

Financial Requirements

Financial Requirements Summary — Individual Disability Products (including Future Purchase/Increase Option exercises)

\$ Amounts Monthly Indemnity	
\$2,000→\$7,499	One year financial returns (See following specific financial returns required)
\$7,500→\$10,000†	Two years' financial returns (See following specific financial returns required)

Personal Financial Information is required to be completed on all DI Applications.

Include amounts in force with all companies when determining DI tax requirements.

For Eligible Enhanced Quick Issue (EQI) cases, financial returns are not required; however, the financial section of the application must be completed.

Specific Financial Returns Required

Occupation/Business Status	Documentation Required
Employee	Form 1040 or W-2 or payroll stub with year-to-date earnings
Joint Returns	Form 1040 and W-2
Sole Proprietor (or Independent Contractor)	Form 1040 with all schedules
Partnership	Form 1040 with all schedules, Form 1065 with all schedules
C Corporation	Form 1040 with all schedules and W-2. For closely held or one person C Corporation, include Form 1120.
S Corporation	Form 1040 with all schedules, W-2, Form 1120S with all schedules
Limited Liability Company (LLC or LLP)	Form 1040 with all schedules, W-2, Form 1065 with all schedules

Additional financial documentation may be required whenever financial history dictates.

We understand that Physicians and Dentists compensated as 1099 employees might not be able to provide the documentation of expenses necessary to determine their net income when exercising FIO in their first year in practice. In situations where documentation of expenses has been requested and cannot be obtained, we will use a 50% expense ratio in conjunction with the documented 1099 income in order to determine available FIO benefits based on net income. This exception applies only to Physicians and Dentists compensated by 1099 income and only in situations where they are exercising their FIO on the first policy anniversary. In all other situations, documentation of actual income and expenses must be provided in line with our underwriting guidelines.

Overhead Expense (including Future Purchase/Increase Option exercises)

Type of Business	Documentation Required
Sole Proprietor (or Independent Contractor)	Schedule C only
Partnership	Form 1065
C Corporation	Form 1120
S Corporation	Form 1120S
Limited Liability Company (LLC) Limited Liability Partnership (LLP)	May file as any one of the above entities. Appropriate forms required accordingly.

Self employed physicians and dentists can qualify in the first year of start up, for \$10,000 (including in force coverage) of Overhead Expense coverage, along with a \$10,000 Future Increase Option (FIO) rider, with only a completed Overhead Supplement showing at least that much in eligible expenses.

Disability Buy-Out (including Future Purchase/Increase Option exercises)

Type of Business	Documentation Required
Professional/Personal Services Business	Three years of Corporate Tax Returns are required for all amounts
Commercial Business	Two years of Corporate Tax Returns are required for all amounts

Note: Personal Financial Information section must be completed on all applications.

Business Reducing Term

Documentation Required
A copy of the obligation

Underwriting Requirements

INDIVIDUAL and BUSINESS DISABILITY INSURANCE PRODUCTS

- ProVider Plus
- ProVider Plus Limited
- Overhead Expense
- Disability Buy-Out
- Business Reducing Term



Disability income products underwritten and issued by Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America (Guardian), New York, NY, or provided by Guardian. Product provisions and features may vary from state to state.



Regular Issue Medical Requirements

Individual Disability Products and Overhead Expense

Ages	Paramedical Exam	Urine HIV	Blood/ Urine*	EKG**	Inspection Report***
18-40	\$3,000†	\$500↔3,000	\$3,000†	N/A	\$500†
41-50	2,500†	500↔2,500	2,500†	N/A	500†
51-60	1,500†	500↔1,500	1,500†	10,000†	500†
Over 60	All	N/A	All	10,000†	500†

Business Reducing Term

Ages	Paramedical Exam	Urine HIV	Blood/ Urine	EKG	Inspection Report
18-55	\$6,000†	\$500↔6,000	\$6,000†	N/A	N/A

†Greater than the amount shown

* Except: California and Florida - \$500 †
New Jersey, New York, District of Columbia and Texas - \$2,000 †

** Required for individual disability products only.

*** Inspection Report is not required for cases submitted thru the TeleMed program (applicant issue ages 18-55). Inspection Report not required for students, residents or fellows applying under the Special Limits for New Professionals.

