

SERFF Tracking Number: GARD-126295408 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43630
 Company Tracking Number: DBO
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Disability Buy-Out
 Project Name/Number: /

Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: Disability Buy-Out SERFF Tr Num: GARD-126295408 State: Arkansas
 TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 43630
 Closed

Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups Co Tr Num: DBO State Status: Approved-Closed

Filing Type: Form/Rate
 Author: Cindy Ego Reviewer(s): Rosalind Minor
 Date Submitted: 09/29/2009 Disposition Date: 09/30/2009
 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 09/30/2009 Explanation for Other Group Market Type:
 State Status Changed: 09/30/2009
 Deemer Date: Created By: Cindy Ego
 Submitted By: Cindy Ego Corresponding Filing Tracking Number: GARD-126295598

Filing Description:

Berkshire Life Insurance Company of America is submitting the forms listed below for your review and approval. Policy form 3200 (01/10) along with the related riders and endorsements replace the forms indicated below which were approved in your state on 03/26/2001. Application FIO-2009 replaces FIO-2007 which was approved in your state on 01/15/2008. Application REIN-2009 is a new form and does not replace any previously approved applications. The submitted forms are filed in our state of domicile, Massachusetts, concurrently. If the forms submitted in your state contain a state suffix, all references in this letter to such form number without a state suffix apply to the suffixed version

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submitted.

POLICY TITLE REPLACES

3200 (01/10) Disability Buy-Out Insurance Policy 3100 (06/01)

RIDERS

3205 (01/10) Future Increase Option Rider 3105 (06/01)

3206 (01/10) Additional Benefit Rider

ENDORSEMENTS

3200P-E (01/10) Business Valuation Endorsement

3200C-E (01/10) Business Valuation Endorsement

APPLICATIONS

FIO-2009 Application for Disability Insurance FIO-2007
Option Exercises

REIN-2009 Application for Disability Insurance Reinstatement

Policy

Disability Buy-Out Insurance Policy - Form 3200 (01/10) The Disability Buy-Out Insurance Policy provides a reimbursement to fund the buy-out of a disabled business partner's ownership interest in a business. This policy is conditionally renewable until Age 65 as long as certain conditions set forth in the policy have been met. The issue ages for this policy are 18 – 60 and it is available to occupation classes 6, 5, 4, 3, 6M, 5M, 4M and 3M.

Riders and Endorsements for Policy 3200 (01/10)

Future Increase Option Rider – Form 3205 (01/10) – The Future Increase Option Rider provides an opportunity for the policyowner to purchase additional coverage on the insured without the necessity of providing evidence of medical insurability or occupation.

Additional Benefit Rider – Form 3206 (01/10) – The Additional Benefit Rider will be added to Policy 3200 (01/10) upon the successful exercise of a Future Increase Option in lieu of issuing a separate policy for the increased coverage.

Business Valuation Endorsements 3200P-E (01/10) and 3200C-E (01/10) – One of these endorsements will be attached to each Disability Buy-Out Insurance Policy, Form 3200 (01/10), at time of issue. Endorsement 3200P-E (01/10) will be used for applicants who are in a fee for service profession (e.g. business owner attorneys in a law practice or business

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owner physicians in a medical practice). Endorsement 3200C-E (01/10) will be used for professionals who work in a commercial business who don't derive revenue based solely on billable hours (e.g. business owners who are florists in a flower shop).

Application

Application REIN-2009 will be used to apply for reinstatement of individual disability income insurance policies by both Berkshire Life Insurance Company of America (Berkshire Life) and The Guardian Life Insurance Company of America (Guardian). Berkshire Life is a wholly owned subsidiary of Guardian. A separate filing will be submitted on behalf of Guardian. We would appreciate any efforts you can make to coordinate the review of this forms for the two companies.

Application FIO-2009 will be used by Berkshire only to apply for future increase option exercises. The Producer's Certification, form DI-PC-2009, is not considered part of the application, however, we are including this form for your Department's information because it contains the required insurance replacement question.

The following forms that were approved in your state for both Berkshire Life and Guardian on 05/22/2003 may be used in conjunction with application FIO-2009:

Form Number	Description
C-ADU-SUPP-2003	Alcohol and Drug Usage Supplement
C-AVIA-SUPP-2003	Aviation Supplement
C-AVOC-SUPP-2003	Avocations Supplement
C-AP-SUPP-2003	Supplement to Application for Insurance
C-NIIP-2003	Insurance Information Practices
C-AUTH-2003	Authorization to Obtain and Release Information
C-MED-2003	Representations to the Medical Examiner (Part 2)

We will also use Special Exceptions Agreement, form 71-SE (06/01) and Amendment to the Application, form 71-A (06/01), which were approved on 03/26/2001 with FIO-2009.

In addition to using this application in the traditional paper situation, we also plan to use this application to take applications electronically using a computer. When the application is completed in this manner the application and all required forms will be printed at the end of the process and signed by the applicant. Under the electronic application procedure described above, the completed application at the end of the process will be an exact copy of the application forms as approved by your Department.

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Marketing

Our policies are marketed in an individual basis through our agency distribution system. Our products are mainly marketed to professionals such as physicians, attorneys and small business owners. Our policies are underwritten on an individual basis using information supplied or authorized by the applicant.

Company and Contact

Filing Contact Information

Cindy Ego, Compliance Specialist
 700 South Street 413-395-4319 [Phone]
 Pittsfield, MA 01201

Filing Company Information

Berkshire Life Insurance Company of America CoCode: 71714 State of Domicile: Massachusetts
 700 South Street Group Code: Company Type:
 Pittsfield, MA 01201 Group Name: State ID Number:
 (413) 499-4321 ext. [Phone] FEIN Number: 75-1277524

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: Forms - \$75
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$75.00	09/29/2009	30928393

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/30/2009	09/30/2009

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Disposition

Disposition Date: 09/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Producer's Certification	Approved-Closed	Yes
Form	Disability Buy-Out Insurance Policy	Approved-Closed	Yes
Form	Future Increase Option Rider	Approved-Closed	Yes
Form	Additional Benefit Rider	Approved-Closed	Yes
Form	Business Valuation Endorsement	Approved-Closed	Yes
Form	Business Valuation Endorsement For Professionals	Approved-Closed	Yes
Form	Application For Disability Insurance Reinstatement	Approved-Closed	Yes
Form	Application for Disability Insurance Option Exercises - Request for Additional Benefits Supplement	Approved-Closed	Yes
Rate	3200 Rates - Lump Sum	Approved-Closed	Yes
Rate	3200 Rates - Monthly	Approved-Closed	Yes
Rate	3205 Rate	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 3200 (01/10)

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/30/2009	3200 (01/10)	Policy/Cont Disability Buy-Out ract/Fratern Insurance Policy al Certificate	Initial		52.000	3200 (01-10).pdf
Approved-Closed 09/30/2009	3205 (01/10)	Policy/Cont Future Increase ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	3205 (01-10).pdf
Approved-Closed 09/30/2009	3206 (01/10)	Policy/Cont Additional Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.900	3206 (01-10).pdf
Approved-Closed 09/30/2009	3200C-E (01/10)	Policy/Cont Business Valuation ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme	Initial		50.100	3200C-E (01-10).pdf

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Product Name: Disability Buy-Out
 Project Name/Number: /

Approved- 3200P-E	Policy/Cont Business Valuation	Initial	50.300	3200P-E (01-10).pdf
Closed (01/10)	ract/Fratern Endorsement For			
09/30/2009	al Professionals			

Certificate:
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Approved- REIN-2009	Application/ Application For	Initial	52.100	REIN-2009.pdf
Closed	Enrollment Disability Insurance			
09/30/2009	Form Reinstatement			

Approved- FIO-2009	Application/ Application for	Initial	51.200	FIO-2009 Package.pdf
Closed	Enrollment Disability Insurance			
09/30/2009	Form Option Exercises - Request for Additional Benefits Supplement			

Berkshire Life Insurance Company of America
700 South Street • Pittsfield, Massachusetts 01201
1-800-819-2468

The Policy is issued by
Berkshire Life Insurance Company of America, a wholly
owned stock subsidiary of The Guardian Life Insurance
Company of America, New York, NY

Berkshire Life hereby furnishes insurance to the extent
set out in the Policy. All of the provisions on this and
the pages that follow are part of the Policy.



Secretary

Berkshire Life Insurance Company
of America



President

Berkshire Life Insurance Company
of America

Disability Buy-Out Insurance Policy
Non-Participating

When used in the Policy, the words You and Your mean the person insured,
who is named in the Schedule Page. The words We, Us, Our, and
Berkshire Life mean Berkshire Life Insurance Company of America.

RENEWAL CONDITIONS

The Policy is renewable by the timely payment of premiums until the first of the following events
or occurrences at which time the Policy will automatically terminate.

- The Policyowner, if an individual, no longer has an Ownership Interest in the Business;
- You no longer have an Ownership Interest in the Business;
- You are no longer Gainfully Employed Full Time by the Business for any reason other than Total Disability;
- You have actual and/or Constructive Ownership of more than 90% of the Business;
- You have an actual Ownership Interest of less than 5% of the Business;
- The Maximum Aggregate Benefit has been paid; or
- The first Policy Anniversary after Your 65th birthday.

As long as the Policy remains in force, We cannot change any provision, add any restriction, or increase
the premiums above those shown in the Schedule Page without the Policyowner's consent.

NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY

Please read the Policy carefully. It is a legal contract between the Policyowner and Us. The Policyowner
may return the Policy to Us within ten days after it is received, by delivering or mailing it to Our Home
Office or to the representative through whom the Policyowner bought it. When We receive the Policy,
it will be deemed void from the beginning. Any premium paid on it will be refunded.

Berkshire Life Insurance Company of America
is a wholly owned stock subsidiary of
The Guardian Life Insurance Company of America, New York, NY



Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page 1A

Insured: [JOHN DOE] Policy Number: [Z1234567]
 Policyowner: [SMITH INDUSTRIES, LLP] Policy Date: [JANUARY 1, 2010]
 Business: [SMITH INDUSTRIES, LLP]

Policy Specifications for the Insured

Class of Risk: [PREFERRED, SELECT, STANDARD] Gender: [MALE, FEMALE]
 Occupation Class: [6, 5, 4, 3, 6M, 5M, 4M, 3M] Issue Age: [18 - 60]

Policy Coverage and Premium Summary

Elimination Period: [360, 540, 720] Days
 Accumulation Period: [540, 720, 900] Days
 Premium Term: [ANNUAL, SEMIANNUAL, QUARTERLY, MONTHLY]

<u>Coverage</u>	<u>Maximum Aggregate Benefit</u>	<u>Annual Premium</u>
Base Policy – Maximum Aggregate Benefit	\$370,000	\$2,000.00
Funding Method: [LUMP SUM, MONTHLY INSTALLMENT, DOWN PAYMENT]		
Monthly Installment Period: [12, 24, 36, 48, 60] Months		
Maximum Monthly Installment Benefit: [\$10,000]		
Maximum Lump Sum Benefit: [\$250,000]		
Additional Benefit Rider – Maximum Aggregate Benefit	\$170,000	\$1,000.00
Maximum Monthly Installment Benefit: [\$10,000]		
Maximum Lump Sum Benefit: [\$50,000]		
Future Increase Option Rider		
Lump Sum Option Amount: [\$100,000]		
Monthly Installment Option Amount: [\$20,000]		
Each Option Amount will be offered annually for the next [10] years subject to the terms of the Future Increase Option Rider.		\$100.00
Total:	[\$540,000]	[\$3,100.00]
Annual Policy Fee:		\$30.00
10% Multi-Client Discount		[\$313.00]
Total Annual Premium (Premiums remain level to Age 65):		[\$2,817.00]

Schedule Page 1B

Insured: [JOHN DOE] Policy Number: [Z1234567]
Policyowner: [SMITH INDUSTRIES, LLP] Policy Date: [JANUARY 1, 2010]
Business: [SMITH INDUSTRIES, LLP]

About The Premium

The premiums for the Policy are based on gender-specific rates.

If the Policyowner elects to increase, decrease or change Coverage or change the Premium Term, the premium for the Policy may change. A new Schedule Page will be provided to the Policyowner.

The following summarizes the premium for each Premium Term option during the level premium period for the Coverage that has been selected.

For a Semiannual Premium Term:

The Policyowner will pay [\$1,450.76] every 6 months. This means the Policyowner is paying an additional [\$84.51] or [3.00%] per year, or a total annualized premium of [\$2,901.51].

For a Quarterly Premium Term:

The Policyowner will pay [\$739.46] every 3 months. This means the Policyowner is paying an additional [\$140.85] or [5.00%] per year, or a total annualized premium of [\$2957.85].

For a Monthly Premium Term under a list-bill arrangement:

The Policyowner will pay [\$241.79] every month. This means the Policyowner is paying an additional [\$84.50] or [3.00%] per year, or a total annualized premium of [\$2,901.50].

For a Monthly Premium Term utilizing Guard-O-Matic / Monthly Electronic Funds Transfer (EFT):

The Policyowner will pay [\$234.75] every month. There is no additional charge for paying premiums on a monthly basis versus paying them on an annual basis.

