

Berkshire Life Insurance Company of America
700 South Street Pittsfield, Massachusetts 01201
413-499-4321

DISABILITY INSURANCE PROPOSAL

FOR

John Client

SUBMITTED BY

Roger M. Shorr, CLU, ChFC
License # RPI 51484
Disability-Insurance.com
First Financial Group
401 Washington Ave., 6th Floor
Baltimore, MD 21204

Berkshire Life Insurance Company of America is a subsidiary of
The Guardian Life Insurance Company of America, NY, NY

**Berkshire Life Insurance Company of America
INDIVIDUAL DISABILITY INCOME POLICY
Provider Plus Policy (1100)**

PREPARED FOR: John Client
STATE: MD SEX: Male AGE: 35
OCCUPATIONAL CLASS: 6

PRESENTED BY:
Roger M. Shorr, CLU, ChFC
12-21-2004

RECOMMENDED POLICY

Noncancellable and Guaranteed Renewable To Age 65

Elimination Period..... 3 Months
Benefit Period..... To Age 65 with X45 Lifetime Extension

Monthly Indemnity..... \$5,000
Total Monthly Benefit..... \$5,000

Annual Benefit..... \$60,000

Assuming that disability begins at the current age shown here and continues to age 65, the potential cumulative benefit of this policy would be..... \$1,785,000

The potential cumulative benefit with a 6% COLA rider would be..... \$4,728,360

******* OPTIONAL BENEFITS INCLUDED IN THIS QUOTE *******

Residual Disability Rider
Future Increase Option Rider: \$5,000
Cost of Living Adjustment Rider - 6%
Automatic Increase Rider - 4%

LEVEL PREMIUM PAYABLE TO AGE 65

	First Year Premium	Renewal Premium Payable To Age 65	All premiums include the following:
Annual.....	\$2,298.00	\$2,298.00	\$30.00 Policy Fee
Semi-Annual.....	\$1,183.47	\$1,183.47	15% Non-Tobacco User Discount
Quarterly.....	\$603.57	\$603.57	5% Preferred Risk Discount
Monthly or APP.....	\$197.24	\$197.24	

The premiums shown here are sex distinct.

This illustration was prepared without reference to our income and participation rules. The rules may allow higher benefits or may require lower benefits than those shown here.

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GRADED AND LEVEL PREMIUM COMPARISON

<u>Age</u>	<u>Year</u>	<u>Graded Annual Premium</u>	<u>Level Annual Premium</u>	<u>Annual Premium Difference</u>	<u>Premium Cumulative Difference</u>
35	1	1,250	2,273	1,023	1,023
36	2	1,318	2,273	955	1,978
37	3	1,404	2,273	869	2,847
38	4	1,505	2,273	768	3,615
39	5	1,618	2,273	655	4,270
40	6	1,741	2,273	532	4,801
41	7	1,877	2,273	396	5,197
42	8	2,027	2,273	246	5,443
43	9	2,189	2,273	84	5,527
44	10	2,356	2,273	-84	5,443
45	11	2,526	2,273	-254	5,190
46	12	2,697	2,273	-425	4,765
47	13	2,877	2,273	-604	4,161
48	14	3,059	2,273	-786	3,375
49	15	3,245	2,273	-973	2,403
50	16	3,437	2,273	-1,164	1,239
51	17	3,651	2,273	-1,378	-140
52	18	3,882	2,273	-1,609	-1,749
53	19	4,110	2,273	-1,838	-3,586
54	20	4,314	2,273	-2,041	-5,627
55	21	4,065	2,273	-1,792	-7,419
56	22	4,176	2,069	-2,107	-9,526
57	23	4,271	2,069	-2,202	-11,728
58	24	4,330	2,069	-2,261	-13,989
59	25	4,330	2,069	-2,261	-16,250
60	26	4,253	2,069	-2,184	-18,434
61	27	4,253	2,069	-2,184	-20,618
62	28	4,253	2,069	-2,184	-22,802
63	29	4,253	2,069	-2,184	-24,986
64	30	4,253	2,069	-2,184	-27,170

Note: FIO Rider premium removed at age 55, when rider expires.

