider.

Benefits under this rider will not be reduced by legislative increases in social insurance benefits.

PROOF OF SOCIAL INSURANCE BENEFIT STATUS. *We* must receive *proof* of the status of *your social insurance benefits* before *we* will pay benefits under this rider. This *proof* must show that:

(1) *you* have applied for all *social insurance benefits* to which *you* may be entitled; and
(2) such benefits have been approved, denied, or are still pending.

These same *proof* requirements apply if *your* family may be eligible for *social insurance benefits* due to *your disability*.

You must provide *us* with *proof* as often as *we* deem necessary.

APPEAL OF SOCIAL INSURANCE BENEFITS. If *social insurance benefits* are denied, *we* may require *you* to appeal the denial. *We* will pay the expense incurred for such appeal, if *we* require *you* to do so. If *we* do not require *you* to appeal a verdict, *you* may do so on *your* own, at *your* own expense.

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates; or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Ameritas Life Insurance Corp.

FUTURE INCREASE OPTION RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider gives *you* the qualified right to apply for an increase in the *base monthly benefit* based on financial insurability only.

BENEFIT PROVISIONS

INCREASE IN BASE MONTHLY BENEFIT. *You* may apply for an increase in *base monthly benefit* on each *policy* anniversary up to and including the one when *you* are *age* 55. *You* must apply within 31 days prior to or following the *policy* anniversary on which *you* want the increase to take effect.

You also may apply for an off-anniversary increase in *base monthly benefit* if *you* are *age* 45 or less and *we* receive an application for increase within 90 days of one of the following qualifying events:

(1) *you* experience an involuntary loss of Group Long Term Disability insurance that is not being replaced; or
(2) *you* experience a permanent and sustainable one-time increase in *your* annual earned income of at least 30%. Non-recurring bonuses, commissions, or other extraordinary financial events will not quality.

Increases also apply to residual, partial, and cost of living benefits, if included in the *policy.* If *you* choose to do so, an increase may also apply to the Lump Sum Savings rider, if included in the *policy.* Increases will not apply to any other riders included in the *policy.*

An increase will apply only to a separate period of *disability* that begins after the *issue date* of the increase.

AMOUNT OF INCREASE. *You* may request an increase in *your base monthly benefit* in any amount subject to the following conditions:

(1) The maximum annual increase allowed will be the lesser of:
  (a) one-half the *base monthly benefit* originally issued as shown on the *schedule*; or
  (b) the amount for which *you* qualify based on *your* earnings at the time *you* apply for the increase and *our* published financial underwriting guidelines then in effect.
(2) The total of all increases combined may not exceed the lesser of:
  (a) the total maximum increase originally issued as shown on the *schedule* for this rider; or
  (b) *our* published maximum issue and participation limits at the time of the increase.
(3) The minimum increase allowed is $500.

ELIGIBILITY. *You* are eligible to apply for an increase in *your base monthly benefit* under this rider if, at the time *you* apply:

(1) this rider is in force; and
(2) y*ou* are actively working on a full-time basis, at least 30 hours per week; and
(3) *you* are not receiving benefits, including waiver of premium, under the *policy*; and
(4) the *policy* is not suspended in accordance with any provision in the *policy;* and
(5) *you* have not accepted an increase since the last *policy* anniversary.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

Provides the insured the right to increase benefits with only financial underwriting.

Insured may elect increases annually, up to and including age 55.

Insured may apply for an off-anniversary increase subject to specified criteria.

Increases apply to the total disability benefit, Residual and Cost of Living Adjustment benefits and, optionally, to the Lump Sum Savings benefit, if included in the policy.

PROOF OF FINANCIAL INSURABILITY. *You* must provide evidence of *your* financial insurability deemed appropriate by *us*. This includes, but is not limited to, documentation of income and employment, as well as all other disability insurance in force or applied for with *us* or any other insurer, or for which *you* are eligible. No evidence of medical insurability is needed.