The additional charge, if any, that is added for paying in installments more frequent than payment on an annual basis will remain the same until Age 65.

Schedule Page 1c

Insured: [JOHN DOE] Policy Number: [Z1234567]
 Policyowner: [SMITH INDUSTRIES, LLP] Policy Date: [JANUARY 1, 2010]
 Business: [SMITH INDUSTRIES, LLP]

Additional Benefit Rider Coverage Summary

Issue Age	Maximum Lump Sum Benefit	Maximum Monthly Installment Benefit	Maximum Aggregate Benefit	Annual Premium
[18-60]	\$50,000	\$10,000	\$170,000	\$1,000.00
Total	\$50,000	\$10,000	\$170,000	\$1,000.00

About The Maximum Aggregate Benefit

The Maximum Aggregate Benefit remains level until Age 61 at which point it decreases annually by 20% of its original amount as provided below:

<u>If Total Disability begins</u>	<u>the Maximum Lump Sum Benefit is</u>	<u>the Maximum Monthly Installment Benefit is</u>	<u>the Total Maximum Aggregate Benefit is</u>
prior to Age 61	\$300,000	\$20,000	\$540,000
at or after Age 61, but before Age 62	\$240,000	\$16,000	\$432,000
at or after Age 62, but before Age 63	\$180,000	\$12,000	\$324,000
at or after Age 63, but before Age 64	\$120,000	\$8,000	\$216,000
at or after Age 64, but before Age 65	\$60,000	\$4,000	\$108,000
at or after Age 65	\$0	\$0	\$0

 Licensed Resident Agent's Countersignature

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Additional Coverage, if any, is shown in the Schedule Page
and is described in the rider forms attached to the Policy.

If there are questions about the Policy,
call Berkshire Life Insurance Company of America at 1-800-819-2468.

DEFINITIONS

Whenever they are used in the Policy, the following defined terms are capitalized. Please read them carefully as they will help You understand the Policy provisions.

Accumulation Period

The Accumulation Period is shown in the Schedule Page. It is a period of consecutive days that begins on the first day that You are Totally Disabled and during which the Elimination Period must be satisfied.

Age

Age means Your age as of the Policy Anniversary that first occurs on or after the birthday on which You attain that age.

Business

Business means the entity that is named as such in the Schedule Page. Business will also include any successor entity if: (1) You continue Your employment and ownership in the successor entity, and (2) We are given written evidence of such employment and ownership at our Home Office. We may require that the policy be sent to Us at the Home Office for endorsement to show the change.

Buy-Sell Agreement

Buy-Sell Agreement means a written agreement in effect no later than one year after the Policy Date and that requires the Policyowner to purchase Your Ownership Interest in the Business in the event of Your Total Disability, or any subsequent revision of the agreement. We are not a party to the Buy-Sell Agreement.

Class of Risk

The Class of Risk is shown in the Schedule Page.

Closing Date

Closing Date means the date the Policyowner makes the first payment for the purchase of Your Ownership Interest in the Business pursuant to the Buy-Sell Agreement.

Constructive Ownership

Constructive Ownership means ownership of an interest in the Business by Your spouse or domestic partner; or by an estate or a trust for the benefit of You, Your spouse or domestic partner.

Conversion Policy

Conversion Policy means the individual disability income insurance policy issued pursuant to the Conversion Option provision.

Coverage

Coverage means the benefits available under the Policy.

Effective Date

Effective Date means the date that the Policy, or a rider, takes effect.

Elimination Period

The Elimination Period is shown in the Schedule Page. The Elimination Period is the number of days that must elapse before benefits become payable. The Elimination Period starts on the first day that You are Totally Disabled. You must be Totally 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. Benefits will not accrue or be payable during the Elimination Period.

Family

Family means a spouse or domestic partner, brother, sister, parent, child, grandparent, aunt, uncle, cousin, niece or nephew. This includes the Family of the person's spouse or domestic partner.

Full Time

Full Time means at least 30 hours each week.

Funding Method

The Funding Method is shown in the Schedule Page. It is the method by which benefits will be paid. The Funding Method is selected by the Policyowner at the time of application for the Policy.

Gainfully Employed or Gainful Employment

Gainfully Employed or Gainful Employment means actively at work or engaged in activities for income, remuneration or profit.

Injury

Injury means an accidental bodily injury that first occurs on or after the Effective Date and while the Policy is in force.

Issue Age

Issue Age is shown in the Schedule Page.

Maximum Aggregate Benefit

Maximum Aggregate Benefit is shown in the Schedule Page. It is the maximum amount We may pay under the Policy. The Maximum Aggregate Benefit remains level until Age 61, at which point it decreases annually by 20% of its original amount.

Maximum Lump Sum Benefit

The Maximum Lump Sum Benefit is shown in the Schedule Page when the Down Payment Funding Method is elected. The Maximum Lump Sum Benefit remains level until Age 61, at which point it decreases annually by 20% of its original amount.

Maximum Monthly Installment Benefit

The Maximum Monthly Installment Benefit is shown in the Schedule Page. The Maximum Monthly Installment Benefit remains level until Age 61, at which point it decreases annually by 20% of its original amount.

Monthly Installment Period

The Monthly Installment Period is the length of time, measured in months, for which a monthly benefit is to be paid.

Monthly Purchase Amount

Monthly Purchase Amount means the total amount the Policyowner has paid to You, or Your legal representative, during the prior month, to purchase Your Ownership Interest in the Business.

Occupation Class

The Occupation Class is shown in the Schedule Page.

Ownership Interest

Ownership Interest means any interest in the Business to which an individual is legally or equitably entitled.

Physician

Physician means a person who is licensed by law in the state in which he or she practices as a Medical Doctor or Doctor of Osteopathy, and is acting within the scope of that license to treat Injury or Sickness that results in a Total Disability. If Your Total Disability is due to a mental or substance-related disorder, the Physician must be a licensed psychiatrist or licensed doctoral-level psychologist.

A Physician cannot be You, a member of Your Family or household, Your business or professional partner or employer or any person who has a financial affiliation or business interest with You. A Physician cannot be the Policyowner, a member of the Policyowner's Family or household, business or professional partner or any person who has a financial affiliation or business interest with the Policyowner.

Policy

Policy means the legal contract between the Policyowner and Us. The entire contract consists of this policy, any application(s), the Schedule Pages and any attached riders, amendments and endorsements.

Policy Anniversary

Policy Anniversary is the yearly anniversary of the Policy Date while the Policy remains in force.

Policy Date

The Policy Date is shown in the Schedule Page. It is the date from which premiums are calculated and become due.

Policyowner

The Policyowner is the person or entity shown as such in the Schedule Page unless later changed as provided for in the Policy.

Pre-existing Condition

Pre-existing Condition means a physical or mental condition:

- that was misrepresented or not disclosed in the application; and
- for which You received professional medical advice, diagnosis or treatment within two years before the Effective Date; or
- that caused symptoms within one year before the Effective Date for which a prudent person would usually seek professional medical advice, diagnosis or treatment.

Premium Term

Premium Term is shown in the Schedule Page. It is the frequency of Your premium payments.

Prior Buy-Out Coverage

Prior Buy-Out Coverage means the total amount of benefits which have been paid or are eligible to be received under all other policies issued by any insurer prior to the Effective Date of the Policy for the same kind of loss that is covered by the Policy.

Purchase Amount

Purchase Amount means the total amount the Policyowner has paid to You, or Your legal representative, to purchase Your Ownership Interest in the Business.

Sickness

Sickness means an illness or disease that first manifests itself on or after the Effective Date and while the Policy is in force.

Suspension Period

Suspension Period means a period of time during which the Policy is not in force. We will neither require premiums nor pay benefits under the Policy during a Suspension Period. The Policy will not cover losses that result from Injury or Sickness that occurs or begins during a Suspension Period. The Policy will cover only losses that result from Injury that occurs after the end of a Suspension Period or Sickness that first manifests itself more than ten days after the end of a Suspension Period. No privileges or options under the Policy or any attached riders may be exercised during a Suspension Period.

Termination Date

Termination Date means the date on which the Policy terminates.

Total Disability or Totally Disabled

Total Disability or Totally Disabled means that, solely due to Injury or Sickness, You are not able to perform the material and substantial duties of Your Occupation and You are not Gainfully Employed by the Business.

Your Occupation

Your Occupation means the occupation (or occupations if more than one) in which You are Gainfully Employed during the 12 months prior to the time You become Totally Disabled.

We, Us, Our, and Berkshire Life

We, Us, Our, and Berkshire Life mean Berkshire Life Insurance Company of America.

You and Your

When used in the Policy, the words You and Your mean the person insured, who is named in the Schedule Page.

PROVISIONS RELATING TO BENEFITS**Disability Buy-Out Benefit**

We will pay a benefit for Total Disability if each of the following conditions is met:

- You become Totally Disabled while the Policy is in force;
- You were Gainfully Employed Full Time by the Business when the Total Disability began;
- You provide Proof of Loss, to include proof that the Buy-Sell Agreement is in effect;
- You comply with the Medical Care Requirement;
- You satisfy the Elimination Period;
- You remain Totally Disabled until the Closing Date; and
- the Policyowner is making payments to purchase Your Ownership Interest in the Business pursuant to the Buy-Sell Agreement.

Benefit payments under the Policy will be made according to the Funding Method.

If We pay less than the Maximum Aggregate Benefit, We will refund that portion of the premium paid in the 12 months prior to the date on which You became Totally Disabled attributable to the unpaid portion of the Maximum Aggregate Benefit. This refund will be made after We have paid all eligible benefits.

Lump Sum Funding Method

If the Lump Sum Funding Method is elected, the benefit will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later. The benefit payable will be the least of:

- the Purchase Amount;
- the Maximum Aggregate Benefit; or
- the Business Valuation Amount less the Prior Buy-Out Coverage.

In lieu of this payment, the Policyowner may request that the benefit be paid in equal, guaranteed installments over a period not exceeding ten years. The Policyowner and We must agree in writing to: (a) the method of payment; (b) the frequency of payment; and (c) the period over which payments will be made. If the Policyowner and We agree to a payment method, payment by Us will also be made on a reimbursement basis.

Monthly Installment Funding Method

If the Monthly Installment Funding Method is elected, the benefits will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later. The monthly benefit payable will be the least of:

- the Monthly Purchase Amount;
- the Maximum Monthly Installment Benefit; or
- an amount equal to $(A \div B)$, where:

A is the Business Valuation Amount less the Prior Buy-Out Coverage, and
B is the number of months in the Monthly Installment Period.

After monthly benefits begin, even if You are no longer Totally Disabled, We will continue to pay benefits until the first of the following occurs:

- the Policyowner is no longer making payments to purchase Your Ownership Interest in the Business;
- two monthly benefits have been paid following the date of Your death; or

- the Monthly Installment Period ends.

Down Payment Funding Method

If the Down Payment Funding Method is elected, the benefits will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later.

We will first pay the Policyowner the least of:

- the actual down payment amount paid to You by the Policyowner;
- the Maximum Lump Sum Benefit; or
- the Business Valuation Amount less the Prior Buy-Out Coverage.

Thereafter, the monthly benefit payable will be the least of:

- the Monthly Purchase Amount;
- the Maximum Monthly Installment Benefit; or
- an amount equal to $(A - B) \div C$, where:

- A is the Business Valuation Amount less the Prior Buy-Out Coverage
- B is the total amount of benefit already paid by Us, and
- C is the number of months in the Monthly Installment Period.

After monthly benefits begin, even if You are no longer Totally Disabled, We will continue to pay benefits until the first of the following occurs:

- the Policyowner is no longer making payments to purchase Your Ownership Interest in the Business;
- two monthly benefits have been paid following the date of Your death; or
- the Monthly Installment Period ends.

Medical Care Requirement

We will require that You are under the medical care of a Physician during any period of Total Disability prior to the time when benefits become payable. The medical care must be provided by a Physician whose specialty is appropriate for Your Injury or Sickness. The medical care must be appropriate, according to prevailing medical standards, for the condition causing the Total Disability.

We will waive the Medical Care Requirement during any claim under the Policy upon reasonable written proof that Your Injury or Sickness no longer requires the regular medical care of a Physician under prevailing medical standards. Such waiver will not restrict Our rights under the Proof of Loss and Examinations provisions of the Policy.

Transplant and Cosmetic Surgery

If, more than six months after the Effective Date, You become Totally Disabled because of:

- the transplant of a part of Your body to another person, or
- complications of cosmetic surgery to improve Your appearance or correct a disfigurement,

We will deem You to be Totally Disabled as a result of Sickness.

Concurrent Total Disability

If a Total Disability is caused by more than one Injury or Sickness or from a combination thereof, it is a concurrent Total Disability. We will pay benefits for a concurrent Total Disability as if there were only one Injury or Sickness.

In no event will You be considered to have more than one Total Disability at the same time.