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Continued...

2.3.0 (Build 23)

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Monthly Indemnity..... \$5,000
 Future Increase Option..... \$5,000
 \$30.00 Policy Fee

15% Non-Tobacco User Discount...5% Preferred Risk Discount

Premium guaranteed not to increase prior to age 65.

The following chart shows the Annual premium to age 65 for the monthly indemnity and optional benefit riders recommended under this policy illustration.

ALTERNATE BENEFIT CONFIGURATIONS AND PREMIUMS

Elimination Period	1 Month	2 Months	3 Months	6 Months	12 Months	2 Years
Benefit Period to Age 65 with X45 Lifetime Extension						
Monthly Indemnity	\$2,630.50	\$2,543.00	\$1,381.00	\$1,315.50	\$1,226.00	\$1,108.50
Residual Rider	\$465.50	\$380.00	\$174.50	\$166.00	\$153.50	\$137.00
FIO Rider	\$403.50	\$387.00	\$203.50	\$196.00	\$186.50	\$172.50
COLA Rider (6%)	\$974.50	\$974.50	\$513.50	\$513.50	\$513.50	\$513.50
AIR Rider	\$50.50	\$48.50	\$25.50	\$24.50	\$23.00	\$21.50
Total Annual	<u>\$4,524.50</u>	<u>\$4,333.00</u>	<u>\$2,298.00</u>	<u>\$2,215.50</u>	<u>\$2,102.50</u>	<u>\$1,953.00</u>
Benefit Period to Age 65						
Monthly Indemnity	\$2,404.00	\$2,318.50	\$1,263.50	\$1,198.50	\$1,110.00	\$996.00
Residual Rider	\$465.50	\$380.00	\$174.50	\$166.00	\$153.50	\$137.00
FIO Rider	\$359.00	\$342.00	\$178.50	\$171.50	\$161.00	\$147.50
COLA Rider (6%)	\$753.00	\$752.50	\$376.00	\$376.00	\$376.00	\$376.00
AIR Rider	\$44.50	\$43.00	\$22.50	\$21.00	\$19.50	\$18.50
Total Annual	<u>\$4,026.00</u>	<u>\$3,836.00</u>	<u>\$2,015.00</u>	<u>\$1,933.00</u>	<u>\$1,820.00</u>	<u>\$1,675.00</u>
Benefit Period 5 Years						
Monthly Indemnity	\$1,479.50	\$1,409.00	\$847.00	\$799.00	\$741.00	N/A
Residual Rider	\$348.50	\$265.50	\$125.00	\$118.00	\$110.00	N/A
FIO Rider	\$193.50	\$178.00	\$103.50	\$98.50	\$92.00	N/A
COLA Rider (6%)	\$134.00	\$137.50	\$95.00	\$95.00	\$95.00	N/A
AIR Rider	\$24.00	\$22.50	\$12.50	\$12.00	\$12.00	N/A
Total Annual	<u>\$2,179.50</u>	<u>\$2,012.50</u>	<u>\$1,183.00</u>	<u>\$1,122.50</u>	<u>\$1,050.00</u>	N/A

Semi-Annual = 0.515 Quarterly = 0.26265 Monthly or APP = 0.085833
 Please use Provider Plus (Form 1100) printed quote material

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Monthly Indemnity..... \$5,000
 Future Increase Option..... \$5,000
 \$30.00 Policy Fee

15% Non-Tobacco User Discount...5% Preferred Risk Discount

Premium guaranteed not to increase prior to age 65.

The following chart shows the Annual premium to age 65 for the monthly indemnity and optional benefit riders recommended under this policy illustration.

