



AMA Authorized for 10%
Discount AMA Members/
AMA Eligible Physicians

LONG TERM DISABILITY FOR PROFESSIONALS

Specialty Coverage

Own Occupation

Enhanced Residual

No Exclusion for Substance Abuse, Nervous & Mental

DESCRIPTION OF BENEFITS AND PROVISIONS

- BASE POLICY IS PERMANENT, NON-CANCELLABLE AND GUARANTEED RENEWABLE TO AGE 70.
- SPECIALTY COVERAGE INCLUDED.
- UNLIMITED NERVOUS/MENTAL DISORDER & SUBSTANCE ABUSE INCLUDED.
- RESIDUAL AND PARTIAL BENEFITS INCLUDED.
- PRESUMPTIVE DISABILITY INCLUDED.
- UP TO \$30,000/MONTH AVAILABLE IN PARTICIPATION WITH GROUP COVERAGE AND OTHER COMPANIES
- EMPLOYER SPONSORED MULTI-LIFE 15% DISCOUNT (3± PARTICIPANTS).
- GUARANTEED STANDARD ISSUE (10± MULTI-LIFE).
- STEP RATES FOR RESIDENTS, FELLOWS AND PRACTITIONERS UNDER AGE 45.

Underwritten By:

Ohio National Life
Founded 1909
Assets \$40.2 Billion

Plan Coordinator:



P.C. PLANNING
& BENEFITS, INC.

THE SIGNIFICANCE TO YOU

One of your primary assets as a physician or dentist is your earning capacity. A sickness or injury that interrupts your career could result in tremendous financial losses to you. The hospital or medical expenses that you would incur could be compounded by the loss of income that would result from your inability to work.

UP TO \$17,000/MONTH AVAILABLE

You may choose a monthly benefit from \$1,000 up to \$17,000/mo. The minimum monthly benefit that can be applied for is \$500. Ohio National will participate with other individual Disability Coverage up to \$25,000/mo. and Group LTD up to \$30,000/mo. (NOTE: The monthly benefit you apply for cannot exceed 60% of your monthly net earned income before taxes, less other disability income insurance.)

SPECIALTY DEFINITION OF TOTAL DISABILITY – BOTH SENSIBLE & PRACTICAL

This is a disability plan that will pay you a monthly total disability benefit if due to a sickness or injury, you are unable to perform the material and substantial duties of your occupation. “**Your Occupation**” means the occupation in which you are engaged when the disability begins. You must be under the care and treatment of a physician appropriate for the condition causing the disability. Medical Specialty letters are available for AMA–approved specialties.

RESIDUAL DISABILITY BENEFITS

If you return to work after disability, and your earnings have dropped to 85% or less of your pre-disability earnings, you will be paid a residual disability benefit. The disability must start before age 65 and last for your waiting period, and you must not have already received the maximum benefit. Your residual disability benefit will be figured by multiplying your monthly benefit times the percentage by which your pre-disability earnings have been reduced. For example, if your monthly benefit is \$2,000, and your current earnings are equal to 60% of your pre-disability earnings (i.e., a 40% reduction in earnings), the residual benefit will be \$800 (40% x \$2,000). This residual benefit is paid for as long as benefits would have been paid for total disability, but would end when current earnings exceed 85% of pre-disability earnings. To help prevent inflation from artificially increasing your post-disability earnings and thereby reducing your partial benefit, our companies have arranged for your pre-disability earnings to be increased each year according to the

Consumer Price Index (CPI), not to be less than 5% per year compounded, guaranteed.

TRANSPLANT SURGEY BENEFIT

After the policy is in force for 6 months, if the insured is a transplant donor, our companies will consider this a sickness. The elimination period is waived. Without this provision, a transplant would not be covered as it is neither a sickness nor an accident.

PRESUMPTIVE DISABILITY BENEFIT

The insured will be considered Totally Disabled and the Elimination Period will be waived if the insured suffers the complete loss of use of both hands, both feet, one hand and one foot, sight of both eyes, hearing or the ability to speak. Benefits will be paid as long as the loss continues, for the entire benefit period. The medical care requirement will also be waived.

LONG-TERM BENEFIT PERIODS

Your monthly benefits can be paid until you are age 70 as long as you remain disabled and your disability starts before age 61. Benefits are payable for 42 months for disability commencing at age 62 and before age 63. Long-term benefit period options extend to: 10 Year BP, To Age 65, To Age 67, To Age 70; all are non-cancellable throughout the benefit period.

RENEWABILITY GUARANTEE

The Insurance Company cannot cancel/ modify/ or change the policy as long as premiums are paid on time. Premiums remain level as stated in the policy until the expiration date of the benefit period selected. The policy may be renewed after the expiration date so long as the policy was in force for the prior policy year, the insured is not receiving benefits and is not eligible to receive benefits, and the insured is regularly employed at least 30 hours a week and receiving wages, compensation or profit. The premium rates on the renewed policy will be based on current rates as well as current age of the insured and gender.