PREMIUM FOR AN INCREASE. If *your* application for an increase is approved, *you* must pay the premium within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

(1) be based on *your* attained *age* as of the *issue date* of the increase; and
(2) use the rate basis associated with the *policy* to which this rider is attached; and
(3) be based on the occupation class shown on the *schedule* attached to the *policy* on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the *policy* to which this rider is attached.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates and no further increases in *base monthly benefit* will be made under this rider at the earliest of the following:

(1) *your age* 55; or
(2) when the total of all increases elected equals the total maximum increase amount for this rider shown on the *schedule*; or
(3) the date the *policy* terminates; or
(4) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Only financial evidence of insurability is needed to increase coverage when applying for an increase. Medical documentation is not required.

Increases in coverage are subject to the provisions of the original base policy. Premium is based on the insured's age at the time of the increase and the same rate structure as the original base policy.

Ameritas Life Insurance Corp.

BENEFIT INCREASE RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider gives *you* the qualified right to apply for an increase in the *base monthly benefit* based on financial insurability only.

DEFINITIONS

OFFER AMOUNT. Means the maximum additional amount of *base monthly benefit* for which *you* qualify under this rider based on *your* earnings at the time *you* apply, in accordance with *our* published issue and participation limits and financial underwriting guidelines then in effect.

BENEFIT INCREASE. Means the additional amount of *base monthly benefit* purchased under this rider at any one time.

QUALIFYING INCREASE. Means any *benefit increase* that is at least 50% of the *offer amount*.

OPTION DATE(S). Means the lesser of every third anniversary from the *issue date* of this rider or *your age* 55, until the termination of this rider. For example, if the *issue date* is August 12, 2020, the *option date* is August 12 of every third year, thereafter. In this example, the first *option date* would occur on August 12, 2023.

OPTION WINDOW. Means the period of time during which *you* may apply for additional *base monthly benefit* under this rider. Through *your age* 49, this period of time is six years. After *your age* 49, this period of time will be the lesser of three years or *your age* 55. The first option window begins on the *issue date* of this rider and will reset each time a *qualifying increase* is accepted on an *option date*. If *you* are eligible and apply for an increase but do not qualify for an *offer amount* the option window will also reset.

If a *qualifying increase* is accepted between *option dates* due to a *significant financial event*, then the *option window* will be measured from the *option date* immediately preceding the date of the *significant financial event*. If a *qualifying increase* is accepted within the first three years from the *issue date* of this rider due to a *significant financial event*, the *option window* will not reset.

The *option window* will end in accordance with the Termination provision of this rider.

For example:

For an insured age 40:
(1) if the *issue date* is August 12, 2020 and *you* accept a *qualifying increase* on the first *option date*, August 12, 2023, then the *option window* ends on August 12, 2029.
(2) if the *issue date* is August 12, 2020 and *you* accept a *qualifying increase* due to a *significant financial event* on January 1, 2021, then the *option window* will not be reset, as it is measured from the most recent *option date*, August 12, 2020, and ends on August 12, 2026.

For an insured age 50:
(1) if *you* accept a *qualifying increase* on *your option date* of August 12, 2020, then the *option window* ends on August 12, 2023.

SIGNIFICANT FINANCIAL EVENT. Means an involuntary loss of Group Long Term Disability insurance that is not being replaced or a permanent and sustainable one-time increase in *your* annual earned income of at least 30%. Non-recurring bonuses, commissions, or other extraordinary financial events will not qualify.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This no cost rider provides the insured the right to increase benefits with only financial underwriting.

Offer amount is the benefit amount the insured qualifies for at the time of application.

The insured must take at least 50% of the offer amount to count as a qualifying increase.

Insured can increase benefits under this rider on every third anniversary from the issue date until termination date of the rider.

This is the period of time in which the rider is active. Through age 49, this period is six years and, thereafter, it's three years or to age 55. This window is extended each time a qualifying increase is accepted or the insured applies for, but does not qualify for an increase, prior to age 55.