ALTERNATE BENEFIT CONFIGURATIONS AND PREMIUMS (Cont'd)

Elimination Period	1 Month	2 Months	3 Months	6 Months	12 Months	2 Years
Benefit Period 2 Years						
Monthly Indemnity	\$999.50	\$936.00	\$604.50	\$564.50	\$522.00	N/A
Residual Rider	\$275.50	\$194.50	\$88.00	\$82.50	\$75.50	N/A
FIO Rider	\$124.00	\$110.00	\$66.50	\$61.50	\$57.00	N/A
AIR Rider	\$15.50	\$13.50	\$8.50	\$7.50	\$7.00	N/A
Total Annual	\$1,414.50	\$1,254.00	\$767.50	\$716.00	\$661.50	N/A

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POLICY BENEFITS

NONCANCELLABLE AND GUARANTEED RENEWABLE TO AGE 65

The policy is noncancellable and guaranteed renewable to age 65. It can be renewed at the end of each term until you are age 65. During that time we cannot change the premium or cancel the policy.

After Age 65, there is a conditional right to renew the policy as long as you are at work full-time (minimum of thirty hours each week for at least ten months each year). Premiums can change based upon our rates then in effect for persons of the same age and class of risk.

TOTAL DISABILITY

Total disability means that because of sickness or injury, you are not able to perform the material and substantial duties of your occupation.

Your occupation means the regular occupation (or occupations, if more than one) in which you are engaged at the time you become disabled.

You will be totally disabled even if you are at work in some other capacity so long as you are not able to work in your occupation.

If your occupation is limited to a single medical specialty certified by the American Board of Medical Specialties or a single dental specialty recognized by the American Dental Association, we will deem your specialty to be your occupation.

This policy will pay a benefit of \$5,000 when you are totally disabled.

EXCLUSIONS

We will not pay benefits:

- During any period of time in which you are incarcerated; or
- For any disability caused by, contributed to, or which results from the suspension, revocation or surrender of your professional or occupational license or certification; or
- For normal pregnancy or childbirth during the first 3 months of total disability or, the elimination period, if longer.

FOREIGN RESIDENCY LIMITATION

We will not pay benefits for more than twelve months during the lifetime of this policy when you are not a resident of the United States or Canada.

ELIMINATION PERIOD

When you are disabled under the terms of policy, benefits will start after you have satisfied the 3 month elimination period. The elimination period is the number of months for which we will not pay benefits at the start of the claim. You must be disabled, from the same or different cause, for this entire period. The days within this period need not be consecutive, but they must occur within the accumulation period. The accumulation period is a period of consecutive months that begins on the first day that you are disabled and during which the elimination period must be satisfied. You have an accumulation period of 7 Months in which to satisfy the elimination period.

WAIVER OF ELIMINATION PERIOD

We will waive the elimination period if you become disabled within five years after the end of a prior period of disability which lasted more than six months and for which we paid benefits. This can mean first day coverage for all periods of disability beginning within 5 years after full recovery, regardless of cause.

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POLICY BENEFITS (cont'd)

RECURRENT PERIODS OF DISABILITY

After the elimination period has been satisfied, recurrent periods of disability will be considered one continuous period of disability if they result from the same cause or causes and are not separated by a recovery of more than: 12 months if your benefit period is to age 65 or longer and recurrence occurs before age 60; or, 6 months in all other instances. If a recurrent period of disability arises from a different cause, we will consider your loss to be a separate and unrelated period of disability.

WAIVER OF PREMIUM

If you are totally (or Residually if the Residual rider is selected) disabled for at least 3 months (or the length of the elimination period, if shorter), we will refund any premiums due and paid during that period. Then we will waive any later premium that falls due while you are continuously so disabled, or within 3 months after you recover. If your term is less than 12 months, and you are still disabled and eligible for waiver on a policy anniversary, we will then change your term to 12 months.

Waiver of Premium will also apply if monthly indemnity is payable because you have met the requirements of Waiver of Elimination Period, Recurrent Periods of Disability or Presumptive Total Disability.

