

# Business Overhead Insurance

For Members of Kentucky Dentists

This economical plan can help keep your business up and running should you become disabled by paying your share of many of your business' overhead expenses. Choose a monthly benefit of \$2,500, \$5,000 or \$10,000, or more — up to \$15,000 per month — then complete the application included on the website today.

## Summary of plan benefits

Business Overhead insurance helps pay your company's covered overhead expenses should you become totally disabled and unable to work at your regular occupation. Benefits will continue until you receive the equivalent of up to 24 monthly benefit payments. Eligible expenses include:

- Office rent
- Employees' salaries and insurance premiums
- Utility bills, including electric, heat, water, gas and telephone
- Premiums for business and malpractice insurance
- Accountant's fees
- The monthly average of taxes and mortgage interest payments on the business premises you own or lease and use in your profession
- Other fixed overhead expenses that are normal and customary in operating your business

## Apply for up to \$15,000 per month

Members under age 60 who work full time (at least 30 hours per week) may apply. Members under age 50 may apply for up to \$15,000 per month (in \$100 increments); members age 50 to 59 may apply for up to \$10,000 per month (in \$100 increments). All applications are subject to company acceptance. If a medical exam is required, it will be conducted at your convenience and at no cost to you. Coverage will begin on the date your application is approved. You must be actively at work on the date your insurance is to take effect. If you are not, insurance will take effect on the day you resume such work.

## "Own occupation" definition of disability

You are considered to be totally disabled when you cannot perform the substantial and material duties of your regular occupation due to injury or sickness and are under the care or supervision of a licensed physician. To be covered, the sickness must begin or accident occur while your coverage is in force.

## It's quick and easy to apply today

1. **Select a monthly benefit amount of up to \$15,000.** See other side for your economical premiums based on your age.
2. **Choose a 15- or 30-day waiting period** before benefit payments begin.\*
3. **Complete the application included on the website.** Upon acceptance, a premium notice will be sent to you with your policy.

## Renewable to age 70

Coverage is renewable to age 70 as long as you pay your premium when due and you remain actively engaged full time in the duties of your occupation.

## Premiums are waived during disability

If you become totally disabled prior to age 60 and receive monthly benefits for six continuous months, you won't have to continue paying premiums for this plan for as long as you are receiving benefits.

## Your survivor may receive benefits

If you die while totally disabled and have been receiving benefits for 12 continuous months, your beneficiary will receive up to three months of additional benefit payments.

\*Benefits are payable retroactive to the first day of your total disability, once you have been totally disabled for your selected waiting period.

**Economical group rates** — Semi-annual premiums

**30-day waiting period**

Attained age	\$2,500	\$5,000	\$10,000	\$15,000
Under 30	\$55.55	\$110.55	\$220.55	\$330.55
30-39	110.55	220.55	440.55	660.55
40-49	165.55	330.55	660.55	990.55
50-59	309.93	619.30	1,238.05	2,476.10
60-69*	516.18	1,031.80	2,063.05	4,126.10

**15-day waiting period**

Attained age	\$2,500	\$5,000	\$10,000	\$15,000
Under 30	\$76.18	\$151.80	\$303.05	\$606.10
30-39	151.80	303.05	605.55	1,211.10
40-49	213.68	426.80	853.05	1,706.10
50-59	371.80	743.05	1,485.55	2,971.10
60-64*	578.05	1,155.55	2,310.55	4,621.10

\* Rates for 60 and over are for renewal only. Coverage ends at age 70.

Rates are not fixed, but will adjust when the insured reaches a new age bracket. Coverage amounts can range up to a maximum of \$15,000, in increments of \$100.

**30-day free look**

Should you change your mind, you can return your certificate within 30 days after receiving it and obtain a full refund of your premium.

**Complete the application included on the website.**

**If you have any questions, please call us at 1-800-928-6421**

**Exclusions**

This plan will not cover any of the following: your salary, fees, or any other remuneration for you; salaries for any partners or members of your profession who work for or with you; salaries for any members of your family not regularly employed at least three months prior to the commencement of total disability; the cost of any goods, merchandise, materials, equipment, leased automobiles, furniture, fixtures, implements or pharmaceutical products; payment of principal of any debt; income tax; or, in the case of a partnership or shared facility, for any expense for which you are not regularly liable for payment.

Disabilities will not be covered if resulting from: war, any act of war whether declared or undeclared, or military service; pregnancy, except for complications of pregnancy, if within 30 days of Your effective date of coverage; insurrection or rebellion, attempted suicide (while sane or insane) or intentionally self-inflicted injury; traveling in or flying any military, test or experimental aircraft; participation in the commission or attempted commission of a felony.

No benefits are payable for any period during which you are confined in a penal or correctional institution, or for two disabilities at the same time. This is only a brief summary of benefits and is subject to the terms, conditions, limitations and exclusions of group policy number 159308, form number [GCERT-2000]. Coverage may vary or may not be available in all states.

Administered by:



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