PREMIUM DISCOUNTS

Multi-life discount (1): 15% permanent discount for employer-sponsored groups of three or more lives. Multi-life discount (2): 25% permanent discount for employer-sponsored groups of twenty or more lives. Multi-life discount (3): 35% permanent discount for employer-sponsored groups of 100 or more lives. The above discounts use unisex rates and are applicable to both Employer Paid and Employee Paid (individually billed, for use only with the 15% discount) business.

WAIVER OF PREMIUM

If you become disabled, you will not have to pay any premium that comes due while benefits are payable.

TAX-FREE BENEFITS

If you personally pay the premium with after tax dollars, the benefits you receive under this plan may be tax-free. If your corporation pays the premiums, the benefits are taxable; but you may be able to deduct your premiums as a business expense. Consult your tax advisor or legal counsel.

ELIGIBILITY

Physicians and dentists in practice, under age 70, who are working full time (at least 30 hours per week) at their profession, and not in military service, are eligible.

WHEN DOES MY INSURANCE BECOME EFFECTIVE?

Once your non-binding inquiry is received, a premium offer will be made and a formal application will be prepared for your signature. The formal policy will be offered subject to receipt of a formal application, exam, review of your medical history and financial underwriting.

WHAT ARE THE EXCLUSIONS?

Benefits are not payable for disability caused by or resulting from war or military service; self-inflicted injuries (if intentional); commission of a felony; engagement of an illegal occupation; regular maternity leave; however, normal pregnancy is treated as any other sickness after 90 days of elimination period, or longer; a condition excluded by a rider attached to your policy. No benefits are payable during the waiting period you select.

WHEN DO BENEFITS START?

You may choose from one of three waiting periods:

- Plan A – 90 days for injury or sickness.
- Plan B – 180 days for injury or sickness.
- Plan C – 360 days for injury or sickness.

You begin to receive the monthly benefits to which you are entitled after your waiting period ends.

YOU NEED NOT SEND MONEY NOW

Simply complete the non-binding preliminary inquiry application and return it to PC Planning & Benefits, Inc. You need not pay a premium until your policy of insurance is issued. When you receive your policy, you will have 20 days to examine it without obligation.

CONFIDENTIALITY

Naturally, information regarding your insurability will be treated as confidential. Once a formal application is completed, our companies may, however, make a brief report thereon to the Medical Information Bureau, a non-profit insurance membership organization of the life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage, or to which a claim is submitted, the Medical Information Bureau will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Fair Credit Reporting Act. To request disclosure, contact the Bureau at the following address:

MIB, Inc.
50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734
(866) 692-6901
info@mib.com

FREE QUOTATION & POLICY ANALYSIS

P.C. Planning & Benefits, Inc., the plan coordinator, will provide a free quotation and existing policy analysis. In order to receive your free quotation, you must print off the Non-Binding Preliminary Inquiry form on the next page and return it to P.C. Planning & Benefits, Inc.

IMPORTANT: The above policy features and benefits are generic and general recommendations. Individual policy language and coverage may differ slightly. Policy features and coverage are customized for each individual based on their final underwriting classification. All policies include a 20 day free evaluation provision allowing individuals sufficient time to review their specific policy terms and coverage/benefits.



P.C. PLANNING & BENEFITS, INC.

Business Planning & Wealth Preservation Strategies

NON-BINDING PRELIMINARY INQUIRY

PLEASE PRINT OR TYPE INFORMATION

FULL NAME _____ HEIGHT _____ WEIGHT _____
 MALE FEMALE

BIRTH PLACE _____ BIRTH DATE [] [] - [] [] - [] [] [] []
 RESIDENCE ADDRESS _____
 OCCUPATION DUTIES _____
 BUSINESS ADDRESS _____
 EMAIL ADDRESS _____

1. ARE YOU NOW, OR HAVE YOU BEEN FOR THE LAST 30 DAYS, PERFORMING ALL THE DUTIES OF YOUR OCCUPATION FOR 30 OR MORE HOURS PER WEEK AT YOUR USUAL PLACE OF BUSINESS? YES NO

CHECK BOX FOR 'YES'

2. HAVE YOU EVER HAD OR BEEN TREATED FOR (CIRCLE DISORDERS EXPERIENCED): A. HEART TROUBLE OR MURMUR, CHEST PAIN, RHEUMATIC FEVER, ELEVATED BLOOD PRESSURE, STROKE?