PRESUMPTIVE TOTAL DISABILITY BENEFIT

We will always consider you to be totally disabled, even if you are at work, if sickness or injury results in your total and complete loss of: the sight of both eyes; or hearing of both ears; or power of speech; or the use of two arms, or two legs, or one arm and one leg, in their entirety. We will waive the unexpired part of the elimination period from the date of loss.

CAPITAL SUM BENEFIT

If you suffer a capital loss while the policy is in force and survive it for 30 days, we will pay the capital sum for each loss. But we will not pay for more than two such losses in your lifetime.

A capital loss means the entire loss of the sight in one eye, with no possible recovery; or the complete loss of a hand or foot by severance through or above the wrist or ankle. Such loss must result from a sickness or injury. If your policy terminates, we will pay for a capital loss, which results from an injury sustained while this policy was in force, and which occurs within 90 days after the date of that injury.

The capital sum benefit is 12 times the monthly indemnity, including any SIS. This is a lump sum benefit payable in addition to any other indemnity payable under the policy.

BENEFIT PERIOD

The benefit period is the longest period of time for which we will pay benefits for continuous disability from the same cause. The benefit period for this policy is:

60 months if disability begins at or after age 60 but before age 61
48 months if disability begins at or after age 61 but before age 62
42 months if disability begins at or after age 62 but before age 63
36 months if disability begins at or after age 63 but before age 64
30 months if disability begins at or after age 64 but before age 65
24 months if disability begins at or after age 65 but before age 75
12 months if disability begins at or after age 75

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POLICY BENEFITS (cont'd)

LIFETIME EXTENSION FOR TOTAL DISABILITY

You have chosen the Lifetime Extension. If you become totally disabled before age 65, you will receive 100% of the monthly benefit to the end of your benefit period while you are totally disabled. If you remain continuously so disabled to the end of the benefit period, we will then pay a percentage of the monthly indemnity each month for the rest of your life so long as you are totally disabled.

We will base the percentage of monthly indemnity on your age when you became totally disabled as shown in the table below. The benefit payable grades down 5% each year from age 46 to the age at which total disability starts.

In determining the percentage of monthly benefit payable after the benefit period ends, we will use the amount of monthly indemnity that is payable for total disability in the last month of the benefit period, which may have been increased due to COLA or AIR.

This provision applies only to the monthly indemnity. It does not change the time at which any other benefits of this policy expire.

PERCENTAGE OF MONTHLY

IF TOTAL DISABILITY STARTS:	INDEMNITY PAYABLE AFTER THE BENEFIT PERIOD ENDS:
Prior to age 46	100%
At or after age 46 but before age 47	95%
At or after age 50 but before age 51	75%
At or after age 55 but before age 56	50%
At or after age 60 but before age 61	25%
At or after age 63 but before age 64	10%
At or after age 64 but before age 65	5%

The above table shows representative ages only. Please see actual policy for complete details.

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OPTIONAL BENEFIT RIDERS

RESIDUAL DISABILITY RIDER

Residual Disability means that you are at work and are not totally disabled under the terms of the policy, but because of sickness or injury, your loss of income is at least 20% of your prior income. No prior period of total disability is required to qualify for the Residual benefit. During the first six months in which Residual benefits are payable, we will deem your loss of income to be 50% of prior income or the percentage of loss, if greater.

If there is an income loss of more than 75%, your loss will be deemed to be 100%. There is no requirement of inability to perform certain duties or that there be any particular percentage loss of business time.

For instance, if you return to work after a disability, you could receive the Residual benefit because of income loss resulting from that disability even if you are working full time. This often happens because it takes time for account receivables to become cash flow.

The Residual benefit is equal to your loss of income divided by your prior income, times the monthly indemnity. If you select the Social Insurance Substitute, the SIS benefit will be added to the monthly indemnity in each month in which the SIS benefit is payable.