The insured may apply for additional coverage in between option dates if group LTD is lost and not replaced or if a permanent, one-time 30% increase in annual earned income occurs.

BENEFIT PROVISIONS

APPLYING FOR AN INCREASE. Within the *option window you* may apply for additional *base monthly benefit* on each *option date*. *We* must receive *your* application within six months following the *option date* to be eligible for an increase.

Between *option dates,* if *you* experience a *significant financial event, you* may apply for an increase in *base monthly benefit*. Only one such *benefit increase* can occur within a 3-year period. *We* must receive the application for such an increase within 90 days of the *significant financial event*.

Increases also apply to residual, partial, and cost of living benefits, if included in the *policy*. If *you* choose to do so, increases may also apply to the Lump Sum Savings rider, if included in the *policy*. Increases will not apply to any other riders included in the *policy*.

An increase will apply only to a separate period of *disability* that begins after the *issue date* of the increase.

AMOUNT OF INCREASE. *You* may request an increase in *your base monthly benefit* in any amount subject to the following conditions:

(1) The maximum *benefit increase* is the *offer amount*.
(2) The minimum *benefit increase* is $500.

ELIGIBILITY. *You* are eligible to apply for an increase in *your base monthly benefit* under this rider if, at the time *you* apply:

(1) this rider is *in force*; and
(2) y*ou* are actively working on a full-time basis, at least 30 hours per week; and
(3) *you* are not receiving benefits, including waiver of premium, under the *policy*; and
(4) the *policy* is not suspended in accordance with any provision in the *policy*.

PROOF OF FINANCIAL INSURABILITY. *You* must provide evidence of *your* financial insurability deemed appropriate by *us*. This includes, but is not limited to, documentation of income and employment, as well as all other disability insurance in force or applied for with *us* or any other insurer or for which *you* are eligible. No evidence of medical insurability is needed.

PREMIUM FOR AN INCREASE. If *your* application for an increase is approved, *you* must pay the premium within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

(1) be based on *your* attained *age* as of the *issue date* of the increase; and
(2) use the rate basis associated with the *policy* to which this rider is attached; and
(3) be based on the occupation class shown on the *schedule* attached to the *policy* on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the *policy* to which this rider is attached.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

Insured must apply for an increase within six months following the option date.

If insured experiences a significant financial event between option dates, application must be received within 90 days of the event.

Increases apply to the total disability benefit, Residual and Cost of Living Adjustment benefits and, optionally, to the Lump Sum Savings benefit, if included in the policy.

Only financial evidence of insurability is needed to increase coverage when applying for an increase. Medical documentation is not required.

Increases in coverage are subject to the provisions of the original base policy. Premium is based on the insured's age at the time of the increase and the same rate structure as the original base policy.

TERMINATION. The *option window* ends and this rider terminates with no further increases in the *base monthly benefit* available under this rider at the earliest of the following:

(1) *your age* 55*;* or
(2) *you* were not eligible or have not applied for an increase within the *option window*; or
(3) *you* have not accepted a *qualifying increase* within the *option window*; or
(4) the date *we* receive the *owner's* written request to reduce the *base monthly benefit*; or
(5) the date the *policy* terminates; or
(6) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[**SPECIMEN** **SPECIMEN**]

[President Secretary]

Ameritas Life Insurance Corp.

AUTOMATIC INCREASE RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider is designed to provide for automatic increases in the *base monthly benefit* shown on the *schedule.*

BENEFIT PROVISIONS

INCREASE IN BASE MONTHLY BENEFIT. *You* will receive an automatic annual increase in *base monthly benefit* on each *policy* anniversary for up to five years on the effective dates shown on the *schedule. Your* accumulated *base monthly benefit* and revised premium are shown on the *schedule.* ***You*** **may refuse an increase but by doing so *you* forfeit *your* right to any and all future automatic increases under this rider.**

Increases also apply to residual, partial, and cost of living benefits, if included in the *policy* or riders attached thereto. Increases do not apply to other riders that are attached to the *policy*.