Waiver of Premium Benefit

If You are Totally Disabled for the length of the Elimination Period due to Injury or Sickness not excluded from Coverage, We will refund the portion of any premium paid which applies to the period of Total Disability beyond the date that You were first Totally Disabled in the same claim. We will then waive any later premiums that are due while You are receiving benefits for the Total Disability.

OCCUPATIONAL REHABILITATION, MODIFICATION AND ACCESS PROVISIONS**Occupational Rehabilitation Benefit**

If You are Totally Disabled and the Elimination Period has not been satisfied, You may be eligible for an Occupational Rehabilitation Benefit. If We agree in advance on a program of occupational rehabilitation, We will pay for the program as set forth in a signed written agreement. The program of occupational rehabilitation must be a formal plan that will help You to return to Gainful Employment in Your Occupation. The program must be directed by an organization or individual licensed or accredited to provide occupational rehabilitation or education to persons who are disabled.

The extent of Our role in this program will be determined by the written agreement. We will pay only those costs that are not otherwise covered by insurance, workers' compensation, or any public fund or program.

We will periodically review the program and Your progress in it. We will continue to pay for the program, subject to the written agreement, as long as We determine that it is helping You return to Gainful Employment in Your Occupation.

Participating in a program of occupational rehabilitation will not in itself be considered a recovery from the Injury or Sickness that resulted in Your Total Disability.

Modification and Access Benefit

If You are Totally Disabled and the Elimination Period has not been satisfied, You may be eligible for the Modification and Access Benefit. If a modification is determined by Us to be appropriate and reasonable to enable You to perform Your material and substantial duties, We will reimburse the cost that is incurred for such modification upon written proof acceptable to Us as set forth in a signed written agreement. The purpose of any such modification must be to help You to return to Gainful Employment in Your Occupation.

TRANSFER AND EXCHANGE PROVISIONS**Assignment and Change of Ownership**

The Policyowner may be changed. We do not limit the number of changes that may be made. To make a change, a written request on a form provided by Us for this purpose must be received at Our Home Office.

We will not be bound by an assignment of the Policy for any claim unless We receive a written assignment on a form provided by Us before We pay the benefits claimed. We will not be responsible for the validity or tax consequences of any assignment.

Transfer of Coverage Option

After two years from the Effective Date, if the Policy terminates due to You not being Gainfully Employed in the Business, You may be insurable under a similar policy with a new owner without submitting medical evidence of Your insurability, provided that the following conditions are met:

- You are not and have never been Totally Disabled under the Policy;
- You are not older than Age 60;
- You are Gainfully Employed Full Time in a different business in which You are an owner;
- Your actual and/or constructive ownership interest in that business is not more than 90% and Your actual ownership interest in that business is not less than 5%;
- this type of policy is available for issue in the state where the new policy is applied for;
- a written application for the new policy is received by Us within 90 days after the Policy terminates; and

- You meet all of Our underwriting requirements, other than those related to Your health, then in effect for new applicants for this type of coverage to be eligible for a new policy pursuant to this provision.

If You meet each of these conditions, the new policy will be issued subject to the following terms:

- the elimination period cannot be shorter than the Elimination Period for the Policy;
- the maximum benefit amount cannot be greater than the Maximum Aggregate Benefit of the Policy;
- the funding method must be the same as the Funding Method of the Policy;
- the premium for the new policy will be at Our rates then in effect for persons of Your age, class of risk, gender, occupation, funding method, elimination period and based on the amount of coverage issued under the new policy;
- any special class rating that is applicable to the Policy will also apply to the new policy; and
- any loss We have excluded by name or specific description that is applicable to the Policy will also apply to the new policy.

The effective date of the new policy will be the date We approve the written request to transfer coverage and the initial premium is received at Our Home Office.

Conversion Option

At any time before Your Age 55, You may apply to convert the Policy to an individual disability income insurance policy that We then make available for such use if all of the following conditions are met:

- the Policy has been in force for at least two years;
- We receive a written request to terminate this Disability Buy-out Insurance Policy from the Policyowner;
- We receive a written application for conversion signed by You within 90 days of the request for Policy termination;
- You are Gainfully Employed Full Time for at least ten months each year;
- You are not currently disabled, and have never been Totally Disabled under the Policy; and
- We receive all of the information necessary to determine Your eligibility for insurance under the Conversion Policy.

If You have other Disability Buy-Out insurance with Us that provides a similar conversion option, We will only provide an aggregate monthly indemnity of up to \$3,000 from all such options.

You will be the owner of the Conversion Policy. The Conversion Policy will:

- provide a monthly indemnity that cannot exceed \$3,000;
- have an elimination period of at least 90 days;
- have a two-year benefit period; and
- have no optional benefit riders.

The effective date of the Conversion Policy will be the date that We approve Your written application to convert the Policy and the initial premium is received at Our Home Office. The premium for the Conversion Policy will be at Our rates then in effect for persons of Your age, class of risk, gender and occupation class. Any special class rating that applies to the Policy will also apply to the Conversion Policy.

The Conversion Policy will only cover losses that result from Injury that occurs after the effective date of the Conversion Policy or Sickness that first manifests itself more than ten days after such date. Conditions that are limited or excluded by name or specific description under the terms of the Policy will be similarly limited or excluded under the Conversion Policy.

The Policy, and all riders and benefits provided by the Policy, will terminate on the effective date of the Conversion Policy.

In no event can the total sum of all of Your disability insurance, after the conversion, exceed the maximum disability insurance We would then offer to new applicants. The total sum of all of Your disability insurance includes benefits You would be eligible for from Us and any other insurer.

You must provide evidence of Your current income, employment, occupation and all other disability insurance that is in force, which You have applied for, or for which You are eligible. We may require additional evidence of financial insurability, as necessary. You do not have to provide evidence of Your medical insurability.

SUSPENSION FOR ACTIVE MILITARY SERVICE

Suspension for Active Military Service

We will suspend the Policy on the date You begin active duty in the military of any nation or international authority including but not limited to the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard. We will neither require premiums nor pay benefits under the Policy during a Suspension Period. Acceptance of premiums by Us while You are on active duty will not waive the Suspension Period.

The Suspension Period starts when active duty begins. Active duty begins at 12:01 a.m. on the date You are obligated to appear for active duty and for which You are paid for such duty. Active duty does not include training that lasts 90 days or less, or any period of travel preceding a period of active duty.

The Policy must be in force and premiums must be paid to the date on which the Suspension Period begins. We will refund any premium paid which applies to the Suspension Period.

The Suspension Period ends when You are no longer on active duty. After the end of the Suspension Period, the Policyowner may request that We place the Policy back in force without evidence of insurability. The Policy will be placed back in force when We receive a written request and the required pro rata premium. Any request and premium payment must be received by Us within 90 days after the date Your active duty ends. The Policy will terminate if the premium for the Policy remains unpaid for more than 90 days after the end of a Suspension Period notwithstanding the Grace Period.

If Coverage is reinstated following the Suspension Period, premiums will be at the same rate that they would have been had the Policy remained in force. If reinstated pursuant to this provision, the Policy will only cover losses that result from Injury that occurs after the end of the Suspension Period or Sickness that first manifests itself more than ten days after the end of the Suspension Period. No privileges or options under the Policy or any attached riders may be exercised during a Suspension Period. In all other respects, the Policyowner and We will have the same rights under the Policy as before it was suspended.

EXCLUSIONS AND LIMITATIONS

Exclusions

We will not pay benefits for any Total Disability:

- caused by, contributed to, or which results from military training, military action, military conflict or war, whether declared or undeclared, while You are serving in the military or units auxiliary thereto, or working for contracted military services;
- during any period of time in which You are incarcerated;
- caused by, contributed to, or which results from Your commission of, or attempt to commit, a criminal offense as defined under local, state or federal law;
- caused by, contributed to, or which results from Your being engaged in an illegal occupation;
- caused by, contributed to, or which results from the suspension, revocation or surrender of Your professional or occupational license or certification;
- caused by, contributed to, or which results from an intentionally self-inflicted Injury; or
- due to any loss We have excluded by name or specific description.

Pre-existing Condition Limitation

We will not cover any loss that begins in the first two years after the Effective Date from a Pre-existing Condition.

PROVISIONS RELATING TO CLAIMS

Notice of Claim

Written Notice of Claim must be provided to Us within 30 days after any loss covered by the Policy occurs or begins, or as soon after that as is reasonably possible. Written Notice of Claim, with complete information to identify You and the Policyowner, will be sufficient if provided to Us at Our Home Office, 700 South Street, Pittsfield, MA 01201.

Claim Forms

When We receive written Notice of Claim, We will send Claim Forms for filing Proof of Loss. Claim Forms must be completed, signed and returned to Us, and are a required part of Proof of Loss. If We do not send such forms within 15 days after receiving written Notice of Claim, a written statement may be submitted within the time fixed in the Policy for filing Proof of Loss, which provides the nature and extent of the loss for which a claim is made.

Proof of Loss

We must receive written Proof of Loss at Our Home Office for a loss within 90 days after the end of each monthly period for which You are claiming Total Disability. All losses must occur while the Policy is in force.

We can require any proof that We consider necessary to evaluate Your claim. Such proof may include, but is not limited to: the Buy-Sell Agreement; medical records; employment records; business records; financial records; tax returns; evidence of income, occupation and duties; and any other information necessary for Us to evaluate Your claim.

If written Proof of Loss cannot be provided to Us within the prescribed time, We will not deny or reduce Your claim if written Proof of Loss is provided to Us as soon as reasonably possible. Under no circumstance will We pay benefits if written Proof of Loss is delayed for more than one year, except in the absence of legal capacity.

Time of Payment of Claims

Subject to written Proof of Loss and upon Our determination that benefits are payable under the provisions of the Policy, We will pay all accrued benefits for Total Disability and other specified losses for which We are liable. Benefits will be payable according to the Funding Method. After the Policy terminates, any unpaid amounts for which We are liable will be paid promptly after We receive written Proof of Loss.

Payment of Claims

All terms and conditions of the Policy must be satisfied in order for benefits to become payable. After all required Proof of Loss is provided and the claim is approved by Us, We will pay the benefits of the Policy for which We are liable to the Policyowner.

The Policy terminates upon Your death. Any benefits unpaid at Your death will be paid to the Policyowner. If the Policyowner is deceased, We will pay the benefits for which We are liable to the Policyowner's successors, executors, administrators or assigns.

If any benefit of the Policy becomes payable to a person determined to be legally incompetent to give a release, We may pay such benefit, up to \$1,000, to a relative of the person who We believe is entitled to it. Any payment made in good faith under this provision will fully discharge Us to the extent of such payment. In order to continue benefits beyond \$1,000, We will require proof of the appointment of a legal representative such as a durable power of attorney or a conservator.

Examinations

We have the right to have You examined at Our expense and as often as We may reasonably require to determine eligibility for benefits under the Policy as part of Proof of Loss. We reserve the right to select the examiner. The examiner will be a specialist appropriate to the assessment of Your claim.

The examinations may include but are not limited to medical examinations, functional capacity examinations, psychiatric examinations, vocational evaluations, rehabilitation evaluations, and occupational analyses. Such examinations may include any related tests that are reasonably necessary to the performance of the examination. We will pay for the examination. We may deny or suspend benefits under the Policy if You fail to attend an examination or fail to cooperate with the examiner.

You must meet with Our representative for a personal interview or review of records at such time and place, and as frequently as We reasonably require. Upon Our request, appropriate documentation must be provided.

We have the right, at our expense, to analyze or require an analysis of all relevant financial and operational records, including Your personal, business and corporate federal and state tax returns, as often as We may reasonably require by a financial examiner of Our choice. Such assessments may include an analysis of business, financial and operational records for any business in which You have or may have an Ownership Interest.

Claims While Outside the United States or Canada

If You are living outside the 50 states that comprise the United States, the District of Columbia or Canada during any period for which You are claiming Total Disability, You may be required to return, at Your own expense, when and as often as We may reasonably request to substantiate the claim.

Responsibility to Cooperate and Obtain Appropriate Medical Care

You have the responsibility to cooperate with Us concerning all matters relating to the Policy and claims thereunder. You have the responsibility to obtain all reasonably appropriate medical care for the condition for which benefits are being claimed.

PROVISIONS RELATING TO PREMIUM AND REINSTATEMENT

Premium

Premiums are due on the first day of each Premium Term. Upon Your death, We will refund that part of any premium which applies to the period after Your date of death.

Grace Period

After the first Premium Term, We allow a Grace Period of 31 days in which to pay each premium due. The Policy stays in force during the Grace Period. If the premium has not been paid when it is due or by the end of the Grace Period, the Policy will lapse.

Premium Term Changes

On any premium due date, the Policyowner may change the Premium Term, but We will not allow any change which would result in a premium not being due on a Policy Anniversary.

On request, and subject to Our approval, premiums may be paid annually or on a periodic basis. The Premium Terms available are annual, semiannual or quarterly. Premiums may also be paid monthly by automatic bank draft. We will change the Premium Term if We receive the Policyowner's proper written request at Our Home Office before the premium due date.