During Residual disability, you are paid until your loss of income is less than 20% of your prior income or, if lower, the monthly benefit is less than \$500.

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OPTIONAL BENEFIT RIDERS (cont'd)

FUTURE INCREASE OPTION RIDER

This rider provides the option to purchase additional disability benefits in the future, thereby helping your coverage to keep pace with your rising income, despite any changes in your health or occupation.

This rider allows you to exercise an increase option. Increase option means the option to apply for an increase policy during an option period. Each increase policy applied for during an option period will be underwritten in accordance with our underwriting rules in effect when you exercise an increase option to determine the maximum amount of allowable coverage available to you. You must provide evidence of your income, employment and other insurance in force or for which you are eligible. You do not have to provide evidence of your medical insurability or occupation.

Until you are age 45, you may apply for all or part of the remaining total increase option during an option period. On and after age 45, you may apply for up to one-third of the total increase option, not to exceed the remaining total increase option available to you under this rider, during an option period.

EXERCISING AN INCREASE OPTION WHEN DISABLED

Subject to the terms of this rider, you may exercise an increase option when you are disabled.

Your income for the purpose of exercising an increase option when you are disabled will be based upon the 12-month period immediately prior to the onset of your disability.

If you exercise an increase option when you are disabled, any increase policy issued will only apply to a new separate disability. Under no circumstances will an increase policy issued during a period of disability pay a benefit for the current disability.

The premium for an increase policy issued during a period of disability will be waived if premiums are then being waived for this policy.

Please refer to your policy, if issued, for specific details of the Future Increase Option Rider.

COST OF LIVING ADJUSTMENT RIDER

At the end of each 12 months in a continuous claim before age 65, benefits will be adjusted at a compounded rate to reflect annual changes in the Consumer Price Index. Each adjustment cannot be more than we would have paid if the CPI-U had increased exactly by the maximum increase percent, which you selected at 6%. Before you are age 65, there is no total limit on the amount of adjusted indemnity you can receive.

When you recover, whatever increase has been put into effect under the rider will remain as a permanent increase, at no extra premium cost to age 65. The cost of living adjustment rider applies to the Residual disability and the Social Insurance Substitute riders, if selected.

AUTOMATIC INCREASE RIDER

The automatic increase rider provides a 4% automatic increase in your disability income benefits each year for five years at attained age premiums, despite any change in health, income or occupation. Increases occur each year on the policy anniversary and are rounded to the higher \$10. Each increase applies to any disability that starts after the effective date of the increase. The increase in the monthly indemnity from this rider will also increase the monthly indemnity in the formulas under any Residual disability or cost of living rider you may have.

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COST OF LIVING ADJUSTMENT RIDER

Monthly Buying Power = Without 6 COLA Rider, assuming constant 6 increase in CPI-U each year
 Monthly Indemnity with 6 COLA Rider = Assumes constant 6 increase in CPI-U each year
 Cumulative Annual = Monthly Indemnity With 6 COLA Rider, assuming 6 increase in CPU-I each year