AMOUNT OF INCREASE. The annual increase in *base monthly benefit* is equal to the monthly benefit increase shown on the *schedule* for this rider.

INCREASES DURING DISABILITY. An automatic increase will apply only to a separate period of *disability* that begins after the effective date of the increase. If the premium for the *policy* is being waived on the effective date of the increase, the premium for the increase will also be waived.

PREMIUM FOR AN INCREASE. Premium for the increase will be based on *your* attained *age* at the time of the increase. If premium for the increase is not paid when due, coverage will not take effect and it will be deemed as a refusal of the increase.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule.* As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates and no further increases in the *base monthly benefit* will be made under this rider at the earliest of the following:

(1) *your* refusal of an increase*;* or
(2) the date the *policy* terminates; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This rider provides an automatic 4% annual increase to the base monthly benefit shown on the policy schedule for up to five years. No underwriting is required at the time of increase.

If the insured refuses an increase, all rights to any and all future increases under this rider are forfeited.

Increases apply to the total disability benefit, Residual and Cost of Living Adjustment benefits, if included in the policy.

Ameritas Life Insurance Corp.

CATASTROPHIC DISABILITY RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider provides, as defined below, an additional monthly benefit while *you* are *catastrophically disabled*.

This rider does not, directly or indirectly, provide any coverage for "Long Term Care" services.

DEFINITIONS

CATASTROPHIC DISABILITY AND CATASTROPHICALLY DISABLED. Means that, due to a *sickness* or *injury*:

(1) *you* are unable to perform two or more *activities of daily living* without *stand-by assistance* due to loss of functional capacity; or
(2) *you* require *substantial assistance* due to *severe cognitive impairment*.

ACTIVITIES OF DAILY LIVING:

(1) Dressing: means the ability to put on and take off all items of clothing and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
(2) Toileting: means the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene.
(3) Transferring: means the ability to move in and out of a chair, bed, or wheelchair, with or without the help of adaptive devices.
(4) Continence: means the ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
(5) Eating: means the ability to feed yourself by getting food into *your* body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.
(6) Bathing: means the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in either the tub or shower, including the task of getting in and out of the tub or shower.

STAND-BY ASSISTANCE. Means *you* require the presence of another human being within arm's reach of *you* to prevent, by physical intervention or verbal cueing, *injury* to *you* while *you* are performing the *activities of daily living*.

SUBSTANTIAL ASSISTANCE. Means continuous, in-person supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect *you* from threats to *your* health or safety (such as those that may result from wandering).

SEVERE COGNITIVE IMPAIRMENT. Means *you* have suffered an irreversible loss or deterioration in intellectual capacity requiring *substantial assistance* that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places, or time; and deductive or abstract reasoning.

CATASTROPHIC MAXIMUM BENEFIT PERIOD. Means the maximum length of time *we* will pay *you* a catastrophic monthly benefit as long as *you* are *catastrophically disabled*. This period is shown on the *schedule*.

CATASTROPHIC ELIMINATION PERIOD. Means the period of time *you* must be *catastrophically disabled* before *we* start paying benefits under this rider. Benefits will not accrue or be payable during the *catastrophic elimination period*. This period is shown on the *schedule*.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This rider may pay an additional monthly benefit during a period of catastrophic disability.

Insured must suffer severe cognitive impairment or be unable to perform two of the six Activities of Daily Living (ADLs) without standby assistance to qualify.

CATASTROPHIC ACCUMULATION PERIOD. Means the uninterrupted period of consecutive days during which the *catastrophic elimination period* must be satisfied. This period is shown on the *schedule*.

