



DISABILITY INCOME INSURANCE

ContinuON Income Solutions® II

Because life doesn't stop at disability®

For: **Valued Client**

Prepared By: **Sunshine
Financial Solutions**

Proposal Date: **04/08/2021**



Ohio National Life Assurance Corporation
One Financial Way | Cincinnati, Ohio 45242



ContinuON Income Solutions II

BENEFIT & PREMIUM SUMMARY

Benefit	Benefit Amount	Benefit Period	Elimination Period	Monthly Premium
Base Monthly Benefit*	18000	to Age 67	90 days	\$499.74
Guarantee of Physical Insurability Rider	2000			\$4.22
Catastrophic Rider	10000	to Age 67	90 days	\$38.75
Basic Residual Disability Rider				\$56.52
Cost of Living: 3% Simple				\$105.72
Pure Own Occupation Rider				\$34.57
Unlimited MD/SA Rider				\$69.01
Total Discount				(\$80.20)
Survivor Benefit				Included
Hospice Care Benefit				Included
Voluntary Suspension During Unemployment				Included
Presumptive Total Disability				Included
Surgical Transplant Benefit				Included
Cosmetic Surgery Benefit				Included
Rehabilitation				Included
Waiver of Premium				Included
Total Premium				\$728.33

Total Discount does not apply to policy fee.

Total Discount also includes the following discount:

- AMA 10%

* **Potential Annual Benefit (\$18,000 x 12 months) = \$216,000**

* **Potential Cumulative Benefit (\$18,000 x 12 months x 29 years less Elimination Period) = \$6,210,000**

The Potential Cumulative Benefit assumes a maximum potential payout if you are totally disabled for the entire benefit period. Potential Annual and Cumulative Benefits do not include Catastrophic Disability rider benefits or Cost of Living increases. If benefits are paid under the above-mentioned riders, Annual and Cumulative Base Benefits could be higher.

Alternate Payment Methods

Annual	\$8,419.98
Semi-Annual	\$4,315.24
Quarterly	\$2,210.24

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

POLICY BENEFITS FOR DISABILITY

**Noncancellable and
Guaranteed Renewable
to Age 67**

You can renew the policy each Policy Year until the Expiration Date, your Age 67. During this time, we cannot cancel or change the terms of the policy or change the premiums as long as you continue to pay premiums on time.

Each Policy Year after the Expiration Date, your Age 67, you may renew the policy with the attached endorsements but only with those attached riders that are expressly renewable, so long as:

- (a) the policy was In Force for the prior Policy Year;
- (b) you are not receiving benefits or are not eligible to receive benefits for a claim under the policy;
- (c) you continue to be regularly employed at least 30 hours a week for which you are receiving wages, compensation or profit;
- (d) your completed application for renewal has been approved by us; and
- (e) you pay the premiums being charged for your Age and sex at the time of such renewal.

Base Monthly Benefit

\$18,000 of Base Monthly Benefit is paid, starting on the 91st day of Total Disability (normal pregnancy will be covered after the Elimination Period or 90 days, whichever is longer) payable to Age 67. Base Monthly Benefits will not be paid for more than two years for a Total Disability that starts within two years of the Expiration Date, your Age 67, or for more than one year for a Total Disability that starts on or after Age 75.

**Total Disability or
Totally Disabled**

You have a Total Disability or you are Totally Disabled if due to a Sickness or Injury, in and of itself, you are not able to perform the Material and Substantial Duties of Your Regular Occupation, and you satisfy the Regular Care of a Physician provision in the policy.

**Your Regular
Occupation**

Your Regular Occupation is the occupation(s) in which you are regularly engaged on the date of Disability. If Your Regular Occupation on the date of Disability is limited to a professionally-recognized specialty in medicine, dentistry or law within the scope of your degree or license, we will deem that specialty to be Your Regular Occupation. If you are unemployed, retired, or otherwise not working on the date of Disability, Your Regular Occupation means any occupation you are able to do based on your education, training and experience.

