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

This is not an insurance contract.

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

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

Policy form 4501NC is available 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 prior to age 65.

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

Certain provisions may vary by state.

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Certain provisions may vary by state.

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, 2018]
Issue Date:	[July 1, 2018]
Expiry Date:	[July 1, 2048]

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	
Enhanced Residual Disability Rider	
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	[nn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] 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 Expiration Date	[July 1, 2028]

DEFINITION OF TOTAL DISABILITY

[**Total Disability or Totally Disabled** means that, solely due to *sickness* or *injury*, *you* are not able to perform the material and substantial *duties* of *your occupation*.]

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

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

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

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

Definition of Total Disability – For the length of the benefit period, the inability to work in your own occupation, even if you are working in another occupation. Specialty Own Occupation language is included for physicians and dentists. (Not available with occupational classes 2A and 2M.)

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	
Enhanced Residual Disability Rider	
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	[nn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] 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 Expiration Date	[July 1, 2028]

DEFINITION OF TOTAL DISABILITY

[**Total Disability or Totally Disabled** means that, solely due to *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.]

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

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

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

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

Definition of Total Disability – For the length of the benefit period, the inability to work in your own occupation and you are not working in any other occupation for wage or profit. Specialty Own Occupation language is included for physicians and dentists. (Available to all occupational classes.)

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	
Enhanced Residual Disability Rider	
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	[nn] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[n,nnn]
Catastrophic Elimination Period	[nn] 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 Expiration Date	[July 1, 2028]

DEFINITION OF TOTAL DISABILITY

[**Total Disability or Totally Disabled** means that, solely due to *sickness* or *injury*, *you* are not able to perform the material and substantial *duties* of *your occupation*. However, after *you* have received 60 months of *base monthly benefit* due to the same disability, *total disability* or *totally disabled* means that, solely due to *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.]

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

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

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

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

Definition of Total Disability – For the first 60 months, the inability 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. Specialty Own Occupation language is included for physicians and dentists. (Available for occupational classes 3A and 3M only.)

POLICY SCHEDULE

Premium Information

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

Modal Premium Options

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

Automatic Increase Rider Summary

Effective Date	**Base Monthly Benefit**	**[Annual] Premium**
[07/01/2018	$n,nnn	$n,nnn.nn]
[07/01/2019	$n,nnn	$n,nnn.nn]
[07/01/2020	$n,nnn	$n,nnn.nn]
[07/01/2021	$n,nnn	$n,nnn.nn]
[07/01/2022	$n,nnn	$n,nnn.nn]
[07/01/2023	$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*.

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. 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 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 and *you* remain insured under the terms of this policy.

INJURY. Means any accidental bodily harm 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.

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.

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.

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. This is defined 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*.

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. 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.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. 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 365 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*, if already satisfied; 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*.

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.

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.

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

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) *you* must meet the Physician Care Requirement in Part II of this policy; and
(4) *base monthly benefit* payments will end if the specific loss is recovered; and
(5) *total disability* must begin while this policy is *in force*.

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 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 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.

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 *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 any premium *you* have paid on or after the date *you* became *totally disabled*.

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.

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

Disability resulting from being a transplant donor 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.

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.

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

INCARCERATION. Benefits are not payable during any period *you* are incarcerated.

LOSS OR SUSPENSION OF LICENSE. Except as a direct result of a *sickness* or *injury*, benefits are not payable if *you* are prevented from engaging in *your occupation* as the result of suspension, revocation, or surrender of *your* professional or occupational license or certification.

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.

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*. 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*.

PRE-EXISTING CONDITIONS. During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a pre-existing condition only if that condition is:

(1) fully disclosed and not misrepresented on this policy's application; and
(2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of this policy:

(1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
(2) a reasonably prudent person would have sought medical advice, care, or treatment.

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.

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

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 81889, Lincoln, Nebraska 68501. 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.

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.

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 to the benefit of the client or per the client's request.

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*, or as soon as reasonably possible, thereafter. The notice of claim should be submitted to *us* at *our* client service office, P.O. Box 81889, Lincoln, Nebraska 68501, and must include *your* name and policy number.

