Ameritas

5900 O Street
Lincoln, NE 68510

Client Service Office

800-745-1112
Fax: 402-467-7335

P.O. Box 81889
Lincoln, NE 68501

Insured: [John Doe]
Policy Number: [N12345678D]

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 AND GUARANTEED RENEWABLE TO AGE 65

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between the *owner* and Ameritas Life Insurance Corp.

RIGHT TO EXAMINE. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning and any premiums paid will be refunded.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Disability Income Policy
Nonparticipating

4501NC CA

This is not an insurance contract.

This is a general specimen and reflects policy rider and endorsement wording in potential policies issued.

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

Policy form 4501NC CA is available in California only, to occupational classes 6A-2A and 6M-2M.

As long as premiums are paid, Ameritas Life Insurance Corp. cannot cancel or change the policy or increase the rates.

You can have income protection for as long as you keep working and pay the premiums that are in effect.

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POLICY SCHEDULE

Policy Number:	[N12345678D]
Insured:	[John Doe]
Issue Age and Gender:	[35], [Male]
Occupational Class:	[6A]
Risk Class:	[Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2011]
Issue Date:	[July 1, 2011]
Expiry Date:	[July 1, 2041]

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
Maximum Benefit Period	
[For Total Disability starting:	
(1) Before *age* 63	To *Age* 65
(2) At or after *age* 63	24 Months]
Treatment of Nondisabling Injuries	
Maximum Amount Per Event	$[n,nnn]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000
COBRA Maximum Benefit Period	18 Months
MNDA Benefit Period	[Lifetime maximum: nn Months]
Rider Information	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Monthly Benefit Increase	$[nn]
Future Increase Option Rider	
Total Maximum Increase	$[n,nnn]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[n,nnn]
SIS Elimination Period	[nnn] Days
Student Loan Repayment Rider	
Maximum Monthly SLR Benefit	$[n,nnn]
Maximum SLR Benefit Period	[To age nn]
SLR Elimination Period	[nn] Days
SLR Expiration Date	[July 1, 2028]

Policy includes benefits for partial disability.

Broad flexibility in monthly benefit amounts, benefit periods and elimination periods.

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

Partial disability benefits are provided in your policy via either the Enhanced or Basic Partial Disability Benefit Endorsement.

POLICY SCHEDULE

Premium Information

Base Policy	$[nnn.nn]
Cost of Living Adjustment Rider	$[nnn.nn]
Automatic Increase Rider Future	NONE
Increase Option Rider Social	$[nn.nn]
Insurance Substitute Rider	$[nnn.nn]
Student Loan Repayment Rider	$[nn.nn]
Subtotal	$[nn.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**
[07/01/2011	$n,nnn	$nnn.nn]
[07/01/2012	$n,nnn	$nnn.nn]
[07/01/2013	$n,nnn	$nnn.nn]
[07/01/2014	$n,nnn	$n,nnn.nn]
[07/01/2015	$n,nnn	$n,nnn.nn]
[07/01/2016	$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.)

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 *elimination period*. This amount is shown on the *schedule*.

ELIMINATION PERIOD. Means the period of time *you* must be disabled before *we* start paying benefits. Benefits will not accrue or be payable during the *elimination period*. This period is shown on the *schedule*. Days of both *total disability* and *partial disability* will be combined towards satisfaction of the *elimination period*.

HOSPITAL. Means an institution licensed by law as a facility which:

(1) is primarily engaged in providing in-patient medical care for diagnosis and treatment of *injuries* or *sickness*, and 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
(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 or within the grace period and *you* remain insured under the terms of this policy.

INJURY. Means any bodily harm or impairment caused by a singular and distinct event occurring while this policy is *in force* and that is not contributed to by *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 (except dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of the period of disability. Such disorders include, but are not limited to, psychotic, emotional, or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a period of disability.

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

PARTIAL DISABILITY OR PARTIALLY DISABLED. Means that:

(1) *you* are not *totally disabled*; and
(2) while working in an occupation, as a result of *sickness* or *injury*, *your loss* of monthly earnings is more than 15% of *your* prior monthly earnings.