<u>Year</u>	<u>Monthly Indemnity without 6 COLA Rider</u>	<u>Monthly Buying Power</u>	<u>Monthly Indemnity with 6 COLA Rider</u>	<u>Cumulative Annual</u>
1	\$5,000	\$5,000	\$5,000	\$45,000
2	\$5,000	\$4,717	\$5,300	\$108,600
3	\$5,000	\$4,450	\$5,618	\$176,016
4	\$5,000	\$4,198	\$5,955	\$247,477
5	\$5,000	\$3,960	\$6,312	\$323,226
6	\$5,000	\$3,736	\$6,691	\$403,519
7	\$5,000	\$3,525	\$7,093	\$488,630
8	\$5,000	\$3,325	\$7,518	\$578,848
9	\$5,000	\$3,137	\$7,969	\$674,479
10	\$5,000	\$2,959	\$8,447	\$775,848
11	\$5,000	\$2,792	\$8,954	\$883,299
12	\$5,000	\$2,634	\$9,491	\$997,196
13	\$5,000	\$2,485	\$10,061	\$1,117,928
14	\$5,000	\$2,344	\$10,665	\$1,245,904
15	\$5,000	\$2,212	\$11,305	\$1,381,558
16	\$5,000	\$2,086	\$11,983	\$1,525,352
17	\$5,000	\$1,968	\$12,702	\$1,677,773
18	\$5,000	\$1,857	\$13,464	\$1,839,339
19	\$5,000	\$1,752	\$14,272	\$2,010,600
20	\$5,000	\$1,653	\$15,128	\$2,192,135
21	\$5,000	\$1,559	\$16,036	\$2,384,564
22	\$5,000	\$1,471	\$16,998	\$2,588,537
23	\$5,000	\$1,388	\$18,018	\$2,804,750
24	\$5,000	\$1,309	\$19,099	\$3,033,935
25	\$5,000	\$1,235	\$20,245	\$3,276,871
26	\$5,000	\$1,165	\$21,459	\$3,534,383
27	\$5,000	\$1,099	\$22,747	\$3,807,346
28	\$5,000	\$1,037	\$24,112	\$4,096,687
29	\$5,000	\$978	\$25,558	\$4,403,388
30	\$5,000	\$923	\$27,092	\$4,728,491

The Illustration only shows the potential monthly benefit. That amount may be higher if benefits are increased under the optional SIS and AIR riders.

This summary describes major features of a standard policy and standard riders.

State law may require some variations from the standard policy and/or riders. In all cases, the language of your policy and riders will apply. Read your policy carefully. This illustration is based on personal data you have provided. We have used our best efforts to assure its accuracy. However, this information is not guaranteed. Actual premiums may vary slightly due to computer rounding differences. Coverage is subject to our underwriting limits and rules, and the policy issued may differ from this illustration.

Berkshire Life Insurance Company of America
INDIVIDUAL DISABILITY INCOME POLICY
Provider Plus Policy (1100)

PREPARED FOR: John Client
 STATE: MD SEX: Male AGE: 35
 OCCUPATIONAL CLASS: 6

PRESENTED BY:
 Roger M. Shorr, CLU, ChFC
 12-21-2004

AUTOMATIC INCREASE RIDER

The Automatic Increase Rider (AIR) provides a 4% compounded automatic increase in your disability income benefits each year for five years at attained age premiums, despite any change in health, income or occupation. Increases occur each year on the policy anniversary and are rounded to the higher \$10. Each increase applies to any disability that starts after the effective date of the increase. The increase in the monthly indemnity from this rider will also increase the monthly indemnity in the formula under any Residual disability or cost of living rider you may have.

This illustration below assumes that the insured accepts the automatic increase each year and that the SIS benefit, if any, is payable during that time.

Age	Monthly Indemnity on an Annual Basis	SIS Benefit on an Annual Basis	Total Annual Benefit	Annual Premium of this Policy
35	\$60,000 +	\$0 =	\$60,000	\$2,298
36	\$62,400 +	\$0 =	\$62,400	\$2,384
37	\$64,920 +	\$0 =	\$64,920	\$2,478
38	\$67,560 +	\$0 =	\$67,560	\$2,581
39	\$70,320 +	\$0 =	\$70,320	\$2,694
40	\$73,200 +	\$0 =	\$73,200	\$2,818

Please see actual policy for complete details.

This summary describes major features of a standard policy and standard riders.

State law may require some variations from the standard policy and/or riders. In all cases, the language of your policy and riders will apply. Read your policy carefully. This illustration is based on personal data you have provided. We have used our best efforts to assure its accuracy. However, this information is not guaranteed. Actual premiums may vary slightly due to computer rounding differences. Coverage is subject to our underwriting limits and rules, and the policy issued may differ from this illustration.