Reinstatement

If the Policy has lapsed at the end of the Grace Period, the Policyowner can apply to reinstate the Policy by completing an application and paying all overdue premiums. Such application must be received by Us within six months of the date the Policy lapsed.

We may require evidence of insurability to reinstate the Policy. If We approve the Policyowner's application, the Policy will be placed back in force on the date of such approval. If We have not approved or refused the Policyowner's application in writing within 45 days after receipt of such application and overdue premium, the Policy will be reinstated on that 45th day. If We refuse to reinstate the Policy, We will refund the premium.

In any case, the Policy will be reinstated on the date that We accept a premium and do not ask for an application.

The reinstated Policy will cover only losses that result from Injury that occurs after the date of Reinstatement or Sickness that begins more than ten days after such date. In all other respects, the Policyowner and We will have the same rights under the Policy as before it lapsed, subject to any provisions endorsed on or attached to the Policy in connection with Reinstatement.

GENERAL CONTRACT PROVISIONS

Consideration

We have issued the Policy in consideration of the representations in the application and payment of the first premium. A copy of the application is attached and is a part of the Policy.

Effective Date Provision

Insurance takes effect on the Effective Date for the Premium Term that is shown in the Schedule Page, unless there is Preliminary Term. The Policy takes effect at 12:01 a.m. on the Effective Date and terminates at 11:59 p.m. on the Termination Date.

Preliminary Term Provision

If the Schedule Page indicates that there is Preliminary Term, the Policy takes effect at 12:01 a.m. on the Preliminary Term Effective Date. All of the Policyowner's rights under the Policy will begin on the Preliminary Term Effective Date.

Entire Contract; Changes

The Policy with any application(s), the Schedule Pages, and any attached riders, amendments and endorsements make up the entire contract. No change in the Policy will be valid unless it has been endorsed on or attached to the Policy in writing by the president, a vice president, or the secretary of Berkshire Life.

No agent or broker has authority to change the Policy or waive any of its provisions.

Incontestable

The Policy will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for the Policy after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Totally Disabled. No claim for a loss incurred or Total Disability that begins after two years from the Effective Date, excluding any period during which You are Totally Disabled, will be reduced or denied because a sickness or physical condition existed prior to the Effective Date. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

In the event of a reinstatement, the Policy will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for reinstatement of the Policy after it has been in force for a period of two years following the date the Policy was reinstated, excluding any period during which You are Totally Disabled.

Termination of the Policy

The Policy will terminate when the first of the following occurs:

- the premium for the Policy remains unpaid at the end of the Grace Period;
- the premium for the Policy remains unpaid for more than 90 days after the end of a Suspension Period notwithstanding the Grace Period;
- We receive the Policyowner's written request to terminate the Policy;
- We issue a Conversion Policy pursuant to the Conversion Option provision;
- You attain Age 65;
- Your death;
- the Policyowner, if an individual, no longer has an Ownership Interest in the Business;
- You no longer have an Ownership Interest in the Business;
- You are no longer Gainfully Employed Full Time by the Business for any reason other than Total Disability;
- You obtain actual and/or Constructive Ownership of more than 90% of the Business;
- You have an Ownership Interest of less than 5% of the Business; or
- the Maximum Aggregate Benefit under the Policy has been paid.

Termination will not prejudice any claim for Total Disability which begins while the Policy is in force.

Conformity with State Laws

Any provision of the Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to meet the minimum requirements of such laws.

Legal Actions

No one can bring an action at law or in equity under the Policy until 60 days after written Proof of Loss has been furnished as required by the Policy. In no case can an action be brought against Us more than three years after written Proof of Loss must be furnished.

Misstatement of Age

If Your age has been misstated, Coverage will be based upon what the premium paid would have bought at Your correct age. If We would not have issued the Policy at Your correct age, there will be no insurance and We will owe only a refund of all premiums paid for the period not covered by the Policy.

Waiver of Policy Provisions

Our failure to invoke or enforce a right We have reserved under the terms of the Policy will not be deemed a permanent waiver of that right.

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FUTURE INCREASE OPTION RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

DEFINITIONS

The following definitions are added to the Policy as follows:

Increase Option

Increase Option means the option to apply for an Increase Policy.

Increase Policy

Increase Policy means the additional Maximum Aggregate Benefit issued under this rider.

Option Amount

Option Amount means the additional Maximum Aggregate Benefit that may be applied for on each Option Date. The Option Amount is shown in the Schedule Page.

Option Date

Option Date means the date of every Policy Anniversary while this rider is in effect.

Option Period

Option Period means the 63-day period beginning 31 days immediately before the Option Date and ending 31 days immediately following the Option Date.

PROVISIONS RELATING TO FUTURE INCREASE OPTIONS

Exercising an Increase Option During an Option Period

Subject to the Conditions and Limitations provision of this rider, the Policyowner may exercise an Increase Option up to the Option Amount during an Option Period.

If the Policyowner does not exercise an Increase Option on an Option Date, the Policyowner may apply for up to twice the Option Amount on the next Option Date.

Each Option Amount applied for during an Option Period will be underwritten based on Our underwriting rules, including issue limits, then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner, to determine the total amount of allowable Maximum Aggregate Benefit, if any, available to the Policyowner.

An Increase Option may not be exercised when You are disabled, receiving disability benefits or eligible to receive disability benefits from any source.

Proof of Insurability

When the Policyowner exercises an Increase Option, proof of insurability must be provided to Us. Proof of insurability includes, but is not limited to:

- any evidence necessary for Us to determine the Business Valuation Amount;
- evidence of the Policyowner's and Your Ownership Interest and employment in the Business; and
- evidence of all other disability insurance with any insurer that is in force, has been applied for, or for which You are eligible.

Evidence of Your medical insurability or occupation does not have to be provided.

Conditions and Limitations

All of the following conditions apply when the Policyowner exercises an Increase Option:

- We must receive a written application for an Option Amount during an Option Period.
- The Increase Policy may either be issued on a separate policy form that is most like the Policy then in use on a regular basis in the place where You live or may be added to the Policy in the form of an Additional Benefit Rider.
- The Increase Policy must have the same Elimination Period and Monthly Installment Period, if applicable, as the Policy to which this rider is attached.
- We will not issue an Increase Policy with less than \$10,000 Maximum Aggregate Benefit.
- The Increase Policy may not include the same provisions and benefits as the Policy to which this rider is attached. The Increase Policy may only include those benefits that are part of the Policy to which this rider is attached if We are then offering such benefits to new applicants.
- The premium for each Increase Policy will be based on the following factors:
 - the rates in effect on the date of issue of the Increase Policy;
 - the Increase Policy amount;
 - Your Age and gender on the date of issue of the Increase Policy;
 - the Class of Risk and Occupation Class of the Policy to which this rider is attached;
 - any special class rating that applies to the Policy to which this rider is attached; and
 - the policy form of the Increase Policy.

The Class of Risk and Occupation Class under the Increase Policy will not be less favorable than under the Policy to which this rider is attached.

If the Policyowner submits to Us satisfactory evidence that Your Class of Risk or Occupation Class on the Effective Date of the Increase Policy is more favorable to You than it was when the Policy went into effect, then We will apply the more favorable risk classification to the Increase Policy.

- Conditions that are excluded by name or specific description under the terms of the Policy to which this rider is attached will be excluded under the Increase Policy.

Premium and Renewal

The premium for this rider is shown in the Schedule Page. This rider may not be renewed beyond Your Age 55.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 55;
- the total amount of allowable Maximum Aggregate Benefit has been issued;
- the premium for this rider remains unpaid for more than 31 days;
- the date of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

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ADDITIONAL BENEFIT RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

PROVISIONS RELATING TO ADDITIONAL BENEFIT

This rider provides an additional Maximum Aggregate Benefit. The Issue Age, Maximum Aggregate Benefit, Maximum Lump Sum Benefit, Maximum Monthly Installment Benefit and annual premium for this rider are shown in the Schedule Page and below, if applicable.

Policy Number:

Insured:

Effective Date:

<u>Issue Age</u>	<u>Maximum Lump Sum Benefit</u>	<u>Maximum Monthly Installment Benefit</u>	<u>Maximum Aggregate Benefit</u>	<u>Annual Premium</u>
99	\$9,999,999	\$9,999,999	\$9,999,999	\$99,999.99

The Funding Method, Elimination Period [,and] Accumulation Period [and Monthly Installment Period] are the same as the base policy.

Incontestable

This rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for this rider after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled. No claim for a loss incurred or Disability that begins after two years from the Effective Date of this rider, excluding any period during which You are Disabled, will be reduced or denied because a sickness or physical condition existed prior to the Effective Date of this rider. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

In the event of a reinstatement, this rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for reinstatement of the Policy after it has been in force for a period of two years following the date the Policy was reinstated, excluding any period during which You are Disabled.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 65;
- the premium for this rider remains unpaid for more than 31 days;
- We receive the Policyowner's written request to terminate this rider; or
- the Policy terminates.

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BUSINESS VALUATION ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The following definitions are added to the Policy:

Business Valuation Amount

The Business Valuation Amount is equal to (A multiplied by B) plus C, where:

- A is the average annual Total Owner Compensation as reported for federal income tax purposes in the two tax years immediately prior to the date You became Totally Disabled;
- B is [1, 1.25, 1.5, 1.75 – 5]
- C is the average Net Worth as of the last day of the two tax years immediately prior to the date You became Totally Disabled.

Net Worth

Net Worth means the assets of the Business less the liabilities of the Business as reported for federal income tax purposes multiplied by the percentage of Your Ownership Interest immediately prior to the date You became Totally Disabled. In the event that assets and liabilities are not required to be reported for federal income tax purposes, they may be provided through a compilation report as prepared by an independent certified public accountant on the income tax basis of accounting consistent with the Business' most recent federal income tax return.

Total Owner Compensation

Total Owner Compensation means Net Income plus Compensation.

Compensation

Compensation means salaries, wages, fees, commissions, bonuses, pension and profit sharing contributions earned by You, received by You or that is allocable to You by the Business, as reported for federal income tax purposes. All income or remuneration from sources other than from the Business is not included in Compensation.

Net Income

Net Income means Your share of the Business' profit or loss, as reported for federal income tax purposes.

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BUSINESS VALUATION ENDORSEMENT FOR PROFESSIONALS

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITION

The following definition is added to the Policy:

Business Valuation Amount

The Business Valuation Amount is equal to A multiplied by B multiplied by C, where:

- A is the average of the Business' annual gross receipts as reported for federal income tax purposes for the three tax years immediately prior to the date You became Totally Disabled; and
- B is [1, 1.25, 1.5, 1.75 – 5]
- C is the percentage of Your Ownership Interest immediately prior to the date You became Totally Disabled.

Berkshire Life Insurance Company of America



Secretary



Application for Disability Insurance Option Exercises

I. Proposed Insured Information

a. Name (First, Middle Initial, Last)
b. Date of Birth (mm/dd/yyyy)
c. Social Security #
d. Employer Name & Address (Street, City, State, Zip)
e. Telephone: Home, Business, Cell
f. Residence Address (Street, City, State, Zip)
g. Original Policy #

2. Options

a. Option Requested
b. Total amount to be exercised: Monthly Indemnity, Lump Sum (if DBO)
c. If requesting Retirement Protection Plus (RPP), please select elimination period: 180 days, 360 days

3. Occupational Information

Explain "Yes" answers in Details.

a. Are you actively at work on a full-time basis in the occupation(s) listed below?
b. Are you currently disabled and/or collecting disability benefits?
c. Occupation(s) and Duties
d. Details (please reference question #)

4. Personal Information of the Proposed Insured

a. Employment Status
b. Earned Income (Business owners include share of business profit/loss in addition to wages.)
c. Unearned Income (Unearned income or passive income includes, but is not limited to, income from dividends, capital gains, interest (including tax exempt interest), rentals, royalties, retirement plans, alimony, investments, and business interests as an inactive owner.)
d. Do you participate in a qualified retirement plan such as a 401(k), 403(b), SIMPLE, IRA or profit sharing?
e. Total Annual Retirement Contribution (including your contribution and employer contributions)
f. Do you wish to have this retirement contribution considered as part of your earned income?
g. Total Net Worth if 6 million dollars or more (assets minus liabilities, excluding primary residence)
h. Have you ever filed bankruptcy?

5. Other Disability Coverage of the Proposed Insured

a. Do you have disability insurance in force or applied for, or are you eligible for disability insurance within the next 12 months with any company, including Guardian or Berkshire?

b. Describe all disability income pending or in-force coverage (If none, please answer "none.")

Type of Insurance: Individual (IDI), Group (G), Overhead Expense (OE), Disability Buy-Out (DBO), Retirement Protection (RP), Association (A), Other (O – Explain)

Status: I = In Force, P = Pending, E = Eligible For

Company Name	Type	Status	Benefit Amount	Benefit Period	Social Insurance Benefit	Automatic Increase Option	Catastrophic Benefit	Employer pay?*(Y/N)	Is this being replaced (Y/N)? If 'Y,' Date for Coverage to be Replaced	Amount to be Replaced?