PHYSICIAN. Means a person (other than *you*, *your* spouse or domestic partner, a member of *your* family, a business or professional partner or any person with whom *you* share a financial or business interest) licensed by law in the state in which he or she practices and who is practicing within the scope of such license to treat *injury* or *sickness*. If a *loss* is due to *mental/nervous disorders*, the *physician* must be a board-certified psychiatrist or a licensed doctoral-level psychologist.

Benefits for partial disability are payable when you are not totally disabled; and while working in an occupation, you suffer at least a 15% loss of earnings.

Refer to either the Enhanced or Basic Partial Disability Benefit Endorsement that is part of your policy.

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 while this policy is *in force*, including complications due to pregnancy or childbirth.

SUBSTANTIAL AND MATERIAL ACTS. Means acts that are normally required for the performance of *your usual occupation* and cannot be reasonably omitted or modified.

TOTAL DISABILITY OR TOTALLY DISABLED. [Means that as a result of *sickness* or *injury*, *you* are not able to perform with reasonable continuity the *substantial and material acts* necessary to perform *your usual occupation* in the usual and customary way, and *you* choose not to work at any occupation. If *you* choose to work at any job, *you* will not be considered *totally disabled* under this policy, but *you* may qualify for *partial disability* benefits.]

USUAL OCCUPATION. Means any employment, business, trade, or profession and the *substantial and material acts* of the occupation *you* were regularly performing when disability began and is not necessarily limited to the specific job *you* were performing.

If *you* are not employed at the beginning of a disability, *your usual occupation* means any occupation in which *you* could reasonably be expected to perform satisfactorily in light of *your* age, education, training, experience, station in life, and physical and mental capacity.

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 usual occupation*.

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

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

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*.

Once benefit payments for *total disability* begin and in order for these payments to continue under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

BENEFIT FOR PARTIAL DISABILITY. This policy provides benefits for *partial disability*, as described in form [AEPAR or ABPAR] attached to this policy.

SUCCESSIVE PERIODS OF DISABILITY. Successive periods of 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 365 days; and
(3) they each begin while this policy is *in force*.

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

For successive periods of disability:

There are three definitions of total disability available, subject to your occupational class.

1. For the length of the benefit period, the inability, due to sickness or injury, to work in your own occupation, even if you are working in another occupation. (Not available for occupational classes 2A and 2M.)
2. For the length of the benefit period, the inability, due to sickness or injury, to work in your own occupation and you are not working in any other occupation for wage or profit. (Available to all occupational classes.)
3. For the first 60 months, the inability, due to sickness or injury, to work in your own occupation, even if you are working in another occupation; followed by the inability to work in your own occupation and you are not working in any other occupation for wage or profit. (Available for occupational classes 3A and 3M only.)

Specialty Own Occupation language is included in all three definitions for physicians and dentists.

Attempts to return to work for up to 365 days will not require a new elimination period to be satisfied and the maximum benefit period will not start over, provided the two periods of disability are from the same or related cause and each begins while the policy is in force.

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

CONCURRENT DISABILITIES. Disabilities arising from more than one cause at the same time will be treated as a single disability and benefits will not exceed those that would have been paid for any one cause.

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*. However:

(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) *base monthly benefit* payments will end if the specific loss is recovered; and
(4) *total disability* must begin while this policy is *in force*; and
(5) once benefit payments begin and in order for these payments to continue under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

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 more than six months after the *issue date*. In this instance, the *elimination period* will be waived.

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*.

REHABILITATION. *We* will not consider *you* recovered from a *total disability* just because *you* participate in a program of occupational rehabilitation. *You* may seek 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 expenses as set forth in a signed, written agreement between *you* and *us*.

TREATMENT OF NONDISABLING INJURIES. If *you* suffer an *injury* while this policy is *in force* that requires medical treatment prescribed by a *physician*, or the repair to natural teeth prescribed by a dentist, *we* will pay the expense of such treatment:

(1) only for expenses incurred while this policy is *in force* within 90 days from the *injury* date; and
(2) only if a claim is submitted within 365 days from the *injury* date; and
(3) provided no other benefits are payable under this policy or any of its riders.