B. INJURY, PAIN OR DISORDER OF THE NECK OR BACK? ANY DISABLING INJURY?

C. ARTHRITIS, GOUT, BURSITIS OR RHEUMATISM?

D. DIZZINESS, EPILEPSY, CONVULSIONS, RECURRENT HEADACHES, GLAUCOMA, CATARACT OR OTHER DISORDER OF THE EYES OR EYES?

E. DISEASE OR DISORDER OF COLON OR RECTUM? VASCULAR DISORDERS?

F. DIABETES? SUGAR, ALBUMIN OR PUSS IN URINE? THYROID OR OTHER GLANDULAR DISORDER?

G. DUODENAL OR STOMACH ULCER, OR OTHER DISORDER OF STOMACH, LIVER, GALL BLADDER?

H. PROSTRATE DISORDER? KIDNEY STONE OR RENAL COLIC, NEPHRITIS, NEPHROSIS OR OTHER KIDNEY DISORDER? UNRINARY INFECTION?

I. MENSTRUAL, UTERINE OR OVARIAN DISORDER? DISORDER OF THE BREAST?

J. BRONCHITIS, EMPHYSEMA, PLEURISY, DIFFICULTY BREATHING, BLOOD SPITTING, OR OTHER DISORDER OF THE LUNG OR NOSE?

K. CANCER OR OTHER TUMOR? DEFORMINTY OR LOSS OF LIMB? CONGENITAL DEFECT?

L. MENTAL OR EMOTIONAL PROBLEM REQUIRING HELP OF A PHYSICIAN OR PSYCHOLOGIST?

M. A SURGICAL OPERATION? A SURGICAL OPERATION ADVISED BUT NOT PERFORMED?

N. TOBACCO USE? CIGARS CIGARETTES ORAL

3. HAVE YOU EVER BEEN TREATED BY, CONSULTATION WITH, ANY HOSPITAL, INSTITUTION, PHYSICIAN OR PRACTITIONER IN THE PAST 5 YEARS FOR ALCOHOL OR DRUG ADDICTIONS?

4. ARE YOU TAKING ANY MEDICATIONS? DESCRIBE: _____

QUESTION NO.	NAME OF PERSON	CONDITION	DATE OCCURRED	DURATION	DEGREE OF RECOVERY	NAMES & ADDRESSES PHYSICIAN, HOSPITAL & CLINIC

USE A SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED FOR ANSWERS.

*IT WILL GREATLY SPEED ACTION ON YOUR APPLICATION IF YOU PROVIDE NAMES AND ADDRESSES OF ALL DOCTORS YOU HAVE CONSULTED (EVEN ROUTINELY).

5. DO YOU HAVE ANY DISABILITY INSURANCE IN-FORCE? IF YES, PROVIDE COMPANY NAME AND AMOUNT _____

6. WILL THIS COVERAGE APPLIED FOR REPLACE ANY INSURANCE NOW IN-FORCE? IF YES, PROVIDE DETAILS _____

AUTHORIZATION AND DECLARATION OF PERSON GIVING STATEMENT OF INSURABILITY

- To the best of my knowledge and belief, all statements made above are true and complete.
- I understand that my quotation for insurance will be developed on the basis of these statements. A future physical examination and a formal application will be required.
 - I authorize the sources stated below to give to PC Planning & Benefits, Inc. or any consumer reporting agency acting on its behalf, information about me. Such information will pertain to my employment, other insurance coverage, and medical care, advice, treatment or supplies for any physical or mental condition. Authorized sources are: any physician or medical professional; any hospital, clinic, or other medical care institution; any insurer, the Medical Information Bureau; any consumer reporting agency; any employer.
 - I understand that this information will be used by PC Planning & Benefits, Inc. to determine eligibility for insurance.
 - I understand that I may revoke this authorization at anytime. I agree that such revocation will not affect any action which PC Planning & Benefits, Inc. has taken in reliance on the authorization. I understand that this authorization will not be valid after 30 months, if not revoked earlier.
 - I know that I have the right to receive a copy of this authorization if I request one.
 - I agree that a photocopy of this authorization is as valid as the original.

DATE	SIGNATURE	SIGNED AT: CITY	STATE

BE SURE YOU COMPLETE ALL 7 ITEMS

1. ANSWER ALL QUESTIONS ON THE PRELIMINARY INQUIRY

2. DATE & SIGN INQUIRY FORM

3. CHECK WAITING PERIOD DESIRED:

PLAN A 90 DAYS PLAN B 120 DAYS PLAN C 180 DAYS

4. PERSONAL MONTHLY BENEFITS DESIRED: \$ _____

5. PREMIUMS TO BE PAID

ANNUALLY SEMI-ANNUALLY
 QUARTERLY MONTHLY

6. BUSINESS OVERHEAD AMOUNT \$ _____

7. FOR QUICKEST RESPONSE: FAX TO 860-658-4212

PLEASE DO NOT SEND MONEY. YOU WILL BE ISSUED A PRECISE QUOTATION ONCE WE HAVE THIS INFORMATION.

SEND THIS INQUIRY FORM TO:

Peter B. Cohen, President & CEO
P.C. Planning & Benefits, Inc.
760 Hopmeadow St., Suite 212
Simsbury, CT 06070
Phone: 860-651-1569
Email: peter@pcplanning.com
www.pcplanning.com