Berkshire Life Insurance Company of America
INDIVIDUAL DISABILITY INCOME POLICY
Provider Plus Policy (1100)

PREPARED FOR: John Client
STATE: MD SEX: Male AGE: 35
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PRESENTED BY:
Roger M. Shorr, CLU, ChFC
12-21-2004

Policy Form Provider Plus (1100): Premium rates vary by age, sex and occupation.

Benefit amounts are subject to our limits and underwriting standards which may require a medical examination or blood test.

This policy provides disability income insurance. It does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department.

The expected benefit ratio for Provider Plus (Form 1100) is at least 50%. This ratio is the portion of the future premiums, which the company expects to return as benefits when averaged over all people with this policy.

This summary describes major features of a standard policy and standard riders.

State law may require some variations from the standard policy and/or riders. In all cases, the language of your policy and riders will apply. Read your policy carefully. This illustration is based on personal data you have provided. We have used our best efforts to assure its accuracy. However, this information is not guaranteed. Actual premiums may vary slightly due to computer rounding differences. Coverage is subject to our underwriting limits and rules, and the policy issued may differ from this illustration.

End of Illustration

2.3.0 (Build 23)

Berkshire Life Insurance Company of America
INDIVIDUAL DISABILITY INCOME POLICY
Provider Plus Policy (1100)

PREPARED FOR: John Client
 STATE: MD SEX: Male AGE: 35
 OCCUPATIONAL CLASS: 6

PRESENTED BY:
 Roger M. Shorr, CLU, ChFC
 12-21-2004

AGENT'S INFORMATION

POLICY DATA

Benefits Included	Amount
Basic Benefit	\$5,000

APPLICATION REQUIREMENTS

In order to identify the most current listing of application forms for policies issued by Berkshire Life Insurance Company of America, please refer to Berkshire's e-forms center at www.berkshirelife.com or Berkshire Publication # AA555. If you need information regarding Guardian forms for their products, please contact the Berkshire Product Support area for assistance.

MEDICAL REQUIREMENTS - INDIVIDUAL DISABILITY AND OVERHEAD EXPENSE

Ages	Paramed Exam	Urine/HIV	Blood/Urine* (All states except CA, FL, NY, NJ, TX, DC)	EKG	Inspection Report
18-40	\$3,001+	\$1,000 - 3,000	\$3,001+	\$12,001+	\$1,001+
41-50	2,501+	1,000 - 2,500	2,501+	10,001+	1,001+
51-60	1,501+	1,000 - 1,500	1,501+	6,001+	1,001+
Over 60	All	0	All	All	1,001+

INNER CIRCLE

Ages	Paramed Exam	Urine/HIV	Blood/Urine* (All states except CA, FL, NY, NJ, TX, DC)	EKG	Inspection Report
18-40	\$6,001+	\$1,000 - 3,000	\$3,001+	\$12,001+	\$7,501+
41-50	5,001+	1,000 - 2,500	2,501+	10,001+	7,501+
51-60	3,001+	1,000 - 1,500	1,501+	6,001+	7,501+
Over 60	All	0	All	All	7,501+

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.

**Except: California and Florida - \$1,001+*

New Jersey, New York, District of Columbia and Texas - \$2,001+

MEDICAL REQUIREMENTS - DISABILITY BUY-OUT

Age*	Paramedical	Blood Profile & Specimen	Blood Profile & EKG
18-40	\$200,001+	\$100,001+	\$1,000,001+
41-50	150,001+	100,001+	500,001+
51-59	50,001+	100,001+	250,001+

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 and business beneficiary reports are required for all amounts.***

All policies are not available in all states. Some states have special requirements in addition to the ones shown here. You are responsible for compliance with state variations. Your agency will help you

Continued...