We will pay *you* for such expenses up to the maximum amount shown on the *schedule* for this benefit subject to the following:

(1) if *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than a total of 100% of the expense incurred under all policies; and
(2) if a nondisabling *injury* develops into a disability for which monthly disability benefits are paid, any benefits which have been paid under this provision will be offset against the monthly disability benefits.

Presumes total disability for certain specific losses. Loss need not be permanent or irrecoverable.

You can work full-time and still receive benefits. No elimination period applies if you are disabled under this benefit.

Disability resulting from a transplant that occurs more than six months after the issue date is treated as a sickness and benefits are payable from the first day of disability.

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

To help you recover and return to work, disability benefits may be payable if you participate in an approved program of occupational rehabilitation. We may participate in the cost.

Reimburses medical expenses for a nondisabling injury. This is a per occurrence benefit.

WAIVER OF PREMIUM. *You* must continue to pay premium until *your* claim has been approved by *us*. *We* will waive any premium on this policy as it comes due, until disability ends, beginning with the date *your* claim is approved but not before 90 days of continuous disability. Once *we* start waiving premium, *we* will also refund any premium *you* have paid on or after the date *you* became disabled.

Once benefit payments begin and in order 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. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

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.

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 *your* designated beneficiary, if any, otherwise, to *your* estate.

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, 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 or contributed to by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months.

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

CRIMINAL ACTIVITY. Benefits are not payable for *sickness*, *injury* or disability resulting from committing or attempting to commit a felony or engaging in an illegal occupation.

RESIDENCE. While *you* reside outside of the United States, *we* will not pay benefits for more than twelve months during the lifetime of this policy.

PREGNANCY. Benefits are not payable for normal pregnancy or childbirth until *you* have been disabled for 90 days.

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

Elimination period will be reduced by two days for every year you complete without receiving any monthly disability benefits under the policy. Elimination period will not be reduced to less than 30 days.

A valuable benefit that could pay three months of additional benefits upon your death.

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

MENTAL/NERVOUS DISORDERS, ALCOHOLISM, AND/OR DRUG ABUSE (MNDA). Compensable disabilities caused by or contributed to by *mental/nervous disorders* or being under the influence of any controlled substance or alcohol will be subject to the maxiumum MNDA benefit period shown on the *schedule*, regardless of the *maximum benefit period* for *total disability* shown on the *schedule*. However, *we* will pay benefits, subject to the *maximum benefit period* for *total disability* shown on the *schedule*, for a compensable disability caused by *mental/nervous disorders* for as long as *you* are thereby continuously confined in a *hospital* under the care of a *physician* or for compensable disabilities resulting from being under the influence of a controlled substance as prescribed by a *physician*.

PRE-EXISTING CONDITIONS. *You* are not covered for a disability that:

(1) begins in the first 24 months after the *issue date* of this policy; and
(2) is caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition.

You have a pre-existing condition if *you* suffered from a physical or mental condition which was misrepresented or not disclosed in *your* application for which *you* received treatment from a *physician* within 24 months before the *issue date*.

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, P.O. Box 40888, Cincinnati, Ohio 45240. 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.

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.

REINSTATEMENT. Within one year after this policy *lapses*, *we* will consider reinstatement of this policy upon payment of all past due premiums. *We* may require an application for reinstatement and evidence of insurability.

If *we* accept the past due premium with no further requirements, *we* will reinstate this policy effective the date the past due premium was received. If *we* require an application for reinstatement, this policy will be reinstated:

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

Following reinstatement, *your* policy will cover only:

(1) an *injury* that occurs after the date of reinstatement; or
(2) a *sickness* beginning more than 10 days after the date of reinstatement.

All other rights of the policy will remain the same except for changes made to the policy as a result of reinstatement.

NONCANCELABLE AND GUARANTEED RENEWABLE TO AGE 65. *You* have the right to continue this policy to *age* 65 by paying the premium as due. Until *age* 65, *we* shall not:

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

A disability due to a pre-existing condition may be covered if the disability begins after 24 months from the policy issue date and the condition has not been specifically excluded from coverage.

You have extra time to pay a premium that is due while coverage continues.

Reinstating coverage is possible within one year after the policy lapses.

