



BERKSHIRE APPLICATION FOR DISABILITY COVERAGE

LUCIDO MORRIS & ASSOCIATES, LLC
24255 W. 13 Mile Rd., Suite 250
Bingham Farms, MI 48025
ATTN: NEW BUSINESS
Phone 248-647-0780 Fax 248-647-6523

Please complete all appropriate pages in the application and return to the above address along with the following:

- ▶ **A COPY OF THE QUOTE INDICATING WHAT WAS SOLD**
- &**
- ▶ **FINANCIAL REQUIREMENTS AS SHOWN BELOW**

PERSONAL DISABILITY COVERAGE

- Total Benefit* \$0 - \$1,999 W-2 OR CURRENT PAY STUB
- Total Benefit* \$2,000 - \$7,499 1 YEAR TAX RETURN WITH W-2
- Total Benefit* \$7,500 + 2 YEARS TAX RETURNS WITH W-2's

* TOTAL NEW BENEFIT WITH BERKSHIRE OR GUARDIAN INCLUDING POLICIES ISSUED ON A NON-MEDICAL BASIS WITHIN THE PAST FIVE YEARS. NOTE: ONE-HALF OF NEW FUTURE INCREASE OPTION BENEFITS MUST BE ADDED TO THE BASE MONTHLY BENEFIT TO DETERMINE THE MEDICAL REQUIREMENTS

IMPORTANT: PLEASE GET THE ENTIRE TAX RETURN, NOT THE FIRST FEW PAGES.

BUSINESS OVERHEAD EXPENSE

LAST YEAR'S ENTITY TAX RETURN

DISABILITY BUY-SELL

<u>Type of Business</u>	<u>Documentation Required</u>
Professional / Personal Services Business	Up to \$500,000 : 3 years corporate tax return + P&L statement + balance sheet \$500,000+ : 3 years corporate tax returns + P&L statement + balance sheet
Commercial Business	Up to \$300,000 : 2 years corporate tax return + P&L statement + balance sheet \$300,000+ : 2 years corporate tax returns + P&L statement + balance sheet

BUSINESS REDUCING TERM

A COPY OF THE OBLIGATION

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MEDICAL REQUIREMENTS

PARAMEDS MUST BE ORDERED FROM EITHER:

**APPS: 800-727-2101 (National Service Center)
419-873-2777 (Ohio)**

**ExamOne: 866-414-7763 (Detroit area)
866-271-8764 (Grand Rapids area)**

Superior Mobile Medics (SMM): 888-254-6811

Individual Disability, Business Overhead, Retirement Protection Plus or Reducing Term

Please note: Any amount of disability coverage with Berkshire/Guardian issued in the past five years must be added to the limits below unless the requirement called for has been met in the interim. Also, one-half of any FIO purchased will be added to the monthly benefit to determine the requirements below.

Do not add individual/BOE/RPP together to determine requirements

Age	0-\$1,500	\$1,501-\$2,500	\$2,501-\$3,000	\$3,001-\$10,000	\$10,001-\$12,000+
18-40	HIV Urine	HIV Urine	HIV Urine	Para Med Full Blood Urine	Para-Med Full Blood Urine
41-50	HIV Urine	HIV Urine	Para-Med Full Blood Urine	Para-Med Full Blood Urine	Para-Med Full Blood Urine
51-60	HIV Urine	Para-Med Full Blood Urine	Para-Med Full Blood Urine	Para-Med Full Blood Urine	Para-Med Full Blood Urine EKG*
Over 60	Para-Med Full Blood Urine EKG	Para-Med Full Blood Urine EKG	Para-Med Full Blood Urine EKG	Para-Med Full Blood Urine EKG	Para-Med Full Blood Urine EKG

*Individual Disability only

Buy-Sell Medical Requirements

Medical requirements for buy-sell are determined by the total insured amount regardless of funding method

Age*	\$50,001	\$100,001	\$150,001	\$200,001	\$250,001	\$500,001	\$1,000,001
18-40	---	Full Blood Urine	Full Blood Urine	Paramed, Blood Urine	Paramed Blood Urine	Paramed, Blood Urine	Paramed, Blood & Urine, EKG
41-50	---	Full Blood & Urine	Paramed, Blood & Urine	Paramed, Blood & Urine	Paramed Blood & Urine	Paramed, Blood & Urine, EKG	Paramed, Blood & Urine, EKG
51-59	Paramed	Paramed, Blood & Urine	Paramed Blood & Urine	Paramed Blood & Urine	Paramed Blood & Urine, EKG	Paramed Blood & Urine, EKG	Paramed Blood & Urine, EKG