2.3.0 (Build 23)

Berkshire Life Insurance Company of America
INDIVIDUAL DISABILITY INCOME POLICY
Provider Plus Policy (1100)

PREPARED FOR: John Client
STATE: MD SEX: Male AGE: 35
OCCUPATIONAL CLASS: 6

PRESENTED BY:
Roger M. Shorr, CLU, ChFC
12-21-2004

REQUIREMENTS - ADDITIONAL INFORMATION

FIO/FPO applied for amount cannot exceed 2X the base applied for, plus Berkshire/Guardian in-force coverage. (3X for Medical/Dental Residents.) The total of all in-force coverage including Guardian group, plus the applied for FIO/FPO cannot exceed the published I & P limits.

Add 1/2 the FIO amount applied for to the base to determine medical underwriting requirements for ProVider Plus, Overhead Expense and Disability Buy-Out.

Any amount of coverage in force with Berkshire/Guardian (issued in past 5 years) must be added to the above limits unless the requirement called for has been obtained in the interim. Parts 1 & 2 of the application are valid for 90 days. Paramedical exam is valid for 6 months. Blood Profile, specimen, special tests (ex:EKG) & inspections are valid for 1 year.

*Approved Vendors:

- Blood Profiles, Paramedical Exams, Physician's Exams, EKG's, and X-rays must be completed by one of the following paramedical facilities:
Primary Approved Vendors: PMSI/EMSI, APPS, Lab One, Exam One, Paramedics.com, Portamedic, Healthmasters, Worldwide Health Services, or CRL.
- Inspections must be completed by PMSI, GIS, InfoLink or SBSI Insurance Services.

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 perform a full exam or obtain a medical history.

The Underwriting Department reserves the right to order special studies, including EKGs, X-Rays, blood profiles, and stress EKG's, as well as other tests, whenever the medical history dictates.

FINANCIAL REQUIREMENTS SUMMARY - INDIVIDUAL DISABILITY

\$ Amounts Monthly Indemnity

\$ 2,000	to \$ 7,499	1 year financial returns (See Following)
\$ 7,500	to \$10,000	2 years financial returns (See Following)
\$10,001+		2 years financial returns (See Following)

Application - Financial Supplement is required for all DI applications

CA and FL - The requirement is 2 years tax returns for all amounts up to \$15,000 of monthly income

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

FINANCIAL REQUIREMENTS - OVERHEAD EXPENSE

<u>Type of Business</u>	<u>Documentation Required</u>
Sole Proprietor (or Independent Contractor)	Schedule C only
Partnership	1065 Partnership Return
C-Corporation	1120 C-Corporation Return
S-Corporation	1120S S-Corporation Return
Limited Liability Corporation (LLC or LLP)	Form 1040 with all Schedules for the proposed insured

Berkshire Life Insurance Company of America
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 12-21-2004

FINANCIAL REQUIREMENTS - DISABILITY BUY-OUT

<u>Type of Business</u>	<u>Documentation Required</u>
Professional/Personal Services Business†	To \$500,000 - 1 year corporate tax return, P&L statement in addition to balance sheet. \$500,000 - 2 years corporate tax returns, P&L statement in addition to balance sheet.
Commercial Business†	To \$300,000 - 1 year corporate tax return, P&L statement in addition to balance sheet. \$300,000 - 2 years corporate tax return, P&L statement in addition to balance sheet.

† If multiple salary method is used, 2 years tax returns are required.
Financial supplements needed on all applications.

SPECIFIC FINANCIAL RETURNS REQUIRED

<u>Occupation/Business Status</u>	<u>Documentation Required</u>
New Professionals	Not required - See Special Limits for New Professionals Publication 3522-BL
Employee	Form 1040 or W-2 or payroll stub with year to date earnings
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 1120.
S-Corporation	Form 1040 with all schedules, W-2, Form 1120S with all schedules
Limited Liability Company (LLC or LLP)	Form 1040 with schedules, W-2, Form 1065 with all schedules
Joint Returns	Form 1040 and W-2

Additional financial documentation may be required whenever financial history dictates.