Premiums on a Noncancelable and Guaranteed Renewable policy are guaranteed to age 65. We cannot cancel the policy except for non-payment of premium and we cannot change the terms of the policy except per the client's request.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. *You* may renew this policy on each policy anniversary from *age* 65 for life, if, at the time of renewal:

(1) *you* are not receiving a benefit under this policy or any attached rider; and
(2) *you* are actively working at least 30 hours each week for wage or profit; and
(3) the policy is *in force* with no premium in default; and
(4) *you* pay the premium in effect for *your age* at that time; and
(5) *you* furnish *proof* of *your* current income.

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* at *age* 65 are non-renewable and will terminate according to the terms of those riders.

SUSPENSION DURING SERVICE IN THE ARMED FORCES. If *you* are on active duty in any armed forces for more than 30 days, *you* have the option to suspend this policy. During such suspension:

(1) the provisions of this policy will not be in effect; and
(2) the contestable period in Part VI of this policy shall be tolled; and
(3) premium payments shall not be required.

You must request this suspension in writing. *We* will refund the part of any premium paid beyond *your* active duty date. If *your* active service ends before *you* reach *age* 65, *you* may reinstate this policy 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 reinstate this policy effective the date premium is received. This policy will not cover *loss* from *injuries* which occurred, or *sickness* 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*. If *you* cannot send it within 30 days, do so as soon as possible. The notice of claim should be submitted to *us* at *our* client service office, P.O. Box 40888, Cincinnati, Ohio 45240, or to one of *our* authorized agents, and must include *your* name and policy number.

CLAIM FORMS. When *we* receive *your* notice of claim, *we* will send *you* forms for filing *your proof* of *loss*. If *we* do not 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* should 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 may be sent as soon as reasonably possible thereafter without affecting *your* claim. The additional time allowed cannot exceed one year unless *you* are legally incapacitated. *We* may request additional *proof* of *loss* as often as *we* deem necessary.

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*.

Benefits for any other *loss* or any balance remaining unpaid upon termination of liability will be paid as soon as *we* receive proper written *proof*.

PAYMENT OF CLAIMS. All benefits payable under this policy will be paid to the *owner*, unless assigned to another person.

You have a reasonable length of time to file a claim.

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

If the person who is to receive payments is dead 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 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. The amount *we* pay will not exceed $1,000 or, if greater, the limit allowed by state law for payments of this kind.

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.

MEDICAL EXAMINATION. *We* have the right, at *our* expense, to obtain other medical opinions from, or have *you* examined by, *physicians* of *our* choice as often as is reasonably necessary.

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.

FRAUD. A false statement made in the application for this policy shall not bar *your* right to recover under the policy unless such false statement was an intentional misrepresentation of material fact made by *you* in the application to procure this policy and any rider, benefit, or reinstatement of this policy; or a claim is made with intent to deceive. This provision shall control over all other policy provisions.

PART VI: GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES. After two years from the *issue date* of this policy, only fraudulent misstatements in the application may be used to void this policy or any change to this policy or deny a claim for *loss* incurred or disability that starts after the two-year period.

No claim for *loss* incurred or disability (as defined in the policy) commencing after two years from the *issue date* of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of *loss* had existed prior to the *issue date* of this policy.

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.

CHANGE OF BENEFICIARY. The *owner* may change the beneficiary at any time before *you* die by notice to *us*. It will take effect on the date the notice was signed by the *owner*. *We* will not be liable for any payments *we* make or actions *we* take before the change takes effect. Consent of the beneficiary is not required for the *owner* to assign or surrender this policy, change the beneficiary, or make any other changes to this policy.

MISSTATEMENT OF AGE. If *your age* has been misstated, *your* benefits will be adjusted to reflect the amount *your* premium would have purchased at *your* correct *age*. 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. The entire contract consists of:

(1) this policy; and
(2) any riders; and
(3) any endorsements; and
(4) the attached copy of the application, and any amendments or supplemental applications; and
(5) the applicable *schedule(s).*

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.

After two years, the policy may be voided only for fraud.

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 STATE STATUTES. If any provisions of this policy are in conflict with the laws of the state where *you* reside on the *issue date* of the policy, those provisions are amended to conform to the minimum requirements of those laws.