BENEFIT PROVISIONS

CATASTROPHIC MONTHLY BENEFIT. If *your catastrophic disability* begins while this rider is *in force*, *we* will pay the catastrophic monthly benefit shown on the *schedule* for each month *you* are *catastrophically disabled* after the *catastrophic elimination period*. Payments will not be made for more than the *catastrophic maximum benefit period* shown on the *schedule*.

SUCCESSIVE PERIODS OF CATASTROPHIC DISABILITY. After satisfying the *catastrophic elimination period*, successive periods of *catastrophic disability* will be considered as one period if:

(1) they are caused by the same or related conditions; and
(2) they are separated by less than 180 days; and
(3) they each begin while the *policy* is *in force*.

All other periods of *catastrophic disability* will be considered separate and not successive periods of *catastrophic disability*.

For successive periods of *catastrophic disability*:

(1) *you* will not be required to satisfy a new *catastrophic elimination period*; and
(2) the *catastrophic maximum benefit period* will not start over; and
(3) the accumulated successive periods of *catastrophic disability* cannot exceed the *catastrophic maximum benefit period* shown on the *schedule*.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the date the *policy* terminates; or
(2) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

There is a time limit for satisfying the elimination period. This is called the accumulation period.

Ameritas Life Insurance Corp.

LUMP SUM SAVINGS RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This rider will pay a *lump sum benefit* equal to 25% of *contributing payments* paid through the *policy* anniversary following *age* 60, if the *policy* and this rider remain *in force* at that time. This benefit is paid in addition to, and not in lieu of, any base benefits received under the *policy*.

DEFINITIONS

CONTRIBUTING PAYMENTS. Means any monthly *disability* income benefit paid to *you* up to *age* 60 for:

(1) *total disability*; and
(2) *residual disability*; and
(3) *partial disability*; and
(4) cost of living adjustments for *total, partial,* or *residual disability*.

No other benefits paid under the *policy* or any other riders attached to the *policy* will be considered as a *contributing payment* under the terms of this rider.

LUMP SUM BENEFIT. Means the amount that *we* will pay under this rider. It is equal to 25% of the sum of the *contributing payments*.

QUALIFYING AMOUNT. Means the amount of *contributing payments* that must be met for the *lump sum benefit* to be paid under this rider. This amount is shown on the *schedule*.

BENEFIT PROVISIONS

LUMP SUM DISABILITY BENEFIT. *We* will pay *you* the *lump sum benefit* under this rider, in a single payment at *age* 60, only if:

(1) the *policy* and this rider remain in force at *age* 60; and
(2) the sum of the *contributing payments* is equal to or greater than the *qualifying amount*.

The *lump sum benefit* will not be paid while the *policy* is suspended in accordance with the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*. The *lump sum benefit* will be paid only if coverage has been resumed under the *policy* and *we* receive payment of the premium due for coverage by *your age* 61.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This rider will pay a lump sum benefit to help replace lost retirement contributions while the insured is disabled. Benefits are paid in addition to the base monthly benefit.

Contributing payments include only those paid for total or residual disability and cost of living adjustments, if included in the policy.

The lump sum benefit will be 25% of the sum of contributing payments outlined above.

This is equal to 12 times the base monthly benefit of the policy.

To receive the Lump Sum Benefit, the policy and rider must be in force at age 60 and the contributing claim payment must be greater than or equal to 12 times the insured's base monthly benefit.

TERMINATION. This rider terminates on the earliest of the following:

(1) *your age* 60*;* or
(2) the date the *lump sum benefit* has been paid; or
(3) the date the *policy* terminates; or
(4) the date *we* receive the *owner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

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[President Secretary]

Ameritas Life Insurance Corp.

STUDENT LOAN REPAYMENT RIDER

This rider is made a part of the underlying *policy* to which it is attached. This rider is subject to all definitions, provisions, exceptions, limitations, and other terms of the underlying *policy* unless specifically changed by this rider. Any references in this rider to "the *policy*" refer to the underlying *policy* to which this rider is attached.

