

COVID-19 and DI Business Practices

Ameritas recognizes the challenges our field associates and customers are facing due to the COVID-19 pandemic. We are introducing several temporary measures to alleviate some of these challenges in order to make it easier to sell our disability products and process applications. We will continue to monitor the situation and adjust accordingly. Any changes will be updated in this flyer and communicated.

Last updated: May 26, 2020

Underwriting enhancements

DI EZ App process

We have increased mini-exam and lab limits under the EZ App tele-underwriting process. Depending on the medical history of an applicant, our underwriters may find it necessary to request a mini-exam or labs even if it is not indicated on the chart below. These limits are in effect for applications received by June 30, 2020. We are currently reviewing pending cases and will apply the new guidelines to those that are eligible.

Medical requirements – IDI policies

Ages	Benefit**	Requirement*
18-45	Up to \$10,000	TUI ¹
	\$10,000+	TUI, mini-exam
	Up to \$6,000	TUI ¹
46-64	\$6,000+	TUI, mini-exam

*Tele-underwriting interview (TUI) mini-exam includes blood, urine, height, weight, blood pressure and pulse readings. Medical questions are not included in the mini-exam since they are asked during the tele-underwriting phone interview.

¹Underwriting reserves the right to ask for a mini-exam and labs for cause at underwriter discretion.

** To determine medical requirements, add any of the following as applicable (applied for and in force with Ameritas, including GSI amounts): base DI monthly benefit, base BOE monthly benefit, Social Insurance Substitute (SIS) benefit and Business Loan Repayment Rider monthly benefit.

Additionally, we will underwrite Business Overhead Expense applications using the EZ App process with a monthly benefit of up to \$15,000 (includes total of base, SSE rider and BLR rider amounts) without the need for a mini-exam. The Residual rider may be included. In Florida, the monthly benefit amount is limited to \$10,000 for ages up to 45 and \$8,000 for applicants over the age of 45. When applying concurrently for DI and BOE, the monthly benefit amounts must be added together to determine necessary requirements.

When applying for BOE, the producer must determine whether a mini-exam is required. If a mini-exam is not required, the producer must use the Jet Issue code 2810 when placing the tele-underwriting order with ExamOne. This will instruct ExamOne that they do not need to schedule a mini-exam.

For application amounts in excess of these new limits, we may be able to use alternative information in place of mini-exams and labs. This may include lab tests completed for another insurance application, or an attending physician statement that includes a physical exam and lab results completed within the last 12 months. Please contact an underwriter in the event you have a situation where this may be a possibility.

Financial and income documentation

Understandably, many applicants may have not filed their 2019 tax return in which case, we'll accept 2018 tax returns. We'll also review other financial documentation, including W-2 forms and paystubs to financially underwrite cases.

Policy delivery requirements

We will extend by 60 days, our usual time frames for collecting underwriting and policy delivery requirements. If additional time is necessary, please contact an underwriter to discuss the situation. We will make every attempt to accommodate requests for extensions. If a case is closed incomplete, we can later reopen once the requirements become available.

Financial, occupational and medical considerations

In general, if a proposed insured is furloughed, unemployed, has closed his or her business, or is not actively at work on a full-time basis (minimum 30 hours per week) due to COVID-19, an application may not be taken or submitted to the home office, nor can a policy be delivered to an applicant under such circumstances. Applicants temporarily working from home may still apply for coverage provided they are working on a full-time basis (minimum 30 hours per week).

Each policy issued will include an amendment confirming that the statements made pertaining to occupation, occupational duties, hours worked per week and income have not changed from the responses recorded in the Application for Insurance. Prior to policy delivery, producers need to confirm with the applicant whether or not any of these have changed. If there are changes, the producer will need to contact the underwriter to discuss the new information so we can determine if the underwriting decision needs to be revised. This amendment is not required for applicants applying for coverage under one of our professional, residency or fellowship programs.

In most cases applicants that were diagnosed or suspected of having COVID-19 will be postponed for a minimum of thirty days following full recovery or confirmation that the applicant was not diagnosed with COVID-19. The final underwriting decision will depend on the characteristics of each case, including but not limited to age, overall medical history, and severity of infection.

Please note, Good Health Statements may be required at time of policy delivery. The Good Health Statement must be completed and returned prior to premiums being applied to the case.

Underwriters will advise producers in the approval email when the amendment and/or Good Health Statement will be required.

Service enhancements

Future Increase Option requests

We recognize it may be difficult during this time to connect with an insured to discuss exercising their FIO rider. As a result, we are expanding the window during which an insured may apply to increase coverage on their DInamic Foundation policy. For policies with an anniversary date falling between Mar.1 and June 30, we'll accept FIO applications for up to 90 days past the policy anniversary date.

- We ask that a note of explanation accompany the FIO application to notify the service team and underwriters that the request is being submitted outside of the normal time frame due to the COVID-19 pandemic.
- Note, if the policy also includes an Automatic Increase Rider, the effective date of the FIO increase must be the original policy anniversary date.

Reminder, all forms and applications must follow the issue state of the original policy, regardless of where the client resides at the time the increase is made.

Premium payments

We understand the hardship placed on our policyholders during this national emergency, we're extending our premium grace period by an additional 60 days to the standard grace period. For New York and New Jersey, the grace period is extended to a total of 90 days. We can apply the extension as soon as we're contacted by the client.

Conditional renewal after age 65

For policies with an anniversary date falling between Mar.1 and June 30, we'll allow an additional 60 days for insureds to apply to conditionally renew their disability income insurance policy.

Claim guidance

If a client tests positive for the Coronavirus, are they considered disabled under the terms of their policy?

Contracting the virus resulting in their inability to work is one of several criteria that needs to be met when considering a disability claim. The client must also be unable to work due to a diagnosed sickness for a sufficient length of time to satisfy the elimination/waiting period of the policy. Other criteria include but are not limited to:

- Is the policy definition of disability met?
- Is an attending physician certifying the disabling condition?
- Are they under the appropriate care of a physician for the condition?

If a client has not been diagnosed with the Coronavirus but their employer is closing for an unknown amount of time or the client is not working in order to prevent contracting the virus, can the client file a disability claim?

A disability is characterized as a diagnosed sickness or injury that prevents an insured from working. If the insured is choosing to not go to work or, is not allowed to work under the instructions of their employer, or local or federal governments, the insured would not meet the basic policy requirements of a disability.

If the services provided by a business owner are restricted by local or federal governments, or the owner has been instructed to close for an unknown amount of time, can the owner file a disability claim under their Business Overhead Expense policy?

This is a similar scenario to the previous question; a disability is characterized as a diagnosed sickness or injury that prevents you from working. While your business is impacted by the measures to prevent spreading the Coronavirus, the policy requirements of a disability have not been met.

If a client requests to extend their premium grace period by an additional 60 days due to COVID-19 and becomes disabled during this time, does the client still have coverage during the grace period?

While Ameritas has extended the grace period and if the insured becomes disabled during this time, the insured would be covered similar if the policy was in the typical 31 days (according to the terms of the policy).



Ameritas Life Insurance Corp.

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