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 submitting all required forms and other documentation according to this policy's provisions.

TERMINATION. This policy terminates on the earlier of the following:

(1) the expiry date shown on the *schedule*, unless *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(2) the end of the period for which premium has been paid, if premium is not paid by the end of the grace period; or
(3) the date *we* receive the *owner's* written request to terminate the policy; or
(4) the date of *your* death.

Ameritas Life Insurance Corp.

ENHANCED PARTIAL DISABILITY BENEFIT ENDORSEMENT

DEFINITIONS

PARTIAL DISABILITY or PARTIALLY DISABLED. This is defined in PART I: DEFINITIONS section of the policy.

PARTIAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this endorsement.

PARTIAL MAXIMUM BENEFIT PERIOD. The *partial 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 endorsement combined, will not be made for more than the *partial maximum benefit period*.

MONTHLY EARNINGS. *Monthly earnings* are:

(1) all wages, fees, salaries, bonuses, commissions; and
(2) pension and profit-sharing contributions and deferred compensation; and
(3) other payments for service *you* do;
less
(4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include:

(1) *your* share of profits or losses generated by the business;
less
(2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) 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
(4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

Monthly earnings do not include:

(1) royalties;
(2) rent;
(3) annuities;
(4) interest;
(5) dividends;
(6) sick pay;
(7) benefits received for disability under a formal wage or salary continuation plan;
(8) income of a corporation imputed to a disabled single owner;
(9) 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).

Either Enhanced or Basic Partial Disability Benefit is required for occupational classes 6A-3A and 6M-3M.

Benefits for partial disability are payable when you are not totally disabled; and while working in an occupation, you suffer at least a 15% loss of earnings.

Earnings mean more than just salary.

You may choose which accounting method you use.

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

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*.

PRIOR MONTHLY EARNINGS. *Prior monthly earnings* are *your* average *monthly earnings* for either the 12-month or 24-month period immediately preceding the onset of a disability, whichever is greater.

CURRENT MONTHLY EARNINGS. *Current monthly earnings* are *your monthly earnings* during each month of *partial disability* for which a claim for benefits is made under this endorsement.

During any period of *partial disability*, usual and customary business expenses will be construed to be only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) 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 last 60 days before disability began.

LOSS OF MONTHLY EARNINGS. *Loss of monthly earnings* is *your prior monthly earnings* less *your current monthly earnings*.

BENEFIT PROVISIONS

PARTIAL BENEFITS. *We* will pay *you* a *partial monthly benefit* under this endorsement for each month *you* are *partially 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.

$$\textit{partial monthly benefit} = \frac{\textit{loss of monthly earnings}}{\textit{prior monthly earnings}} \text{ (times) } X \text{ } \textit{base monthly benefit}$$

The first six monthly payments of the *partial monthly benefit* will be the greater of:

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

We will not pay partial 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 partial 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, in *our* judgment, most clearly reflects the change in the cost of living in the United States. 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.

Prior monthly earnings are your average earnings in the last 12-month or 24-month period immediately prior to disability, whichever is greater.

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

Full monthly benefits are payable if income loss is greater than 75%.

Your prior monthly earnings are indexed based on the actual changes in the CPI-U.

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 one.

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 the difference between adjusted *prior monthly earnings* and *current monthly earnings*.

Then:

$$\text{adjusted } \textit{partial monthly benefit} = \frac{\text{adjusted } \textit{loss of monthly earnings}}{\text{adjusted } \textit{prior monthly earnings}} \text{ (times) } \textit{base monthly benefit}$$

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 PARTIAL BENEFITS. *We* will continue to pay the *partial monthly benefit*, until the earlier of:

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

RECOVERY BENEFIT. *We* will still consider *you partially disabled* if *you* have recovered from a *sickness* or *injury* that caused a *partial disability* and *you* continue to have a *loss of monthly earnings* of at least 15% due to that disability.

TERMINATION OF RECOVERY BENEFIT. The recovery benefit will terminate upon the earlier of:

(1) the date *your loss of monthly earnings* is no longer the result of disability; 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) the date the *partial maximum benefit period* ends.