You have 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* 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* 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.

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 $5,000 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. In the event this policy and any rider, benefit, or reinstatement of this policy is procured by fraud or a claim is made with intent to deceive, this policy will be void. This provision shall control over all other policy provisions.

Certain provisions may vary by state.

PART VI: GENERAL PROVISIONS

INCONTESTABILITY. After two years from the *issue date* of this policy or the effective date of any change to this policy or reinstatement, 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. However, for disabilities that start during this two-year period, *we* may void *your* policy if *you* made material misrepresentations in *your* application.

Applications include, but are not limited to, the application for this policy and those used for reinstatement or policy changes.

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.

MISSTATEMENT OF AGE AND GENDER. If *your age* or gender has been misstated, *your* benefits will be adjusted to reflect the amount *your* premium would have purchased at *your* correct *age* and gender. 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.

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:

(1) submitting all required forms and other documentation according to this policy's provisions; and
(2) mitigating all covered expenses; and
(3) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefit under this policy is based. This includes such corrective/remedial surgery or generally accepted medical procedures which to an ordinarily prudent person would appear medically reasonable for such condition(s).

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.

During the first two years, the policy is contestable for misrepresentation. After two years, the policy is contestable only for fraud.

Ameritas Life Insurance Corp.

ENHANCED RESIDUAL DISABILITY RIDER

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

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that due to *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* as defined in the policy; 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 prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found on the *schedule.*

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

RESIDUAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this rider.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of *your* policy is hereby revised. 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 *your* policy.

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.

Available to occupational classes 6A-3A and 6M-3M.

Loss of income required is only 15%.

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

Earnings mean more than just salary.

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*.

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 *residual disability* for which a claim for benefits is made under this rider.

During any period of *residual 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

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* under this rider 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.

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

The first six monthly payments of the *residual 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 residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

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 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 residual disability.

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, 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*.

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 this policy, if *you* have returned to *your occupation* and *you* are performing the material and substantial *duties* of *your occupation* 80% or more of the time as was usual prior to the start of *your* disability, a *residual monthly benefit* will be paid provided:

(1) *loss of monthly earnings* are at least 15%; and
(2) a demonstrable relationship exists between the *loss of monthly earnings* and the previous disability. This relationship will be reevaluated periodically.

A demonstrable relationship exists if *loss of monthly earnings* is a direct and primary result of *your residual disability*. A demonstrable relationship does not exist if the *loss of monthly earnings* is primarily due to intervening causes that are not related to *your residual 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.

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 the disability, residual benefits will continue to be paid for up to the maximum benefit period.

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

(1) the date a demonstrable relationship 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) the date the *residual maximum benefit period* ends.

WAIVER OF PREMIUM. The Waiver of Premium provision in **BENEFIT PROVISIONS** (Part II) section of *your* 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 accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

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 Incontestability 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]

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

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that due to *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* as defined in the policy; 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 prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found on the *schedule.*

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

RESIDUAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this rider.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of *your* policy is hereby revised. 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 *your* policy.

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.

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

Loss of income required is only 15%.

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

Earnings mean more than just salary.

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*.

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 *residual disability* for which a claim for benefits is made under this rider.

During any period of *residual 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

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* under this rider 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*

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.

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 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 residual disability.

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*.

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 *your* 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 accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

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.

Your prior monthly earnings are indexed 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.

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 Incontestability 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.

SOCIAL INSURANCE SUBSTITUTE RIDER

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

For *successive periods of total 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 total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

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

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.

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

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

Dollar-for-dollar offset with Social Insurance benefits.

SISR also applies to the residual benefit if the Enhanced or Basic Residual Disability Rider is part of your base policy.

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, 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.

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.

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 Incontestability 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.

Partial benefit does not apply to policy form 4501NC.

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.

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 *we* are paying *you* a residual benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to *your* policy. 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, Enhanced or Basic Residual Disability benefit and Social Insurance Substitute benefit, if these riders 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 Incontestability 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 Incontestability 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 *we* are paying *you* a residual benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to *your* policy. 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 Incontestability 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]

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

This is an annual simple interest computation.