**Presumed Total
Disability**

Total Disability is presumed if, while the policy is In Force, Injury or Sickness causes you to sustain the total loss of the use of both hands, or the use of both feet, or the use of one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears, or speech. You must satisfy the Regular Care of a Physician requirement.

When Total Disability is presumed:

- (1) the Elimination Period will be waived;
- (2) Base Monthly Benefits and rider benefits will be paid even if you still work; and
- (3) Base Monthly Benefits or rider benefits will not be made for more than the Maximum Benefit Period.

**Regular Care of a
Physician**

In order to be eligible for Base Monthly Benefits or any rider benefits, or for us to waive premium, you must be under the regular and appropriate care and treatment of a Physician that is appropriate for the condition causing the Disability. The Physician must be qualified by medical license, education, training and experience to treat, and regularly treats patients for, the condition causing your Disability. If, in the opinion of that Physician, and based on our medical review, continued medical treatment will not improve your condition, we may waive this requirement. However, waiving this Physician regular care requirement does not change or affect our rights under the Proof of Loss and Authorizations, Examinations and Interviews provisions.

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

POLICY BENEFITS FOR DISABILITY

Hospice Care	You are Totally Disabled if, due to an Injury or Sickness, you are receiving hospice services under a Physician-ordered plan of care. We will waive the unexpired portion of the Elimination Period and benefits will be paid from the date a Physician-ordered plan of care is initiated for hospice services. The Base Monthly Benefit will be paid for as long as your Total Disability continues, but not longer than the Maximum Benefit Period.
Survivor Benefit	If you die after satisfying the Elimination Period, and were receiving Base Monthly Benefits at the time of death, we will pay the remainder of the Base Monthly Benefit for the month during which the Insured's death occurs, plus two additional Base Monthly Benefits. No additional Base Monthly Benefits will be paid under this provision after the expiration of the Maximum Benefit Period.
Voluntary Suspension During Military Service	You may suspend this policy while you are on active duty in the armed forces. We will refund premiums paid for coverage beyond the date we accept your Notice to suspend the policy. While suspended, the policy is not In Force, no premiums are due, and you have no coverage. The suspension will end if you reactivate the policy and make premium payments within three months after your active duty ends.
Voluntary Suspension During Unemployment	You may suspend the policy if you become unemployed and are receiving state or federal unemployment benefits. We will refund premiums paid for coverage beyond the date we accept your Notice to suspend the policy. While the policy is suspended, the policy is not In Force, no premiums are due, and you have no coverage. The suspension will end the earlier of: one year after the date the suspension began; or the date we receive your Notice to end the suspension, and you make premium payments. You cannot suspend coverage for a subsequent period of unemployment until two years have elapsed from the end of the previous suspension.
Recurrent Disability	If Disability stops and then starts again within six months from the same or a related cause, the two periods of Disability will count as one. In such a case, you do not need to meet a new Elimination Period, if already met, and the same Maximum Benefit Period will continue to apply to your Disability. A recurrence of Disability from the same or related cause after six months counts as a new Disability. So does a Disability which occurs within six months from some other cause. A new Elimination Period and a new Maximum Benefit Period will apply when you have a new Disability. The Waiver of Premium provision will also apply anew.
Rehabilitation	We may consider paying for occupational rehabilitation training expenses, in addition to Base Monthly Benefits under the policy, if it is intended to facilitate your return to full-time work, and if we approve the program in advance.
Cosmetic/Transplant Surgery	We will pay you the Base Monthly Benefits and rider benefits if you are Totally Disabled due to cosmetic or transplant surgery. A transplant must occur more than six months after the Policy Date, and if so, the Elimination Period will be waived.
Waiver of Premium	Premiums are waived after a Disability of at least 90 days or, if shorter, the Elimination Period. The premiums will be waived as they come due and any premiums that were due and paid during the Elimination Period will be refunded if and when the claim is approved.