Nothing in this endorsement 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 accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

TERMINATION. The partial benefit described in this endorsement terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision.

This endorsement is a required part of the policy to which it is attached and subject to all provisions within this policy. In all other respects, this policy remains unchanged.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

If you return to work following a period for which disability benefits are payable and maintain at least a 15% loss of earnings due to disability, partial benefits will continue to be paid for up to the maximum benefit period.

Ameritas Life Insurance Corp.

BASIC PARTIAL DISABILITY BENEFIT ENDORSEMENT

DEFINITIONS

PARTIAL DISABILITY or PARTIALLY DISABLED. This is defined in PART I: DEFINITIONS section of the policy.

PARTIAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this endorsement.

PARTIAL MAXIMUM BENEFIT PERIOD. The *partial 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 endorsement combined, will not be made for more than the *partial maximum benefit period*.

MONTHLY EARNINGS. *Monthly earnings* are:

(1) all wages, fees, salaries, bonuses, commissions; and
(2) pension and profit-sharing contributions and deferred compensation; and
(3) other payments for service *you* do;
less
(4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include:

(1) *your* share of profits or losses generated by the business;
less
(2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) 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
(4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

Monthly earnings do not include:

(1) royalties;
(2) rent;
(3) annuities;
(4) interest;
(5) dividends;
(6) sick pay;
(7) benefits received for disability under a formal wage or salary continuation plan;
(8) income of a corporation imputed to a disabled single owner;
(9) 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*.

Either Enhanced or Basic Partial Disability Benefit is required for occupational classes 6A-3A or 6M-3M. Basic Partial Disability Benefit is required for occupational classes 2A and 2M.

Benefits for partial disability are payable when you are not totally disabled; and while working in an occupation, you suffer at least a 15% loss of earnings.

Earnings mean more than just salary.

You may choose which accounting method you use.

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

PRIOR MONTHLY EARNINGS. *Prior monthly earnings* are *your* average *monthly earnings* for either the 12-month or 24-month period immediately preceding the onset of a disability, whichever is greater.

CURRENT MONTHLY EARNINGS. *Current monthly earnings* are *your monthly earnings* during each month of *partial disability* for which a claim for benefits is made under this endorsement.

During any period of *partial disability*, usual and customary business expenses will be construed to be only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) 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 last 60 days before disability began.

LOSS OF MONTHLY EARNINGS. *Loss of monthly earnings* is *your prior monthly earnings* less *your current monthly earnings*.

BENEFIT PROVISIONS

PARTIAL BENEFITS. *We* will pay *you* a *partial monthly benefit* under this endorsement for each month *you* are *partially 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 *partial monthly benefit* will be the lesser of:

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

$$\frac{\textit{loss of monthly earnings}}{\textit{prior monthly earnings}} \text{ (times) } \textit{base monthly benefit}$$

We will not pay partial 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 partial 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, in *our* judgment, most clearly reflects the change in the cost of living in the United States. 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 one.

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 the difference between adjusted *prior monthly earnings* and *current monthly earnings*.

Prior monthly earnings are your average earnings in the last 12-month or 24-month period immediately prior to disability, whichever is greater.

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

Your prior monthly earnings are indexed based on the actual changes in the CPI-U.

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

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

$$\frac{\text{adjusted } \textit{loss of monthly earnings}}{\text{adjusted } \textit{prior monthly earnings}} \quad \text{(times)} \quad X \quad \textit{base monthly benefit}$$

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

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

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

Nothing in this endorsement 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 accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

TERMINATION. The partial benefit described in this endorsement terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision.

This endorsement is a required part of the policy to which it is attached and subject to all provisions within this policy. In all other respects, this policy remains unchanged.

AMERITAS LIFE INSURANCE CORP.

[SPECIMEN SPECIMEN]

[President Secretary]

Ameritas Life Insurance Corp.

SOCIAL INSURANCE SUBSTITUTE RIDER

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

Such *social insurance benefits* include only those associated with the same disability for which *you* are receiving benefits under this policy.

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

MAXIMUM BENEFIT PERIOD. The monthly benefit payable under this rider will be paid for up to 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. The period of time *you* must be disabled before *we* start paying benefits under this rider. This period is shown on the *schedule*.