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

A 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 Incontestability 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, Enhanced or Basic Residual Disability benefit and the Cost of Living Adjustment benefits, if these riders 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

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[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 and any other documentation deemed appropriate by *us* within the 31 days prior to or following the policy anniversary on which *you* want the increase to take effect.

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 Residual Disability benefit and the Cost of Living Adjustment benefit, if these riders 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 Incontestability 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 o*wner's* written request to terminate this rider.

AMERITAS LIFE INSURANCE CORP.

SPECIMEN SPECIMEN

[ ]

[President Secretary]

Ameritas Life Insurance Corp.

CATASTROPHIC DISABILITY RIDER

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

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 supervision* due to *severe cognitive impairment*.

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

ACTIVITIES OF DAILY LIVING:

(1) Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
(2) Toileting: 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: the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
(4) Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.
(5) Eating: 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: the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in 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 SUPERVISION. Means continual 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 may result from wandering).

SEVERE COGNITIVE IMPAIRMENT. Means *you* have suffered a loss or deterioration in intellectual capacity requiring *substantial supervision* 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. The period of time *you* must be *catastrophically disabled* before *we* start paying benefits under this rider. This period is shown on the *schedule.*

SUCCESSIVE PERIODS OF CATASTROPHIC DISABILITY. *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 this policy is *in force*.

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

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

This benefit is payable in addition to base policy benefits.

You need only to be severely cognitively impaired or unable to perform two of the six ADLs to receive benefits.

For *successive periods of catastrophic disability*:

(1) *you* will not be required to satisfy a new *catastrophic elimination period*, if already satisfied; 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*.

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.*

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 Incontestability 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.

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 Incontestability 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 monthly loan amount paid by the insured, not to exceed 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]

Ameritas Life Insurance Corp.

MANAGERIAL DUTIES ENDORSEMENT

DEFINITIONS

(1) The definitions of *managerial duties* and *manual duties* are added to the **DEFINITIONS** (Part I) section of *you* policy as follows:

MANAGERIAL DUTIES. Means *your* sedentary, administrative type activities.

MANUAL DUTIES. Means *your* physical activity including, but not limited to: bending, carrying, climbin crawling, crouching, kneeling, lifting, pulling, pushing, stooping and driving a vehicle.

(2) The following change applies if a Residual Disability Rider is included in *your* policy:

Item (3) in the definition of *residual disability* or *residually disabled* is removed and replaced with the following:

(3) *you* are able to perform one or more, but not all, of the *managerial duties* of *your occupation*; or *you* are unab to perform *your managerial duties* for 80% or more of the time as was usual prior to the start of *your* disabilit

(3) The first paragraph of the **DEFINITION OF TOTAL DISABILITY** shown on the *schedule* is removed and replaced with the following:

Total Disability or Totally Disabled means that, solely due to *sickness* or *injury*, *you* are not able to perform the *managerial duties* of *your occupation* and *you* are not working in any occupation for wage or profit.

(4) The following changes apply to **PARTIAL DISABILITY**, if included in *your* policy:

Items (1) and (2) in the definition of *partial disability***,** in the **DEFINITIONS** (Part I) section of *your* policy, ar removed and replaced with the following:

(1) *you* are able to do one or more but not all of the *managerial duties* of *your occupation*; or
(2) *you* can perform all of *your managerial duties* for only 50% or less of the time normally required.

EXCEPTIONS/LIMITATIONS

The **EXCEPTIONS/LIMITATIONS** (Part III) section of *your* policy is amended to include the following:

MANUALLY UNABLE. Benefits are not payable for *sickness* or *injury* in which *you* can perform the *managerial duties* of *your occupation*, but cannot perform the *manual duties* of *your occupation*.

In all other respects, this policy remains unchanged. This endorsement is part of the policy to which it is attached.

[SPECIMEN SPECIMEN

[President Secretary]

AMDE

Primarily targeted for use when upgrading occupational classes that contain manual duties.

Changes the definition of total disability to one that predicates your disability on the inability to perform the managerial duties only of your occupation and you are not working in any occupation for wage or profit.

Disability Income Policy
Nonparticipating

4501NC

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