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

POLICY BENEFITS FOR DISABILITY

**Residual Disability
Rider - Basic**

If you have a Sickness or Injury that limits your time or duties, and have a Loss of Earnings of at least 15% because of that Residual Disability, you will receive benefits in proportion to your Loss of Earnings. The benefit will be equal to the Base Monthly Benefit amount for Total Disability, times the percentage of your Loss of Earnings after the date of Residual Disability. If this percentage is greater than or equal to 50%, 50% of the full Total Disability benefits will be paid. The minimum benefit for the first six months of Residual Disability is 50% of the Total Disability benefit. You do not need to be Totally Disabled first to receive residual benefits.

This benefit will continue for your Maximum Benefit Period as long as you remain Residually Disabled.

We will increase your Monthly Earnings Before Disability each year you remain Disabled by the percentage increase in the Consumer Price Index-Urban Dwellers (CPI-U). At no time may we reduce your adjusted Monthly Earnings Before Disability if the CPI-U is negative.

**Cost of Living Increase
Rider**

While you are Disabled, your Base Monthly Benefits will be increased once each year, on the anniversary of your Disability.

The increase will be 3% each year applied on a simple interest basis. The increase applies to the Base Monthly Benefit and any benefit being paid under the Social Insurance Supplement Rider. As long as you remain Disabled, benefits will be paid until the end of the Maximum Benefit Period.

After a Disability during which we increase your Base Monthly Benefits under this rider, you may increase the Base Monthly Benefit by an amount equal to the increase in benefit provided by this rider, rounded to the nearest \$100.

To use the option, you must:

- (a) be actively and gainfully employed on a full-time basis; and
- (b) apply within 90 days after your Disability ends; and
- (c) apply before your Age 60; and
- (d) not be receiving benefits under the policy or any riders.

Premiums for the increase will be based on your Age and sex as of the date you elect to increase the benefit.



ContinuON Income Solutions II

POLICY BENEFITS FOR DISABILITY

**Guarantee of Physical
Insurability (GPI) Rider**

You may purchase additional amounts of Base Monthly Benefits on each policy anniversary without proof of medical insurability. The minimum amount of GPI purchase is \$100. The maximum of each increase is one half of your original Base Monthly Benefit.

The maximum total amount of increases is \$2,000.

The GPI Rider ends at your Age 60 or when you have exercised the maximum total amount of increase above.

Special Increase Amount:

While this rider is In Force, you may request a Special Increase Amount if either of the following applies:

(a) You are no longer eligible to participate in your employer's group long term disability insurance plan because of a change in employment or your employer discontinues or reduces your group long term disability insurance and you are working and you are not eligible for group long term disability insurance in the next 24 months. You must apply for the Special Increase Amount within 90 days of losing your group long term disability insurance; or

(b) You have at least a 50% increase in earnings since your last potential Increase Date. The increase in earnings must be permanent and sustainable. If the increase in earnings is the result of a one-time bonus, commission or extraordinary financial event, you will not qualify for a Special Increase Amount.

You may not have a Special Increase Amount that will give you more than our maximum disability income issue and participation limit in effect as of the date you apply for the Special Increase Amount.

**Catastrophic Disability
Rider**

While this rider is In Force, we will pay you Catastrophic Disability Monthly Benefits while you are Catastrophically Disabled:

- (1) after the Catastrophic Disability Elimination Period; but
- (2) not for more than the Catastrophic Disability Maximum Benefit Period. In no event will Catastrophic Disability Monthly Benefits be paid past the Expiration Date.

Catastrophically Disabled means that, due to an Injury or Sickness:

- (a) you are unable to perform two or more Activities of Daily Living without Stand-By Assistance due to loss of functional capacity; or
- (b) you require Substantial Supervision due to Severe Cognitive Impairment.