This Student Loan Repayment (SLR) rider is designed to reimburse student loan payments while *you* are *disabled* under the terms of the *policy.* This benefit is paid in addition to, and not in lieu of, any base benefits received under the *policy.*

DEFINITIONS

MAXIMUM MONTHLY SLR BENEFIT. Means the maximum amount that will be reimbursed each month under this rider. This amount is shown on the *schedule*.

MAXIMUM SLR BENEFIT PERIOD. Means the maximum length of time that *we* will pay benefits under this rider. This period is shown on the *schedule*.

SLR ELIMINATION PERIOD. Means the period of time *you* must be *totally disabled* before *we* start paying benefits under this rider. Benefits will not accrue or be payable during the *SLR elimination period*. This period is shown on the *schedule.*

SLR ACCUMULATION PERIOD. Means the uninterrupted period of consecutive days during which the *SLR elimination period* must be satisfied. This period is shown on the *schedule*.

LENDER. Means any of the following or their lawful successor(s) or assigns:

(1) a bank, lending institution, or educational institution in the United States (U.S.); or
(2) a U.S. federal, state, or local government program.

STUDENT LOAN OBLIGATION. Means any legally binding loan agreement that:

(1) is signed by *you* as the borrower (not as co-signer or other form of surety); and
(2) specifies the terms of the financial obligation between *you* and the *lender*; and
(3) establishes *your* personal responsibility to repay the loan over a fixed period of time; and
(4) is obtained for the sole purpose of paying educational related expenses incurred while attending a postsecondary, degree-granting institution; and
(5) is not commingled with obligations that are separate and distinct from *your* obligation(s) to pay educational related expenses; and
(6) is obtained while *you* are not *disabled* under the terms of the *policy*.

MONTHLY LOAN PAYMENT. Means the amount due and paid by *you* in a given month, as the result of a *student loan obligation.* Any payment that is not on a monthly basis will be prorated to determine the expense for each month.

BENEFIT PROVISIONS

In order for benefits to be payable under this rider, *your loss* must begin while this rider is *in force* and *you* must satisfy all the terms and conditions of the *policy* and this rider. In addition, *we* must receive written *proof* of:

(1) the *student loan obligation;* and
(2) the *monthly loan payment* for each month *you* are claiming benefits under this rider.

If *you* have coverage for the same *student loan obligation* from any other source at the time benefits become payable under this rider, the benefits herein will be adjusted to a proportion equal to the percentage that the benefit of this rider bears to the total amount of coverage *in force*.

In no event will the sum of the benefits paid under this rider and those paid from any other source exceed the total loan obligation outlined in the *student loan obligation.*

Available to occupation classes 6A - 2A and 6M - 2M, 4P and 4D.

This rider will reimburse the student loan amount paid by the insured during a period of disability.

During a disability, benefits are payable as long as the loan obligation continues but will not exceed the termination date of the rider.

There is a time limit for satisfying the elimination period. This is called the accumulation period.

Insured is required to be the borrower on the loan and responsible for repaying the loan.

BENEFIT FOR TOTAL DISABILITY. After the S*LR elimination period,* for each month *you* are receiving a *base monthly benefit* under the *policy*, *we* will reimburse the *monthly loan payment,* not to exceed the *maximum monthly SLR benefit.* Payment will not be made for more than the *maximum SLR benefit period.*

BENEFIT FOR RESIDUAL DISABILITY. (Provided the *policy* includes a residual benefit.) After the S*LR elimination period,* for each month *you* are receiving a *residual monthly benefit* under the *policy*, *we* will reimburse one-half of the *monthly loan payment,* not to exceed one-half of the *maximum monthly SLR benefit.* Payment will not be made for more than the *maximum SLR benefit period.*

For purposes of this provision, days of both *total disability* and *residual disability* will satisfy the *SLR elimination period.*

We will not pay a benefit for *residual disability* for any day for which *we* pay a benefit for *total disability* under this rider.