*Does your employer pay the premium and not include it as taxable income to you?

6. Premium Information

- a. Premium Structure: Level Graded Step Rate
- b. What percentage of the premium for the coverage you are applying for will be paid by your employer?
 None 100% Other _____%
- c. If your employer will pay any part of the premium, will it be reportable by you as taxable income?..... Yes No
- d. If paid by the proposed insured, is it paid by: Pre-tax dollars After-tax dollars
- e. Premium Mode: Annual Semiannual Quarterly
 Monthly:
 Automatic Payment Plan - New Service Add to My Existing Service
 List Bill
- f. Prepayment of Premium – *A prepayment must be accompanied by a signed Conditions of Coverage.*
 No money has been submitted with this application.
 \$ _____ has been submitted with this application for proposed insurance.

7. Representations of the Proposed Insured and Owner

Those parties, who sign below, agree that:

1. This application and any other supplements or amendments to the application will form the basis for, and become part of and attached to, any policy or new coverage issued by Berkshire Life Insurance Company of America ("Company").
2. All of the statements that are part of the application and any other supplements to the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Company's rights or requirements.
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may lead to rescission of any policy or new coverage that is issued based on this application.
5. All coverage shown to be discontinued or replaced in answer to Question 5b of this application will be permanently terminated on or before the date(s) indicated. If not, it is understood and agreed that the Company reserves all rights outlined in any policy or new coverage issued. Further, benefits under any policy or new coverage issued based on this application may be reduced by the amount payable under such existing policies.
6. Insurance in the amount resulting from the exercise of the Future Increase Option, Future Purchase Option, or Group Disability Replacement Option ("the Option") shall take effect in accordance with the agreement or provision providing the Option, so long as the new policy or additional coverage is delivered, the required premium is paid, and there has been no change in the income level, status of employment, or occupation of the Proposed Insured.
7. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time may be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums may be more than the cost of paying one annual premium.
8. I acknowledge receipt of the Insurance Information Practices.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____.
City and State Day Month Year

Signature of Proposed Insured

Signature of Applicant/Owner if Other than Proposed Insured

Witness



GUARDIAN®

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of and an administrator for The Guardian Life Insurance Company of America, New York, NY

Application for Disability Insurance Option Exercises – Overhead Expense Insurance Supplement

I. Proposed Insured Information

a. Name (First, Middle Initial, Last) _____ b. Date of Birth (mm/dd/yyyy) _____

2. Overhead Expenses

a. Your share of covered expenses? \$ _____ and _____ % of total.

b. **Monthly Expenses of the Business Entity** – What are the current average monthly overhead expenses incurred for the items shown? (If responsible for expenses shared jointly with others, include only the portion for which the proposed insured is responsible.)

Advertising \$ _____

Car and Truck Expenses _____

Commissions and Fees _____

Contract Labor _____

Depreciation and Section 179 Expense Deduction _____

Employee Benefit Programs _____

Insurance _____

Interest: _____

 Mortgage (Paid to Banks, etc.) _____

 Other _____

Legal and Professional Services _____

Office Expenses _____

Pension and Profit Sharing Plans _____

Rent or Lease (Other Business Property) _____

Repairs and Maintenance _____

Taxes and Licenses _____

Utilities _____

Wages (exclude compensation for members of insured's profession) _____

Other Expenses (itemized): _____

_____ \$ _____

TOTAL \$ _____

Proposed Insured Monthly Earned Income* \$ _____

**Earned income is considered for and in accordance with Salary Replacement guidelines of 50% of the Proposed Insured's Earned Income not to exceed one-half of the total monthly overhead expense benefit or \$10,000, whichever is less. Available only with policy form 4200 Salary Replacement.*



GUARDIAN®

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of and an administrator for The Guardian Life Insurance Company of America, New York, NY

Application for Disability Insurance Option Exercises – Disability Buy-Out Insurance Supplement

I. Proposed Insured Information

a. Name (First, Middle Initial, Last) _____ b. Date of Birth (mm/dd/yyyy) _____

2. Disability Buy-Out Insurance

a. Give names of all other stockholders or partners. (Please note if there are any on whom Disability Buy-Out (DBO) is not carried or proposed on the Supplement to Application for Insurance.)

Name and Title	Percentage Owned	Amount of DBO in Force	Amount of DBO Proposed
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

b. Does a familial relationship exist among any of the above stockholders or partners? Yes No
If yes, describe:

c. Indicate type of business organization: Professional Corporation/Personal Service Partnership
 Commercial Business

d. Employer Tax ID # _____

e. What is the current Fair Market Value of the business organization? \$ _____

f. Describe business valuation method in detail (separately provide all supporting schedules and information):

g. Business Financial

1. Total Assets	\$		
2. Total Liabilities	\$		
3. Business Net Worth (line 1 minus line 2)	\$		
		Year-To-Date This Calendar Year	Actual Filed Last Calendar Year
4. Gross Annual Sales	\$	\$	\$
5. Net Profit After Taxes	\$	\$	\$



Application for Disability Insurance Option Exercises – Request for Additional Benefits Supplement

I. Proposed Insured Information

a. Name (First, Middle Initial, Last) _____ b. Date of Birth (mm/dd/yyyy) _____

2. Addition of Disability Benefits

Adding benefits requires medical and financial underwriting. Please review and maintain a copy of the Insurance Information Practices (C-NIIP-2003) and complete and submit the Authorization to Obtain and Release Information (C-AUTH-2003). If the additional benefit(s) are approved then a separate policy will be issued.

Name of Benefit. Select benefit(s) to be added.

Individual Disability Policy

- Cost of Living Adjustment: 3% Compound 6% Maximum Four-Year Delayed
Catastrophic Disability: \$
Graded Lifetime Indemnity for Total Disability
Partial Disability
Residual Disability
Retirement Protection Plus: Monthly Indemnity \$ Elimination Period 180 days 360 days Benefit Period To Age 65

Other: _____

3. The Following Questions Apply to the Proposed Insured

(Please provide details in Remarks and Special Requests to all "Yes" answers.)

- a. Do you plan to reside or travel outside of the U.S.? (If yes, indicate location, frequency, for work or pleasure, date of departure, length of stay.)
b. Other than as described in Section 3 of the application, do you have any other part- or full-time jobs, occupations or employment?
c. Do you plan to change any occupation or employment within the next six months?
d. Within the last three years, have you participated in any of the following, or do you plan in the future to participate in any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; motor vehicle racing; or other hazardous activity?
e. Within the past five years, have you had disability, accident, medical, life or health insurance declined, postponed, modified, rated, cancelled, rescinded, or have you withdrawn a pending application, or had a renewal or reinstatement refused?
f. Have you used tobacco, nicotine, or any nicotine delivery system in any form in the last 12 months? (If you have quit, date last used:)
g. Are you currently a member of, or do you plan on joining, any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit?
h. Are you currently employed by, or seeking employment with, any company or entity which provides military, paramilitary, or security services outside of the United States?
i. Have you been alerted to, received orders for, or had any indication of an overseas assignment or active service with any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit?
j. Have you ever had or been treated for cancer, heart attack, stroke, diabetes, or any disease of the liver, lungs, kidneys, or heart, or any disorder of the back or spine?
k. Are you currently receiving any medical advice, counseling or treatment for any medical, surgical or psychiatric condition?

If questions 3j or 3k are left blank or are answered "Yes," no prepayment should be taken and no Conditions of Coverage issued.

l. Name of your primary care physician _____

If none, check here

Address of primary care physician _____

(If mailing address is PO Box, include street address as well.)

City _____

State _____

ZIP _____

Primary care physician's telephone number _____

m. Date and reason last consulted? _____

Catastrophic Disability Benefit Rider – Complete the following questions if applying for this rider:

n. Have you ever had an injury or sickness that caused a loss of: sight in both eyes; hearing in both ears; speech; or the use of two arms or two legs? Yes No

o. Do you need human assistance of any kind to perform everyday activities such as bathing, continence, dressing, eating, using the toilet or transferring (for example, from the chair to your bed)? Yes No

p. Do you use any special medical equipment or appliances, including but not limited to, a wheelchair, pacemaker, oxygen tank, cane, catheter, or artificial limb? Yes No

q. Have you ever received treatment, attention or advice for memory loss or confusion, Alzheimer's disease, stroke, senility, dementia, loss of speech or comprehension of spoken language? Yes No

If any question listed in 3n through 3q is left blank or is answered "Yes," no prepayment should be taken and no Conditions of Coverage issued.

4. Remarks and Special Requests

Provide all details to any "yes" answers, identifying each detail by question number. Include, if applicable, diagnosis or symptoms, tests performed, dates, types and amounts of medication, length of disability, degree of recovery, and names and addresses of all physicians, medical or mental health professionals, counselors, psychotherapists, practitioners or hospitals.

Any additional benefits requested shall not take effect until the policy has been delivered, the first premium has been paid while the health and other conditions affecting insurability of the Proposed Insured remain as described in the application.

I acknowledge receipt of the notice of Insurance Information Practices, which includes the Fair Credit Reporting Act Pre-Notice, the Medical Information Bureau Pre-Notice, and medical records.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____.

City and State

Day

Month

Year

Signature of Proposed Insured

Signature of Applicant/Owner if Other than Proposed Insured

Witness

SERFF Tracking Number: GARD-126295408 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43630
 Company Tracking Number: DBO
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Disability Buy-Out
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/30/2009	3200 Rates - Lump Sum	3200 (01/10) et al	New		aa DBO Base LS Rate Filing.pdf
Approved-Closed 09/30/2009	3200 Rates - Monthly	3200 (01/10) et al	New		aa DBO Base Monthly Rate Filing.pdf
Approved-Closed 09/30/2009	3205 Rate	3205 (01/10)	New		DBO FIO Rate Filing.pdf

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Female Occ Class: 3 & 3M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	46.86	41.10	35.34
19	46.86	41.10	35.34
20	46.86	41.10	35.34
21	46.86	41.10	35.34
22	46.86	41.10	35.34
23	46.86	41.10	35.34
24	46.86	41.10	35.34
25	46.86	41.10	35.34
26	48.58	42.50	36.42
27	50.35	44.00	37.64
28	52.16	45.59	39.01
29	54.05	47.29	40.52
30	56.03	49.11	42.19
31	58.12	51.07	44.02
32	60.34	53.18	46.01
33	62.70	55.43	48.16
34	65.23	57.86	50.49
35	67.94	60.47	53.00
36	70.85	63.27	55.69
37	73.98	66.27	58.56
38	77.34	69.48	61.62
39	80.96	72.92	64.88
40	84.85	76.60	68.34
41	89.03	80.52	72.01
42	93.53	84.71	75.88
43	98.35	89.16	79.97
44	103.51	93.89	84.27
45	109.04	98.92	88.80
46	114.95	104.26	93.56
47	121.26	109.90	98.54
48	127.99	115.88	103.77
49	135.16	122.20	109.24
50	142.78	128.87	114.95
51	150.87	135.89	120.91
52	159.45	143.29	127.13
53	168.54	151.08	133.61
54	178.16	159.26	140.36
55	188.33	167.85	147.37
56	199.06	176.86	154.66
57	210.37	186.30	162.22
58	222.28	196.18	170.07
59	234.81	206.51	178.21
60	247.97	217.31	186.64

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Male Occ Class: 3 & 3M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	32.33	28.36	24.38
19	32.33	28.36	24.38
20	32.33	28.36	24.38
21	32.33	28.36	24.38
22	32.33	28.36	24.38
23	32.33	28.36	24.38
24	32.33	28.36	24.38
25	32.33	28.36	24.38
26	33.97	29.72	25.46
27	35.47	30.99	26.51
28	36.86	32.21	27.55
29	38.19	33.40	28.61
30	39.49	34.60	29.71
31	40.80	35.84	30.87
32	42.15	37.13	32.11
33	43.59	38.53	33.46
34	45.15	40.05	34.94
35	46.86	41.71	36.56
36	48.77	43.56	38.35
37	50.90	45.62	40.34
38	53.31	47.93	42.54
39	56.02	50.50	44.98
40	59.08	53.38	47.67
41	62.51	56.58	50.64
42	66.36	60.14	53.92
43	70.66	64.09	57.52
44	75.46	68.47	61.47
45	80.78	73.28	65.78
46	86.67	78.58	70.48
47	93.16	84.38	75.60
48	100.29	90.72	81.15
49	108.09	97.62	87.15
50	116.61	105.12	93.63
51	125.88	113.25	100.61
52	135.94	122.03	108.12
53	146.82	131.49	116.16
54	158.57	141.67	124.77
55	171.21	152.59	133.97
56	184.79	164.29	143.78
57	199.34	176.78	154.21
58	214.91	190.11	165.30
59	231.52	204.30	177.07
60	249.22	219.38	189.53