SUCCESSIVE PERIODS OF DISABILITY. *Successive periods of disability* are defined in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

For *successive periods of* disability:

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

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

BENEFIT PROVISIONS

BENEFITS FOR TOTAL DISABILITY. If *you* are receiving a *base monthly benefit* under this 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*.

Available to occupational classes 6A-2A and 6M-2M.

This rider may increase your benefit during total or partial disability.

Dollar-for-dollar offset with Social Insurance benefits.

BENEFITS FOR RESIDUAL DISABILITY (Provided *your* policy includes a residual benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *residual monthly benefit* under this 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*.

BENEFITS FOR PARTIAL DISABILITY (Provided *your* policy includes a partial benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *partial monthly benefit* under this 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*.

COST OF LIVING ADJUSTMENT (Provided *your* 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 this 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.

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 *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, *you* will be deemed to be receiving the monthly equivalent of the Social Insurance Benefits to which *you* would have been entitled had there not been a lump sum award, pro rated on a monthly basis over the time period for which payment was intended. The time period will be determined by dividing the lump sum award amount by the monthly amount of Social Insurance Benefits that were previously payable. *We* will allow for 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.

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.

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:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

Residual Disability benefits are not available for policy form 4501NC CA.

SISR also applies to the partial benefit under the Enhanced or Basic Partial Disability Benefit Endorsement that is part of your base policy.

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

If you receive retroactive Social Insurance benefits, we will not seek reimbursement from you if payments have been made under this rider for that period.

Benefits under this rider will not be reduced by legislative increases in Social Insurance benefits.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

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

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; 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

This rider provides for a yearly **compound** interest 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, in *our* judgment, most clearly reflects the change in the cost of living in the United States. *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) one plus six percent (1 + 6%), compounded annually.

This ratio will never be less than one.

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 *your* policy includes a partial 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 this 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*

If this benefit is payable beyond *age* 65, the same *index ratio* used at *age* 65 will apply until the *monthly income benefit* ceases.

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 under this policy or any of its riders; and
(3) *you* are no longer disabled; and
(4) *you* are employed in *your* own occupation on a full-time basis at least 30 hours each week; and
(5) *you* apply for this additional coverage within 90 days from the date *your* disability ends but before *age* 60; and
(6) *your* application includes satisfactory evidence that *you* have fully recovered and are working in *your occupation* on a full-time basis; and
(7) a plan similar to the policy to which this rider is attached is available at *your* attained *age*.

Available to occupational classes 6A-2A and 6M-2M.

This is an annual compound interest computation.

Benefits will never be less than the base monthly benefit shown on the policy schedule as a result of a drop in the CPI-U.

Increase applies to the total disability benefit, the Enhanced or Basic Partial Disability benefit and Social Insurance Substitute benefit if they are part of your policy.

You have the 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 this 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 on 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 this policy; and
(6) may be an amount up to the adjusted monthly income benefit payable at the end of the disability reduced by the *base monthly benefit* shown on the *schedule*, but will only be issued if this amount is at least $300.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

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

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; 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

This rider provides for a yearly **simple** interest increase in certain monthly income benefits during disability.

DEFINITIONS

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 *your* policy includes a partial 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.

COST OF LIVING BENEFIT. This is determined by multiplying the *monthly income benefit* by three percent (3%) times the number of completed years of the current disability as of the anniversary of the onset date of disability.

BENEFIT PROVISIONS

The *cost of living benefit* will be paid each month in addition to *your monthly income benefit* as long as *you* are receiving a *monthly income benefit* under this policy. *We* will calculate the *cost of living benefit* beginning on the first anniversary of the onset date of disability and recalculate it on each subsequent anniversary.

If this benefit is payable beyond *age* 65, the same *cost of living benefit* payable at *age* 65 will apply until the *monthly income benefit* ceases.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

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

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; 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 occupational classes 6A-2A and 6M-2M.

This is an annual simple interest computation.

Increase applies to the total disability benefit, the Enhanced or Basic Partial Disability benefit and Social Insurance Substitute benefit if they are part of your policy.

Maximum of 3% simple interest increase per year, regardless of what the CPI-U is.