BENEFIT FOR PARTIAL DISABILITY. (Provided the *policy* includes a partial benefit.) After the S*LR elimination period,* for each month *you* are receiving a *partial monthly benefit* under the *policy*, *we* will reimburse one-half of the *monthly loan payment,* not to exceed one-half of the *maximum monthly SLR benefit.* Payment will not be made for more than the *maximum SLR benefit period.*

For purposes of this provision, days of both *total disability* and *partial disability* will satisfy the *SLR elimination period.*

We will not pay a benefit for *partial disability* for any day for which *we* pay a benefit for *total disability* under this rider.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. Once the *SLR elimination period* has been satisfied, for *successive periods of total disability* as defined in the **BENEFIT PROVISIONS** (Part II) section of the *policy*, *you* will not be required to satisfy a new *SLR elimination period.*

Periods of *total disability* will be construed to include periods of *residual disability* or *partial disability* provided *your policy* contains a residual or partial benefit.

TERMINATION OF BENEFITS. Benefits will not be paid for any *monthly loan payment* incurred after this rider terminates.

Benefits will terminate on the earliest of the following:

(1) the date *you* are no longer *disabled*; or
(2) *you* are no longer receiving a monthly benefit under the *policy*; or
(3) *you* fail to provide all *proof* as required; or
(4) benefits have been paid for the *maximum SLR benefit period*; or
(5) the date this rider terminates; or
(6) the date *you* are no longer personally responsible for the loan obligation stated in the *student loan obligation*; or
(7) the date the *student loan obligation* terminates.

GENERAL PROVISIONS

ASSIGNMENT. All benefits are payable to the *owner*, unless assigned to another person(s) or entity. The *owner* may assign the benefits of this rider by written request, on a form provided by *us. We* will not be bound by any assignment of benefits due until the form is received by *us.* Assignment of any benefits under this rider is not considered an assignment of benefits under the *policy*, and any assignment of benefits under the *policy* is not considered an assignment of benefits under this rider.

We are not responsible for the tax consequences or validity of any assignment.

During a period of total disability, this rider will reimburse the insured for the monthly loan payment, not to exceed the maximum monthly benefit under this rider.

During a period of residual disability, this rider will reimburse the insured for one-half of the monthly loan payment, not to exceed one-half the maximum monthly benefit under this rider. This applies if a residual rider is a part of the policy.

Partial benefit does not apply to policy form 4601NC.

RIDER SPECIFICATIONS. This rider is based on the application for this rider and payment of its premium.

This rider takes effect on the *issue date* of the *policy* unless a different *issue date* for this rider is shown on a revised *schedule*. As applied to this rider, the Time Limit for Certain Defenses and Pre-Existing Conditions provisions of the *policy* will be measured from the later of the *issue date* of the *policy* or of this rider.

TERMINATION. This rider terminates on the earliest of the following:

(1) the SLR Expiration Date shown on the *schedule*; or
(2) the date the *policy* terminates; or
(3) the *policy* expiry date shown on the *schedule*, even if *you* renew the *policy* as provided under the Conditionally Renewable for Life provision in the **PREMIUM AND RENEWAL PROVISIONS** (Part IV) section of the *policy*; or
(4) the date *we* receive the *owner's* written request to terminate this rider; or
(5) the premium for this rider remains unpaid for more than 31 days; or
(6) the date *you* no longer have any *student loan obligation. We* will refund the unearned portion of any premium paid for this rider, not to exceed 12 months, upon receipt of written *proof* that *you* no longer have any *student loan obligation*.

AMERITAS LIFE INSURANCE CORP.

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[President Secretary]

Disability Income Policy
Nonparticipating

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In approved states, DInamic Cornerstone Income Protection® (form 4601NC) is issued by Ameritas Life Insurance Corp. In New York, DInamic Cornerstone Income Protection® (form 5601NC) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

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Certain provisions may vary by state.