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Female Occ Class: 4 & 4M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	39.06	34.26	29.46
19	39.06	34.26	29.46
20	39.06	34.26	29.46
21	39.06	34.26	29.46
22	39.06	34.26	29.46
23	39.06	34.26	29.46
24	39.06	34.26	29.46
25	39.06	34.26	29.46
26	40.50	35.43	30.36
27	41.96	36.67	31.38
28	43.48	38.00	32.52
29	45.05	39.42	33.78
30	46.70	40.94	35.17
31	48.44	42.57	36.69
32	50.29	44.32	38.35
33	52.26	46.20	40.14
34	54.36	48.22	42.08
35	56.62	50.40	44.17
36	59.04	52.73	46.41
37	61.65	55.23	48.80
38	64.45	57.91	51.36
39	67.47	60.77	54.07
40	70.71	63.83	56.95
41	74.20	67.11	60.01
42	77.94	70.59	63.23
43	81.96	74.30	66.64
44	86.26	78.25	70.23
45	90.87	82.44	74.00
46	95.80	86.88	77.96
47	101.06	91.59	82.12
48	106.66	96.57	86.47
49	112.63	101.83	91.03
50	118.99	107.39	95.79
51	125.73	113.25	100.76
52	132.88	119.41	105.94
53	140.46	125.90	111.34
54	148.48	132.72	116.96
55	156.95	139.88	122.81
56	165.89	147.39	128.88
57	175.32	155.26	135.19
58	185.24	163.49	141.73
59	195.69	172.10	148.51
60	206.66	181.10	155.54

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Male Occ Class: 4 & 4M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	26.95	23.64	20.32
19	26.95	23.64	20.32
20	26.95	23.64	20.32
21	26.95	23.64	20.32
22	26.95	23.64	20.32
23	26.95	23.64	20.32
24	26.95	23.64	20.32
25	26.95	23.64	20.32
26	28.32	24.77	21.22
27	29.57	25.83	22.09
28	30.73	26.85	22.96
29	31.84	27.84	23.84
30	32.92	28.84	24.76
31	34.01	29.87	25.73
32	35.14	30.95	26.76
33	36.34	32.12	27.89
34	37.63	33.38	29.12
35	39.06	34.77	30.47
36	40.65	36.31	31.97
37	42.43	38.03	33.62
38	44.43	39.95	35.46
39	46.69	42.09	37.49
40	49.24	44.49	39.73
41	52.10	47.16	42.21
42	55.30	50.12	44.94
43	58.89	53.42	47.95
44	62.89	57.06	51.23
45	67.32	61.08	54.83
46	72.23	65.49	58.75
47	77.63	70.32	63.01
48	83.57	75.61	67.64
49	90.08	81.36	72.64
50	97.18	87.61	78.04
51	104.90	94.38	83.86
52	113.28	101.70	90.11
53	122.35	109.58	96.81
54	132.14	118.07	103.99
55	142.68	127.17	111.65
56	154.00	136.91	119.82
57	166.13	147.33	128.52
58	179.10	158.43	137.75
59	192.94	170.25	147.55
60	207.69	182.82	157.94

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Female Occ Class: 5 & 5M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	35.51	31.15	26.78
19	35.51	31.15	26.78
20	35.51	31.15	26.78
21	35.51	31.15	26.78
22	35.51	31.15	26.78
23	35.51	31.15	26.78
24	35.51	31.15	26.78
25	35.51	31.15	26.78
26	36.82	32.21	27.60
27	38.15	33.34	28.53
28	39.53	34.55	29.56
29	40.96	35.84	30.71
30	42.46	37.22	31.97
31	44.04	38.70	33.36
32	45.72	40.29	34.86
33	47.51	42.01	36.50
34	49.43	43.85	38.26
35	51.48	45.82	40.16
36	53.68	47.94	42.20
37	56.05	50.21	44.37
38	58.60	52.65	46.69
39	61.34	55.25	49.16
40	64.29	58.04	51.78
41	67.46	61.01	54.56
42	70.86	64.18	57.49
43	74.51	67.55	60.59
44	78.42	71.14	63.85
45	82.61	74.95	67.28
46	87.09	78.99	70.88
47	91.87	83.27	74.66
48	96.97	87.80	78.62
49	102.39	92.58	82.76
50	108.17	97.63	87.09
51	114.30	102.96	91.61
52	120.80	108.56	96.32
53	127.69	114.46	101.23
54	134.98	120.66	106.34
55	142.68	127.17	111.65
56	150.81	133.99	117.17
57	159.38	141.14	122.90
58	168.40	148.63	128.85
59	177.90	156.46	135.01
60	187.87	164.64	141.40

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Male Occ Class: 5 & 5M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	24.50	21.49	18.48
19	24.50	21.49	18.48
20	24.50	21.49	18.48
21	24.50	21.49	18.48
22	24.50	21.49	18.48
23	24.50	21.49	18.48
24	24.50	21.49	18.48
25	24.50	21.49	18.48
26	25.74	22.52	19.29
27	26.88	23.49	20.09
28	27.94	24.41	20.88
29	28.94	25.31	21.68
30	29.93	26.22	22.51
31	30.92	27.16	23.39
32	31.95	28.14	24.33
33	33.03	29.19	25.35
34	34.21	30.34	26.47
35	35.51	31.61	27.70
36	36.95	33.01	29.06
37	38.57	34.57	30.56
38	40.40	36.32	32.23
39	42.45	38.27	34.08
40	44.76	40.44	36.12
41	47.36	42.87	38.37
42	50.28	45.57	40.85
43	53.54	48.56	43.58
44	57.17	51.87	46.57
45	61.20	55.52	49.84
46	65.66	59.53	53.40
47	70.58	63.93	57.28
48	75.98	68.73	61.48
49	81.89	73.96	66.03
50	88.34	79.64	70.94
51	95.37	85.80	76.23
52	102.99	92.45	81.91
53	111.23	99.62	88.01
54	120.13	107.33	94.53
55	129.71	115.61	101.50
56	140.00	124.47	108.93
57	151.03	133.94	116.84
58	162.82	144.03	125.24
59	175.41	154.78	134.15
60	188.82	166.21	143.59

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Female Occ Class: 6 & 6M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	33.82	29.67	25.51
19	33.82	29.67	25.51
20	33.82	29.67	25.51
21	33.82	29.67	25.51
22	33.82	29.67	25.51
23	33.82	29.67	25.51
24	33.82	29.67	25.51
25	33.82	29.67	25.51
26	35.07	30.68	26.29
27	36.34	31.76	27.17
28	37.65	32.91	28.16
29	39.01	34.13	29.25
30	40.44	35.45	30.45
31	41.95	36.86	31.77
32	43.55	38.38	33.21
33	45.25	40.01	34.76
34	47.08	41.76	36.44
35	49.03	43.64	38.25
36	51.13	45.66	40.19
37	53.38	47.82	42.26
38	55.81	50.14	44.47
39	58.42	52.62	46.82
40	61.23	55.28	49.32
41	64.25	58.11	51.96
42	67.49	61.13	54.76
43	70.97	64.34	57.71
44	74.69	67.75	60.81
45	78.68	71.38	64.08
46	82.94	75.23	67.51
47	87.50	79.31	71.11
48	92.35	83.62	74.88
49	97.52	88.18	78.83
50	103.02	92.99	82.95
51	108.86	98.06	87.25
52	115.05	103.40	91.74
53	121.61	109.01	96.41
54	128.55	114.92	101.28
55	135.89	121.12	106.34
56	143.63	127.62	111.60
57	151.79	134.43	117.06
58	160.39	141.56	122.72
59	169.43	149.01	128.59
60	178.93	156.81	134.68

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy-Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : Lump Sum Male Occ Class: 6 & 6M
Base Policy Annual Premiums per \$10,000 Lump Sum Benefit

Age	Elimination Period		
	12 Month	18 Month	24 Months
18	23.33	20.47	17.60
19	23.33	20.47	17.60
20	23.33	20.47	17.60
21	23.33	20.47	17.60
22	23.33	20.47	17.60
23	23.33	20.47	17.60
24	23.33	20.47	17.60
25	23.33	20.47	17.60
26	24.51	21.45	18.38
27	25.60	22.37	19.13
28	26.60	23.25	19.89
29	27.56	24.11	20.65
30	28.50	24.98	21.45
31	29.45	25.87	22.29
32	30.42	26.80	23.18
33	31.46	27.81	24.16
34	32.58	28.90	25.22
35	33.82	30.11	26.39
36	35.20	31.44	27.68
37	36.74	32.93	29.12
38	38.47	34.59	30.70
39	40.43	36.45	32.46
40	42.63	38.52	34.40
41	45.11	40.83	36.55
42	47.89	43.40	38.91
43	50.99	46.25	41.51
44	54.45	49.41	44.36
45	58.29	52.88	47.47
46	62.54	56.70	50.86
47	67.22	60.89	54.55
48	72.36	65.46	58.56
49	78.00	70.45	62.89
50	84.14	75.86	67.57
51	90.83	81.72	72.60
52	98.09	88.06	78.02
53	105.94	94.88	83.82
54	114.42	102.23	90.03
55	123.54	110.11	96.67
56	133.34	118.55	103.75
57	143.84	127.56	111.28
58	155.07	137.18	119.28
59	167.06	147.42	127.77
60	179.83	158.30	136.76

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Female Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	5.47	4.81	4.14
19	5.47	4.81	4.14
20	5.47	4.81	4.14
21	5.47	4.81	4.14
22	5.47	4.81	4.14
23	5.47	4.81	4.14
24	5.47	4.81	4.14
25	5.47	4.81	4.14
26	5.67	4.97	4.27
27	5.88	5.15	4.41
28	6.08	5.32	4.56
29	6.29	5.52	4.74
30	6.53	5.73	4.93
31	6.76	5.95	5.14
32	7.01	6.20	5.38
33	7.29	6.46	5.63
34	7.58	6.74	5.90
35	7.90	7.05	6.20
36	8.23	7.37	6.51
37	8.61	7.73	6.85
38	9.00	8.11	7.21
39	9.41	8.51	7.60
40	9.87	8.94	8.00
41	10.35	9.39	8.43
42	10.87	9.88	8.88
43	11.43	10.40	9.36
44	12.03	10.95	9.87
45	12.67	11.54	10.40
46	13.35	12.15	10.95
47	14.08	12.81	11.53
48	14.86	13.50	12.14
49	15.69	14.24	12.78
50	16.56	15.00	13.44
51	17.51	15.83	14.14
52	18.49	16.68	14.86
53	19.54	17.58	15.61
54	20.65	18.52	16.38
55	21.82	19.51	17.20
56	23.05	20.55	18.05
57	24.35	21.64	18.92
58	25.72	22.77	19.82
59	27.15	23.95	20.75
60	28.66	25.19	21.72

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Male Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	3.77	3.30	2.83
19	3.77	3.30	2.83
20	3.77	3.30	2.83
21	3.77	3.30	2.83
22	3.77	3.30	2.83
23	3.77	3.30	2.83
24	3.77	3.30	2.83
25	3.77	3.30	2.83
26	3.96	3.46	2.95
27	4.13	3.61	3.09
28	4.30	3.76	3.22
29	4.45	3.90	3.34
30	4.60	4.04	3.47
31	4.74	4.17	3.60
32	4.91	4.34	3.76
33	5.07	4.50	3.92
34	5.25	4.67	4.09
35	5.45	4.87	4.28
36	5.67	5.08	4.49
37	5.92	5.33	4.73
38	6.20	5.60	4.99
39	6.50	5.89	5.27
40	6.86	6.23	5.59
41	7.25	6.59	5.93
42	7.69	7.00	6.31
43	8.19	7.47	6.74
44	8.75	7.97	7.19
45	9.36	8.53	7.69
46	10.03	9.13	8.23
47	10.78	9.81	8.83
48	11.60	10.54	9.48
49	12.49	11.33	10.17
50	13.47	12.20	10.92
51	14.54	13.14	11.74
52	15.69	14.15	12.61
53	16.94	15.24	13.54
54	18.28	16.41	14.54
55	19.74	17.68	15.61
56	21.29	19.02	16.74
57	22.97	20.46	17.95
58	24.75	22.00	19.24
59	26.65	23.63	20.61
60	28.68	25.37	22.05

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Female Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	4.56	4.01	3.45
19	4.56	4.01	3.45
20	4.56	4.01	3.45
21	4.56	4.01	3.45
22	4.56	4.01	3.45
23	4.56	4.01	3.45
24	4.56	4.01	3.45
25	4.56	4.01	3.45
26	4.72	4.14	3.56
27	4.90	4.29	3.67
28	5.07	4.44	3.80
29	5.24	4.60	3.95
30	5.44	4.78	4.11
31	5.64	4.97	4.29
32	5.84	5.16	4.48
33	6.08	5.39	4.69
34	6.32	5.62	4.92
35	6.58	5.87	5.16
36	6.86	6.15	5.43
37	7.17	6.44	5.71
38	7.50	6.76	6.01
39	7.84	7.09	6.33
40	8.22	7.44	6.66
41	8.63	7.83	7.02
42	9.06	8.23	7.40
43	9.53	8.67	7.80
44	10.03	9.13	8.22
45	10.56	9.61	8.66
46	11.12	10.12	9.12
47	11.73	10.67	9.61
48	12.38	11.25	10.12
49	13.07	11.86	10.65
50	13.80	12.50	11.20
51	14.59	13.19	11.78
52	15.41	13.90	12.38
53	16.29	14.65	13.01
54	17.21	15.43	13.65
55	18.18	16.26	14.33
56	19.21	17.13	15.04
57	20.29	18.03	15.77
58	21.44	18.98	16.52
59	22.63	19.96	17.29
60	23.89	21.00	18.10