All CA applications require a fully-completed non-medical.

Please note that if an APS is not available with records covering a complete physical exam within the last twelve months, a full physician's exam may be requested.

To determine underwriting requirements for the Monthly or Down Payment Funding Method, multiply the monthly benefit by the benefit period and add the lump sum amount (if applicable) to the total.

* Inspection reports are required for all amounts.

Enhanced Quick Issue Program* (unavailable in CA)

This program provides for up to \$5,000 of total coverage with no financial documentation, labs or paramed exams. The TeleMed interview is required and the financial section of the application must be completed in full. Coverage issued under this program will have no occupation class or policy feature restrictions, and no change to maximum issue and participation limits.

Maximum Monthly Benefit/Total Coverage**	Issue Ages 18-40: \$5,000 Issue Ages 41-50: \$3,000
Medical Requirement	TeleMed Interview***
Financial Requirements	None

* Enhanced Quick Issue “EQI” means expedited and streamlined underwriting and is only available when an applicant applies for a ProVider Plus or ProVider Plus Limited policy. EQI applications can not be combined with other special programs. EQI does not mean guaranteed standard issue and does not modify underwriting requirements other than those specifically stated herein. State variations and restrictions apply.

** Total coverage is the sum of in-force and applied-for monthly benefit (excluding Group LTD coverage), Social Insurance Substitute rider, Student Loan Rider and 1/2 of Future Increase Option rider amounts. Normal issue and participation of Future Increase limits apply.

*** We reserve the right to request medical records based on TeleMed interview results.

Requirements — Additional Information

FIO applied for amount cannot exceed 2x the base applied for, plus Social Insurance Substitute (SIS) and Berkshire/Guardian in-force coverage (3x for first year physicians and dentists as well as medical and dental students, residents and fellows). The total of all in-force coverage including Guardian group, plus the applied for FIO cannot exceed the published Issue and Participation Limits.

To determine medical underwriting requirements for ProVider Plus/ProVider Plus Limited add half the applied-for FIO amount and all of the SIS and Student Loan Rider amounts to the base monthly indemnity amount.

To determine medical underwriting requirements for Overhead Expense and Disability Buy-Out, add half the applied-for FIO amount to the base monthly indemnity amount.

Any amount of coverage in force with Berkshire/Guardian (issued in past five years) must be added to the above limits unless the requirement called for has been obtained in the interim. The application is valid for 90 days. Paramedical exam is valid for six months. Blood profile, specimen, special tests (ex: EKG) and inspections are valid for one year.

Approved Medical Vendors

TeleMed — Interview Only Program

You can use ExamOne or APPS for the TeleMed interview only. The agency orders all other medical requirements (e.g. APSs, Labs) from one of our approved vendors rather than having the TeleMed program order such requirements. Using the TeleMed interview only option can also be used while the producer is with the client, provided that the client conducts the interview in a secure, private location.

When submitting cases through the TeleMed–All Services program, all medical requirements will be ordered for you.

Approved Vendors

When not using the TeleMed–All Services Program, medical requirements must be ordered from the following approved vendors:

Service	Approved Vendors
Paramedical exams, blood and urine collection, EKG and X-Ray	ExamOne, APPS, Parameds.com, Superior Mobile Medics
APS retrieval service	ExamOne, GIS, EMSI
Inspection Reports	ExamOne, GIS

When blood profiles are required on cases within the non-medical limits, the paramedical facility should be advised to obtain the blood profile only and not to perform a full exam or obtain a medical history.

The Underwriting Department reserves the right to order special studies, including EKGs, blood profiles and stress EKGs or other tests, whenever the medical history dictates.

General Guidelines

Traditionally in the underwriting process, the agent or agency is involved in the coordination of risk evaluation items such as Attending Physician Statements, Paramedical exams, and following up on outstanding underwriting requirements.

Berkshire’s TeleMed program streamlines the underwriting process by coordinating these labor intensive tasks and delegating the details to a unit that specializes in completing this work for you. For more information on the TeleMed program contact your agency’s Disability Income Specialist.