**Removal of Mental
Disorder/Substance
Abuse Limitation Rider**

This rider removes the two year limitation on the payment of Monthly Benefits during the life of the policy if you are disabled due to any mental disorder or substance abuse. The benefit period for such a disability is the Benefit Period stated in the policy.

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

POLICY BENEFITS FOR DISABILITY

Limitations

PRE-EXISTING CONDITIONS: Except as expressly stated in an Exclusion Rider attached to this policy, during the first two years following the issue date of this policy, we will not pay a Monthly Benefit for a Pre-existing Condition if it was misrepresented or not disclosed on the application. Pre-existing Condition means a Sickness or a physical or mental condition for which not more than 24 months prior to the Policy Date:

- (1) symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (2) medical advice or treatment was recommended by or received from a licensed medical practitioner.

If the Insured has previously been determined to be free of breast cancer, routine follow-up care to determine whether a breast cancer has recurred does not constitute medical advice, diagnosis, care, or treatment for purposes of determining a Pre-existing Condition, unless evidence of breast cancer is found during or as a result of the follow-up care.

RESIDING OUTSIDE THE UNITED STATES OR CANADA: We will stop paying Base Monthly Benefits or any rider benefits, and stop waiving premiums, if you reside outside the United States or Canada for more than three consecutive months. United States refers to the 50 states that comprise the United States of America, its Territories (including Puerto Rico), and the District of Columbia. If we stop paying Base Monthly Benefits and rider benefits or stop waiving premiums because of this limitation and you return to the United States or Canada, we will resume paying Base Monthly Benefits and any rider benefits, and resume waiving premiums when, and beginning as of the date, we receive satisfactory Proof of Loss that you are Totally Disabled.

Exclusions

No Monthly Benefits or rider benefits will be paid, and premiums will not be waived, for a Disability caused by, contributed to, related to or that results from:

- (1) war or an act of war, or an incident of war, whether civil or among nations, declared or undeclared, while you are serving in the active or reserve military service, a military auxiliary unit, or in any civilian, governmental or non-combatant unit working for or serving with military forces; or
- (2) active military service when scheduled active duty is more than 30 consecutive days; or
- (3) an Injury or Sickness we have excluded by name or specific description in Special Exceptions Endorsement attached to the policy; or
- (4) due to you committing, or attempting to commit, a felony; or
- (5) you being engaged in an illegal occupation; or
- (6) an intentionally self-inflicted Injury or Sickness, while sane or insane.

We will not construe an act of terrorism to be an act of undeclared war for purposes of exclusion (1) above.

No Monthly Benefits or rider benefits will be paid, and premiums will not be waived, for a Disability:

- (1) during any period while you are incarcerated or under court-ordered detention; or
- (2) if your Material and Substantial Duties normally require that you be licensed with a federal, state, or industry regulatory body, during any period your license has been surrendered, suspended or revoked, due to actual or alleged misconduct or malpractice.

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

UNDERWRITING REQUIREMENTS

To complete initial underwriting requirements, we will need the following:

- Application Form
- Replacement Form
- HIPAA Form
- Home Office Specimen
- Fasting Blood Profile Test
- Paramedical Exam
- HIV Consent Form
- HIV Blood Profile on all Disability Income applications written on individuals engaged in the following occupations and professions: Physicians, Podiatrists, Dentists, Certified Registered Nurse Anesthetists, Osteopathic Physicians, Nurses, Dental Hygienists, Phlebotomists, Physician Assistants, Nurse Anesthetists, Midwives, Surgical Technicians, Paramedics, and Emergency Medical Technicians

FINANCIAL UNDERWRITING REQUIREMENTS

To complete initial financial underwriting requirements, we will need the following:

- Non-owner, Salaried/W-2 Employee
 - a. Pages 1 and 2 of the most recent IRS Form 1040 plus a copy of IRS Form W-2 if a joint return has been filed and
 - b. a copy of a pay stub with year-to-date earnings.
- Shareholder/Employee of a "C" Corporation
 - a. Pages 1 and 2 of the most recent IRS Form 1040, a copy of IRS Form W-2 and IRS Form 1120 if at least 10 percent ownership.
- Sole Proprietorship
 - a. Pages 1 and 2 of the most recent IRS Form 1040 plus a copy of Schedule C.
- Partner
 - a. Pages 1 and 2 of most recent IRS Form 1040 plus either:
 - (1) Schedule E (plus any supporting statements), or
 - (2) Schedule K-1 with IRS Form 1065.
- Shareholder/Employee of an "S" Corporation
 - a. Pages 1 and 2 of most recent IRS Form 1040, plus a copy of IRS Form W-2, plus either:
 - (1) Schedule E (plus any supporting statements), or
 - (2) Schedule K-1 with IRS Form 1120S.

In addition to the above Financial Requirements, the underwriter may require tax forms (IRS Forms 1040, W-2, 1099 and 1120), balance sheets, profit and loss statements or other accounting documentation if, in the opinion of the underwriter, verification is needed.

Applications for more than \$5,000 of Individual or Business Overhead Expense monthly benefit must be submitted C.O.D.
All Buy Sell applications must be submitted C.O.D.

This is only a proposal. It is not an insurance policy or an offer to contract. The actual policy provisions will control.



ContinuON Income Solutions II

MULTIPLE PREMIUM SUMMARY

Includes the following: CAT GPI COL RES OCC UMD

**Elimination Period: Basic: 90 days
CAT: 90 days**

Modified Own Occ, 2 Year MD/SA

Benefit Period	Monthly Premium
5 Year, CAT: Age 65	\$440.83
10 Year, CAT: Age 65	\$468.31
Age 65, CAT: Age 65	\$541.01
Age 67, CAT: Age 67	\$634.60
Age 70, CAT: Age 70	\$836.63

Modified Own Occ, Unlimited MD/SA

Benefit Period	Monthly Premium
5 Year, CAT: Age 65	\$456.93
10 Year, CAT: Age 65	\$498.41
Age 65, CAT: Age 65	\$591.28
Age 67, CAT: Age 67	\$693.92
Age 70, CAT: Age 70	\$915.81

Pure Own Occ, 2 Year MD/SA

Benefit Period	Monthly Premium
5 Year, CAT: Age 65	\$463.65
10 Year, CAT: Age 65	\$492.40
Age 65, CAT: Age 65	\$568.07
Age 67, CAT: Age 67	\$665.88
Age 70, CAT: Age 70	\$879.89

Pure Own Occ, Unlimited MD/SA

Benefit Period	Monthly Premium
5 Year, CAT: Age 65	\$480.67
10 Year, CAT: Age 65	\$524.19
Age 65, CAT: Age 65	\$621.05
Age 67, CAT: Age 67	\$728.33
Age 70, CAT: Age 70	\$963.39

The premiums above reflect the following discount:
- AMA 10%

NOTE - Each of the above Premiums are calculated assuming that all Supplemental Benefits (if any) have the same Elimination Period (if applicable) as the Base Monthly Benefit, unless the Supplemental Benefit as selected, is greater than the Base Monthly Benefit.

This illustration is not valid without the Benefit and Annual Premium Summary.



Client Declination Acknowledgement

I, _____ (the client), acknowledge that _____ (the agent) has advised me of the potential loss of income I would suffer in the event of a long-term physical or mental disability. The agent has recommended that I apply for Disability Income Insurance in order to protect myself against this possible loss.

After careful consideration and clear understanding of my options, I elect not to apply for Disability Income Insurance. I understand all the consequences associated with not applying for a Disability Income policy at this time. These include, but are not limited to, the loss of disability benefits that may have been paid by the insurance company should the application be approved and I become disabled and the potential that I will not qualify for coverage in the event that a Disability Income application is later submitted.

Date

X_____
(Client)

Date

X_____
(Agent)