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Male Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	3.14	2.75	2.36
19	3.14	2.75	2.36
20	3.14	2.75	2.36
21	3.14	2.75	2.36
22	3.14	2.75	2.36
23	3.14	2.75	2.36
24	3.14	2.75	2.36
25	3.14	2.75	2.36
26	3.30	2.88	2.46
27	3.44	3.01	2.58
28	3.58	3.13	2.68
29	3.71	3.25	2.78
30	3.83	3.36	2.89
31	3.95	3.48	3.00
32	4.09	3.61	3.13
33	4.23	3.75	3.27
34	4.38	3.90	3.41
35	4.54	4.06	3.57
36	4.72	4.23	3.74
37	4.93	4.44	3.94
38	5.16	4.66	4.16
39	5.42	4.91	4.39
40	5.72	5.19	4.65
41	6.04	5.49	4.94
42	6.41	5.84	5.26
43	6.83	6.22	5.61
44	7.29	6.64	5.99
45	7.80	7.11	6.41
46	8.36	7.61	6.86
47	8.99	8.18	7.36
48	9.67	8.79	7.90
49	10.41	9.45	8.48
50	11.23	10.17	9.10
51	12.12	10.95	9.78
52	13.07	11.79	10.51
53	14.11	12.70	11.28
54	15.23	13.68	12.12
55	16.45	14.73	13.01
56	17.74	15.85	13.95
57	19.14	17.05	14.96
58	20.63	18.33	16.03
59	22.21	19.69	17.17
60	23.90	21.14	18.38

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Female Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	4.15	3.65	3.14
19	4.15	3.65	3.14
20	4.15	3.65	3.14
21	4.15	3.65	3.14
22	4.15	3.65	3.14
23	4.15	3.65	3.14
24	4.15	3.65	3.14
25	4.15	3.65	3.14
26	4.29	3.76	3.23
27	4.45	3.90	3.34
28	4.61	4.03	3.45
29	4.77	4.18	3.59
30	4.95	4.35	3.74
31	5.12	4.51	3.90
32	5.31	4.69	4.07
33	5.52	4.89	4.26
34	5.74	5.11	4.47
35	5.99	5.34	4.69
36	6.24	5.59	4.94
37	6.52	5.86	5.19
38	6.81	6.14	5.46
39	7.13	6.44	5.75
40	7.48	6.77	6.06
41	7.84	7.11	6.38
42	8.23	7.48	6.73
43	8.66	7.88	7.09
44	9.11	8.30	7.48
45	9.60	8.74	7.88
46	10.11	9.21	8.30
47	10.67	9.71	8.74
48	11.26	10.23	9.20
49	11.89	10.79	9.68
50	12.55	11.37	10.19
51	13.26	11.99	10.71
52	14.01	12.64	11.26
53	14.81	13.32	11.82
54	15.65	14.03	12.41
55	16.53	14.78	13.03
56	17.46	15.57	13.67
57	18.45	16.39	14.33
58	19.49	17.26	15.02
59	20.57	18.15	15.72
60	21.71	19.08	16.45

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Male Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	2.86	2.50	2.14
19	2.86	2.50	2.14
20	2.86	2.50	2.14
21	2.86	2.50	2.14
22	2.86	2.50	2.14
23	2.86	2.50	2.14
24	2.86	2.50	2.14
25	2.86	2.50	2.14
26	3.00	2.62	2.24
27	3.13	2.74	2.34
28	3.26	2.85	2.44
29	3.37	2.95	2.53
30	3.49	3.06	2.63
31	3.59	3.16	2.73
32	3.72	3.29	2.85
33	3.84	3.41	2.97
34	3.98	3.54	3.10
35	4.13	3.69	3.24
36	4.29	3.85	3.40
37	4.48	4.03	3.58
38	4.69	4.24	3.78
39	4.92	4.46	3.99
40	5.20	4.72	4.23
41	5.49	4.99	4.49
42	5.83	5.31	4.78
43	6.21	5.66	5.10
44	6.63	6.04	5.45
45	7.09	6.46	5.83
46	7.60	6.92	6.24
47	8.17	7.43	6.69
48	8.79	7.99	7.18
49	9.46	8.59	7.71
50	10.21	9.24	8.27
51	11.01	9.95	8.89
52	11.89	10.73	9.56
53	12.83	11.55	10.26
54	13.85	12.43	11.01
55	14.95	13.39	11.82
56	16.13	14.41	12.68
57	17.40	15.50	13.60
58	18.75	16.66	14.57
59	20.19	17.90	15.61
60	21.72	19.22	16.71

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Female Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	3.95	3.47	2.99
19	3.95	3.47	2.99
20	3.95	3.47	2.99
21	3.95	3.47	2.99
22	3.95	3.47	2.99
23	3.95	3.47	2.99
24	3.95	3.47	2.99
25	3.95	3.47	2.99
26	4.09	3.59	3.08
27	4.24	3.71	3.18
28	4.39	3.84	3.29
29	4.54	3.98	3.42
30	4.71	4.14	3.56
31	4.88	4.30	3.71
32	5.06	4.47	3.88
33	5.26	4.66	4.06
34	5.47	4.87	4.26
35	5.70	5.09	4.47
36	5.94	5.32	4.70
37	6.21	5.58	4.94
38	6.49	5.85	5.20
39	6.79	6.14	5.48
40	7.12	6.45	5.77
41	7.47	6.78	6.08
42	7.84	7.13	6.41
43	8.25	7.50	6.75
44	8.68	7.90	7.12
45	9.14	8.32	7.50
46	9.63	8.77	7.90
47	10.16	9.24	8.32
48	10.72	9.74	8.76
49	11.32	10.27	9.22
50	11.95	10.83	9.70
51	12.63	11.42	10.20
52	13.34	12.03	10.72
53	14.10	12.68	11.26
54	14.90	13.36	11.82
55	15.74	14.08	12.41
56	16.63	14.83	13.02
57	17.57	15.61	13.65
58	18.56	16.43	14.30
59	19.59	17.28	14.97
60	20.68	18.18	15.67

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 12 Months Male Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	2.72	2.38	2.04
19	2.72	2.38	2.04
20	2.72	2.38	2.04
21	2.72	2.38	2.04
22	2.72	2.38	2.04
23	2.72	2.38	2.04
24	2.72	2.38	2.04
25	2.72	2.38	2.04
26	2.86	2.50	2.13
27	2.98	2.61	2.23
28	3.10	2.71	2.32
29	3.21	2.81	2.41
30	3.32	2.91	2.50
31	3.42	3.01	2.60
32	3.54	3.13	2.71
33	3.66	3.25	2.83
34	3.79	3.37	2.95
35	3.93	3.51	3.09
36	4.09	3.67	3.24
37	4.27	3.84	3.41
38	4.47	4.04	3.60
39	4.69	4.25	3.80
40	4.95	4.49	4.03
41	5.23	4.76	4.28
42	5.55	5.05	4.55
43	5.91	5.39	4.86
44	6.31	5.75	5.19
45	6.75	6.15	5.55
46	7.24	6.59	5.94
47	7.78	7.08	6.37
48	8.37	7.61	6.84
49	9.01	8.18	7.34
50	9.72	8.80	7.88
51	10.49	9.48	8.47
52	11.32	10.21	9.10
53	12.22	11.00	9.77
54	13.19	11.84	10.49
55	14.24	12.75	11.26
56	15.36	13.72	12.08
57	16.57	14.76	12.95
58	17.86	15.87	13.88
59	19.23	17.05	14.87
60	20.69	18.30	15.91

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Female Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	10.70	9.41	8.12
19	10.70	9.41	8.12
20	10.70	9.41	8.12
21	10.70	9.41	8.12
22	10.70	9.41	8.12
23	10.70	9.41	8.12
24	10.70	9.41	8.12
25	10.70	9.41	8.12
26	11.09	9.73	8.36
27	11.49	10.06	8.63
28	11.90	10.42	8.94
29	12.33	10.81	9.28
30	12.78	11.22	9.66
31	13.25	11.66	10.07
32	13.75	12.14	10.53
33	14.29	12.66	11.02
34	14.86	13.21	11.56
35	15.47	13.80	12.13
36	16.13	14.44	12.75
37	16.83	15.12	13.41
38	17.59	15.85	14.11
39	18.41	16.64	14.86
40	19.29	17.47	15.65
41	20.23	18.36	16.49
42	21.24	19.31	17.37
43	22.33	20.32	18.31
44	23.49	21.39	19.29
45	24.73	22.53	20.32
46	26.06	23.73	21.40
47	27.48	25.01	22.54
48	28.99	26.36	23.72
49	30.59	27.78	24.96
50	32.30	29.28	26.25
51	34.12	30.86	27.60
52	36.04	32.53	29.01
53	38.08	34.28	30.47
54	40.23	36.11	31.98
55	42.51	38.04	33.56
56	44.91	40.06	35.20
57	47.44	42.17	36.89
58	50.11	44.38	38.65
59	52.91	46.69	40.46
60	55.85	49.10	42.35

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Male Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	7.39	6.48	5.56
19	7.39	6.48	5.56
20	7.39	6.48	5.56
21	7.39	6.48	5.56
22	7.39	6.48	5.56
23	7.39	6.48	5.56
24	7.39	6.48	5.56
25	7.39	6.48	5.56
26	7.75	6.78	5.81
27	8.08	7.07	6.05
28	8.39	7.34	6.29
29	8.68	7.61	6.54
30	8.97	7.88	6.79
31	9.27	8.17	7.06
32	9.57	8.46	7.35
33	9.90	8.78	7.66
34	10.25	9.13	8.00
35	10.64	9.51	8.37
36	11.07	9.93	8.78
37	11.56	10.40	9.23
38	12.10	10.92	9.74
39	12.72	11.51	10.29
40	13.40	12.16	10.91
41	14.18	12.88	11.58
42	15.04	13.68	12.32
43	16.01	14.58	13.14
44	17.09	15.56	14.03
45	18.28	16.65	15.01
46	19.60	17.84	16.07
47	21.05	19.14	17.23
48	22.64	20.56	18.48
49	24.38	22.11	19.84
50	26.28	23.79	21.30
51	28.34	25.61	22.87
52	30.58	27.57	24.56
53	33.00	29.69	26.37
54	35.61	31.96	28.31
55	38.42	34.40	30.38
56	41.43	37.01	32.59
57	44.66	39.80	34.93
58	48.11	42.77	37.43
59	51.79	45.93	40.07
60	55.71	49.29	42.87

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Female Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	8.89	7.82	6.74
19	8.89	7.82	6.74
20	8.89	7.82	6.74
21	8.89	7.82	6.74
22	8.89	7.82	6.74
23	8.89	7.82	6.74
24	8.89	7.82	6.74
25	8.89	7.82	6.74
26	9.22	8.08	6.94
27	9.55	8.36	7.16
28	9.89	8.66	7.42
29	10.25	8.98	7.70
30	10.63	9.33	8.02
31	11.02	9.69	8.36
32	11.44	10.09	8.74
33	11.88	10.52	9.16
34	12.36	10.98	9.60
35	12.87	11.48	10.08
36	13.42	12.01	10.59
37	14.01	12.58	11.14
38	14.64	13.19	11.73
39	15.32	13.84	12.35
40	16.05	14.53	13.01
41	16.83	15.27	13.71
42	17.67	16.06	14.45
43	18.58	16.91	15.23
44	19.54	17.80	16.05
45	20.58	18.75	16.91
46	21.69	19.75	17.81
47	22.87	20.82	18.76
48	24.13	21.94	19.75
49	25.47	23.13	20.78
50	26.89	24.38	21.86
51	28.40	25.69	22.98
52	30.01	27.08	24.15
53	31.70	28.53	25.36
54	33.50	30.07	26.63
55	35.40	31.67	27.94
56	37.40	33.35	29.30
57	39.51	35.11	30.71
58	41.74	36.96	32.17
59	44.08	38.89	33.69
60	46.53	40.89	35.25

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Male Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	6.13	5.37	4.61
19	6.13	5.37	4.61
20	6.13	5.37	4.61
21	6.13	5.37	4.61
22	6.13	5.37	4.61
23	6.13	5.37	4.61
24	6.13	5.37	4.61
25	6.13	5.37	4.61
26	6.43	5.63	4.82
27	6.71	5.87	5.02
28	6.97	6.10	5.22
29	7.22	6.32	5.42
30	7.46	6.55	5.64
31	7.70	6.78	5.86
32	7.96	7.03	6.10
33	8.23	7.30	6.36
34	8.53	7.59	6.64
35	8.85	7.90	6.95
36	9.21	8.25	7.29
37	9.61	8.64	7.67
38	10.07	9.08	8.09
39	10.58	9.57	8.55
40	11.15	10.11	9.06
41	11.80	10.71	9.62
42	12.52	11.38	10.24
43	13.32	12.12	10.92
44	14.22	12.95	11.67
45	15.21	13.85	12.48
46	16.31	14.84	13.37
47	17.52	15.93	14.33
48	18.84	17.11	15.37
49	20.29	18.40	16.50
50	21.87	19.80	17.72
51	23.59	21.31	19.03
52	25.46	22.95	20.44
53	27.47	24.71	21.95
54	29.65	26.61	23.56
55	31.99	28.64	25.29
56	34.50	30.82	27.13
57	37.19	33.14	29.09
58	40.07	35.62	31.16
59	43.14	38.26	33.37
60	46.41	41.06	35.70

