

	INDIVIDUAL	BUSINESS EXPENSE
Policy Form	Personal Paycheck Power® – Disability Income Policy (DI105) Guaranteed Renewable to age 67 Conditionally Renewable to age 75	Business Expense Power® – Business Expense Disability Income Policy (BE105) Guaranteed Renewable to age 67 Conditionally Renewable to age 75
Occupation Classes	5, 4, 3, 2, 1	5, 4, 3, 2, 1
Issue Ages (age last birthday)	Ages 18 to 55: 6 Month, 1 Year, 2 Year, 5 Year, 10 Year, or To Age 67 plans Ages 56 to 60: 6 Month, 1 Year, 2 Year, or To Age 67 plans (5 Year and 10 Year not available)	Ages 18 to 60
Maximum Issue & Participation	Maximum Issue: \$10,000/month Maximum Participation: \$12,000/month <ul style="list-style-type: none"> Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and chiropractors. 	Maximum Issue: \$10,000/month Maximum Participation: \$12,000/month <ul style="list-style-type: none"> Maximum \$8,000/month issue limit and \$10,000/month participation limit for all Class 4 occupations and chiropractors.
Elimination Periods	30, 60, 90, 180, 365, or 730 Days <ul style="list-style-type: none"> KS requires a minimum 60-day elimination period. NJ and RI require a minimum 90-day elimination period. 730-day is not available in AR, CT, IA, ID, KS, MD, ME, NJ, OK, PA, SC, TX, UT, VA, WA or WV. 	30, 60, or 90 Days <ul style="list-style-type: none"> KS requires a minimum 60-day elimination period.
Benefit Periods	Classes 5, 4, 3 and 2: 6 Months; 1, 2, 5, and 10 Year; To Age 67 Class 1: 6 Months; 1, 2, and 5 Year The benefit period must be at least twice the length of the elimination period. <ul style="list-style-type: none"> AR, CT, IA, ID, KS, ME, OK, PA, SC, VA, WA, WV - maximum 90-day elimination period on a six month or one year benefit period AND maximum 180-day elimination period on a two year benefit period. TX and UT - maximum 90-day elimination period on a six month or one year benefit period. To Age 67 consideration requires minimum annual earned income of \$20,000 and three years in occupation. 	12, 18, and 24 Months

A 5% discount may be available for qualifying circumstances.

Call your DI sales team for details.

Sales Assistance

(800) 437-7355, ext. 719 | DISales@IllinoisMutual.com
www.IllinoisMutual.com

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Benefits <i>May vary by state.</i>	<ul style="list-style-type: none"> • Non-Integrated Base Benefits • Organ Donor Benefit • Own Occupation • Partial Disability Monthly Benefit • Presumed Total Disability Benefit • Recurrent Disability Benefit • Retraining/Home Modification Benefit • Retroactive Waiver of Premium Benefit • Survivor Benefit • Suspension of Policy During Unemployment Benefit • Total Loss of Sight and Double Dismemberment Monthly Benefit 	<ul style="list-style-type: none"> • Conversion Provision • Non-Integrated Base Benefits • Organ Donor Benefit • Own Occupation • Partial Disability Monthly Benefit • Recurrent Disability Benefit • Retroactive Waiver of Premium Benefit
Options <i>Coverage and availability may vary by state, age, occupation class or other factors.</i>	<ul style="list-style-type: none"> • Guaranteed Insurability Option (GIO) Rider Form 9267 • Return of Premium Rider Form 9266 • Retroactive Injury Benefit Rider Form 9253 • Integrated Monthly Benefit Rider Form 9264 • Activities of Daily Living (ADL) Rider Form 9259 • Automatic Increase Benefit Rider Form 9252 • Cost of Living Adjustment (COLA) Rider Form 9260 • Two Year Pure Own Occupation Rider Form 9255 • Five Year Pure Own Occupation Rider Form 9256 • Five Year Own Occupation Extension Rider Form 9257 • To Age 67 Own Occupation Extension Rider Form 9258 • Non-Cancelable Policy Rider Form 9251 • Residual Disability Benefit Rider Form 9261 • Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse Form 9265 	<ul style="list-style-type: none"> • Guaranteed Insurability Option (GIO) Rider Form 3166 • Return of Premium Rider Form 9266 • Retroactive Injury Benefit Rider Form 9253 • Two Year Pure Own Occupation Rider Form 9255 • Full Benefits for Mental or Nervous Disorders, Alcoholism or Drug Abuse Form 9265
Pre-Existing Condition Limitations <i>May vary by state.</i>	<p>During the first 2 years after the Date of Issue, this Policy will not pay benefits: (1) for any conditions diagnosed or treated by a physician within 2 years prior to the Date of Issue; or (2) for any condition which caused symptoms within 2 years prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.</p>	<p>During the first 2 years after the Date of Issue, this Policy will not pay benefits: (1) for any conditions diagnosed or treated by a physician within 2 years prior to the Date of Issue; or (2) for any condition which caused symptoms within 2 years prior to the Date of Issue that would have caused an ordinarily prudent person to seek medical diagnosis, care or treatment.</p>
Exceptions and Reductions <i>May vary by state. See DI Agent Guide for more information.</i>	<p>We will not pay benefits for disability that results (a) from normal pregnancy or childbirth; (b) from intentionally self-inflicted injury or sickness; (c) from your commission or attempted commission of a felony; (d) from war, declared or not; (e) from any military service, except during active duty for training of less than 60 days. The pro rata premium will be refunded for a period during which you are not covered for such military reason; or (f) we will not pay benefits while you are incarcerated in any penal or correctional institution.</p>	<p>We will not pay benefits for disability that results (a) from normal pregnancy or childbirth; (b) from intentionally self-inflicted injury or sickness; (c) from your commission or attempted commission of a felony; (d) from war, declared or not; (e) from any military service, except during active duty for training of less than 60 days. The pro rata premium will be refunded for a period during which you are not covered for such military reason; or (f) we will not pay benefits while you are incarcerated in any penal or correctional institution.</p>

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

These policies have exclusions, limitations and terms under which the policies or options may be continued or discontinued. For costs and complete details of coverage, contact Illinois Mutual. The policy will control over this brochure.