Ameritas Life Insurance Corp.

AUTOMATIC INCREASE RIDER

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 *your* policy. Increases do not apply to catastrophic monthly benefit or to *SIS monthly benefit*.

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

APPLYING FOR ADDITIONAL INCREASES. *You* may apply for an additional five years of automatic increases, if:

(1) *you* are not receiving benefits under this policy or any of its riders; and
(2) *you* have not refused a previous increase; and
(3) *you* are under the *age* of 56; and
(4) *your* last automatic increase has occurred.

You must apply for additional increases within 90 days of *your* last scheduled automatic increase. Approval will be subject to financial insurability only, based on *your* earnings at the time *you* apply and *our* published issue and participation limits then in effect. The first increase will take place on the next policy anniversary following approval.

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 the attained *age* of the insured 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:

(1) part of the policy; and
(2) based on the application for this rider; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

Available to occupational classes 6A-2A and 6M-2M.

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 you refuse an increase, you forfeit your right to all future increases under this rider. You also forfeit your right to apply for additional increases.

Increases apply to the total disability benefit, the Enhanced or Basic Partial Disability benefit and the Cost of Living Adjustment benefit if they are part of your policy.

You may apply for an additional five years of automatic increases provided you meet certain criteria.

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

(1) the date *you* are no longer eligible for additional increases; or
(2) *your* refusal of an increase; 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]

Ameritas Life Insurance Corp.

FUTURE INCREASE OPTION RIDER

This rider gives *you* the qualified right to purchase additional *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. Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases do not apply to the catastrophic monthly benefit or the *SIS monthly benefit*.

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. If *you* are disabled when *you* apply for an increase, *your* earnings prior to the start of disability will be used in the calculation of the increase for which *you* qualify.
(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 limit at the time of the increase.
(3) The minimum increase allowed is $300.

HOW TO APPLY FOR AN INCREASE. *You* must apply for an increase and submit a current federal tax return within the 31 days prior to or following the policy anniversary on which *you* want the increase to take effect. To verify that *you* qualify for such an increase based on *our* published financial underwriting guidelines then in effect, *we* may request additional information.

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 in effect on the *issue date* of the policy to which this rider is attached; and
(3) be based on the occupation class shown on the *schedule* attached to this 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:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

Available to occupational classes 6A-2A and 6M-2M.

You may elect increases annually until age 55.

Increases apply to the total disability benefit, the Enhanced or Basic Partial Disability benefit and the Cost of Living Adjustment benefit if they are part of your policy.

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

Increases in coverage are subject to the provisions of the original policy. Premium is based on your age at the time of the increase and the same rate basis as the original policy.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

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

(1) *your age* 55; or
(2) when the total of all increases elected equals the total maximum increase amount 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]

Ameritas Life Insurance Corp.

STUDENT LOAN REPAYMENT RIDER

This Student Loan Repayment (SLR) rider is designed to reimburse student loan payments while *you* are disabled under the terms of 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*.

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*.

BENEFIT FOR TOTAL DISABILITY. After the *SLR 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*.

Available to occupational classes 6A-2A and 6M-2M.

While the insured continues to be totally disabled, the Student Loan Repayment Rider reimburses the loan amount paid by the insured in a given month, as the result of a student loan obligation. Benefits are payable as long as the loan obligation remains, but will not exceed the termination date of the rider.

BENEFIT FOR RESIDUAL DISABILITY. (Provided *your* 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 *your* 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.

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

Benefits will terminate on the earlier 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.

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Time Limit on 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 the rider.

While the insured continues to be residually disabled and receive residual monthly benefits under the policy, the Student Loan Repayment Rider reimburses one-half of the maximum monthly benefit under the rider.

TERMINATION OF RIDER. This rider terminates on the earlier 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; 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.

[SPECIMEN SPECIMEN]

[President Secretary]

Disability Income Policy
Nonparticipating

4501NC CA

In California, DInamic Foundation (forms 4501NC CA, 4502GR CA, 4502GR RES CA and 4503NCBOE CA) is issued by Ameritas Life Insurance Corp. located at 5900 O Street, Lincoln, NE 68510.

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