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Female Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	8.07	7.10	6.12
19	8.07	7.10	6.12
20	8.07	7.10	6.12
21	8.07	7.10	6.12
22	8.07	7.10	6.12
23	8.07	7.10	6.12
24	8.07	7.10	6.12
25	8.07	7.10	6.12
26	8.36	7.33	6.30
27	8.67	7.59	6.50
28	8.98	7.86	6.73
29	9.30	8.15	6.99
30	9.64	8.46	7.28
31	10.00	8.80	7.59
32	10.38	9.16	7.94
33	10.78	9.55	8.31
34	11.22	9.97	8.71
35	11.68	10.42	9.15
36	12.18	10.90	9.62
37	12.71	11.42	10.12
38	13.29	11.97	10.65
39	13.91	12.57	11.22
40	14.57	13.20	11.82
41	15.29	13.87	12.45
42	16.06	14.60	13.13
43	16.88	15.36	13.83
44	17.76	16.17	14.58
45	18.70	17.03	15.36
46	19.71	17.95	16.18
47	20.78	18.91	17.04
48	21.93	19.94	17.94
49	23.14	21.01	18.88
50	24.44	22.15	19.86
51	25.81	23.35	20.88
52	27.27	24.61	21.94
53	28.81	25.93	23.05
54	30.45	27.33	24.20
55	32.17	28.78	25.39
56	33.99	30.31	26.63
57	35.91	31.91	27.91
58	37.92	33.58	29.24
59	40.04	35.33	30.61
60	42.27	37.16	32.04

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Male Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	5.56	4.87	4.18
19	5.56	4.87	4.18
20	5.56	4.87	4.18
21	5.56	4.87	4.18
22	5.56	4.87	4.18
23	5.56	4.87	4.18
24	5.56	4.87	4.18
25	5.56	4.87	4.18
26	5.83	5.10	4.37
27	6.09	5.32	4.55
28	6.32	5.53	4.74
29	6.55	5.74	4.92
30	6.77	5.94	5.11
31	6.99	6.16	5.32
32	7.22	6.38	5.54
33	7.47	6.62	5.77
34	7.74	6.89	6.03
35	8.03	7.17	6.31
36	8.36	7.49	6.62
37	8.72	7.85	6.97
38	9.14	8.25	7.35
39	9.60	8.69	7.77
40	10.12	9.18	8.23
41	10.71	9.73	8.74
42	11.36	10.34	9.31
43	12.09	11.01	9.92
44	12.91	11.76	10.60
45	13.81	12.58	11.34
46	14.81	13.48	12.15
47	15.91	14.47	13.02
48	17.11	15.54	13.97
49	18.43	16.72	15.00
50	19.87	17.99	16.10
51	21.43	19.36	17.29
52	23.13	20.85	18.57
53	24.96	22.46	19.95
54	26.94	24.18	21.41
55	29.07	26.03	22.98
56	31.35	28.00	24.65
57	33.80	30.12	26.43
58	36.42	32.37	28.32
59	39.21	34.77	30.32
60	42.18	37.31	32.44

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Female Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	7.68	6.75	5.82
19	7.68	6.75	5.82
20	7.68	6.75	5.82
21	7.68	6.75	5.82
22	7.68	6.75	5.82
23	7.68	6.75	5.82
24	7.68	6.75	5.82
25	7.68	6.75	5.82
26	7.96	6.98	5.99
27	8.25	7.22	6.19
28	8.54	7.48	6.41
29	8.85	7.75	6.65
30	9.18	8.06	6.93
31	9.52	8.38	7.23
32	9.88	8.72	7.55
33	10.27	9.09	7.91
34	10.68	9.49	8.30
35	11.12	9.92	8.71
36	11.59	10.37	9.15
37	12.10	10.87	9.63
38	12.65	11.40	10.14
39	13.24	11.96	10.68
40	13.87	12.56	11.25
41	14.55	13.20	11.85
42	15.28	13.89	12.49
43	16.07	14.62	13.17
44	16.90	15.39	13.88
45	17.80	16.21	14.62
46	18.76	17.08	15.40
47	19.78	18.00	16.22
48	20.87	18.97	17.07
49	22.03	20.00	17.97
50	23.26	21.08	18.90
51	24.57	22.22	19.87
52	25.96	23.43	20.89
53	27.43	24.69	21.94
54	28.99	26.01	23.03
55	30.63	27.40	24.17
56	32.36	28.86	25.35
57	34.19	30.38	26.57
58	36.11	31.98	27.84
59	38.14	33.65	29.15
60	40.26	35.38	30.50

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 24 Months Male Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	5.29	4.63	3.97
19	5.29	4.63	3.97
20	5.29	4.63	3.97
21	5.29	4.63	3.97
22	5.29	4.63	3.97
23	5.29	4.63	3.97
24	5.29	4.63	3.97
25	5.29	4.63	3.97
26	5.55	4.85	4.15
27	5.79	5.06	4.33
28	6.01	5.26	4.50
29	6.23	5.46	4.68
30	6.44	5.65	4.86
31	6.65	5.86	5.06
32	6.87	6.07	5.26
33	7.10	6.30	5.49
34	7.36	6.55	5.73
35	7.64	6.82	6.00
36	7.95	7.13	6.30
37	8.30	7.46	6.62
38	8.69	7.84	6.99
39	9.14	8.27	7.39
40	9.63	8.73	7.83
41	10.19	9.26	8.32
42	10.82	9.84	8.85
43	11.51	10.48	9.44
44	12.29	11.19	10.09
45	13.15	11.97	10.79
46	14.10	12.83	11.56
47	15.15	13.77	12.39
48	16.30	14.80	13.29
49	17.55	15.91	14.27
50	18.92	17.13	15.33
51	20.41	18.44	16.46
52	22.03	19.86	17.68
53	23.77	21.38	18.99
54	25.65	23.02	20.39
55	27.68	24.78	21.88
56	29.85	26.66	23.47
57	32.18	28.68	25.17
58	34.67	30.82	26.96
59	37.33	33.10	28.87
60	40.16	35.53	30.89

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Female Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	15.66	13.77	11.88
19	15.66	13.77	11.88
20	15.66	13.77	11.88
21	15.66	13.77	11.88
22	15.66	13.77	11.88
23	15.66	13.77	11.88
24	15.66	13.77	11.88
25	15.66	13.77	11.88
26	16.23	14.23	12.23
27	16.81	14.72	12.62
28	17.41	15.24	13.07
29	18.03	15.80	13.57
30	18.69	16.41	14.13
31	19.38	17.06	14.73
32	20.11	17.76	15.40
33	20.89	18.51	16.12
34	21.73	19.32	16.90
35	22.62	20.18	17.74
36	23.58	21.11	18.64
37	24.61	22.11	19.60
38	25.72	23.18	20.63
39	26.91	24.32	21.72
40	28.19	25.54	22.88
41	29.57	26.84	24.10
42	31.04	28.22	25.40
43	32.62	29.69	26.76
44	34.32	31.26	28.19
45	36.13	32.92	29.70
46	38.07	34.68	31.28
47	40.13	36.53	32.93
48	42.33	38.50	34.66
49	44.68	40.58	36.47
50	47.17	42.77	38.36
51	49.81	45.07	40.32
52	52.62	47.50	42.37
53	55.59	50.05	44.50
54	58.72	52.72	46.71
55	62.04	55.53	49.01
56	65.54	58.47	51.39
57	69.22	61.54	53.86
58	73.11	64.77	56.42
59	77.19	68.13	59.07
60	81.47	71.64	61.81

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Male Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	10.77	9.46	8.14
19	10.77	9.46	8.14
20	10.77	9.46	8.14
21	10.77	9.46	8.14
22	10.77	9.46	8.14
23	10.77	9.46	8.14
24	10.77	9.46	8.14
25	10.77	9.46	8.14
26	11.30	9.90	8.50
27	11.78	10.32	8.86
28	12.24	10.73	9.21
29	12.67	11.12	9.57
30	13.10	11.52	9.94
31	13.53	11.93	10.33
32	13.98	12.37	10.75
33	14.46	12.83	11.20
34	14.97	13.34	11.70
35	15.54	13.89	12.24
36	16.17	14.51	12.84
37	16.88	15.19	13.50
38	17.67	15.95	14.23
39	18.57	16.81	15.04
40	19.57	17.75	15.93
41	20.70	18.81	16.92
42	21.96	19.98	18.00
43	23.37	21.28	19.19
44	24.93	22.71	20.49
45	26.67	24.29	21.91
46	28.59	26.03	23.46
47	30.70	27.92	25.14
48	33.01	29.99	26.96
49	35.55	32.24	28.93
50	38.31	34.69	31.06
51	41.31	37.33	33.35
52	44.57	40.19	35.81
53	48.09	43.27	38.45
54	51.89	46.58	41.27
55	55.97	50.13	44.28
56	60.35	53.92	47.49
57	65.05	57.98	50.91
58	70.07	62.30	54.53
59	75.42	66.90	58.38
60	81.12	71.79	62.46

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Female Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	13.02	11.44	9.86
19	13.02	11.44	9.86
20	13.02	11.44	9.86
21	13.02	11.44	9.86
22	13.02	11.44	9.86
23	13.02	11.44	9.86
24	13.02	11.44	9.86
25	13.02	11.44	9.86
26	13.49	11.82	10.15
27	13.97	12.23	10.48
28	14.47	12.66	10.85
29	14.99	13.13	11.27
30	15.53	13.63	11.73
31	16.11	14.18	12.24
32	16.72	14.76	12.80
33	17.37	15.39	13.40
34	18.06	16.06	14.05
35	18.81	16.78	14.75
36	19.61	17.56	15.50
37	20.47	18.39	16.30
38	21.40	19.28	17.16
39	22.39	20.23	18.07
40	23.46	21.25	19.04
41	24.61	22.34	20.06
42	25.84	23.49	21.13
43	27.16	24.72	22.27
44	28.57	26.02	23.47
45	30.08	27.40	24.72
46	31.69	28.87	26.04
47	33.42	30.42	27.41
48	35.25	32.06	28.86
49	37.20	33.78	30.36
50	39.28	35.61	31.93
51	41.48	37.53	33.57
52	43.82	39.55	35.27
53	46.29	41.67	37.05
54	48.90	43.90	38.89
55	51.66	46.23	40.80
56	54.57	48.68	42.78
57	57.64	51.24	44.84
58	60.87	53.92	46.97
59	64.26	56.72	49.17
60	67.83	59.64	51.45

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Male Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	8.94	7.84	6.74
19	8.94	7.84	6.74
20	8.94	7.84	6.74
21	8.94	7.84	6.74
22	8.94	7.84	6.74
23	8.94	7.84	6.74
24	8.94	7.84	6.74
25	8.94	7.84	6.74
26	9.38	8.21	7.04
27	9.78	8.56	7.34
28	10.16	8.90	7.63
29	10.52	9.23	7.93
30	10.88	9.56	8.24
31	11.23	9.90	8.57
32	11.61	10.27	8.92
33	12.01	10.66	9.30
34	12.44	11.08	9.71
35	12.91	11.54	10.16
36	13.44	12.05	10.66
37	14.03	12.62	11.21
38	14.69	13.26	11.82
39	15.43	13.96	12.49
40	16.27	14.76	13.24
41	17.21	15.64	14.06
42	18.26	16.61	14.96
43	19.44	17.70	15.95
44	20.74	18.89	17.04
45	22.19	20.21	18.22
46	23.79	21.65	19.51
47	25.55	23.23	20.91
48	27.48	24.96	22.43
49	29.59	26.84	24.08
50	31.89	28.87	25.85
51	34.39	31.08	27.76
52	37.10	33.46	29.81
53	40.04	36.03	32.01
54	43.20	38.78	34.36
55	46.60	41.74	36.87
56	50.25	44.90	39.55
57	54.16	48.28	42.39
58	58.34	51.88	45.42
59	62.80	55.72	48.63
60	67.55	59.79	52.03

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Female Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	11.81	10.38	8.95
19	11.81	10.38	8.95
20	11.81	10.38	8.95
21	11.81	10.38	8.95
22	11.81	10.38	8.95
23	11.81	10.38	8.95
24	11.81	10.38	8.95
25	11.81	10.38	8.95
26	12.24	10.73	9.21
27	12.68	11.10	9.51
28	13.13	11.49	9.85
29	13.60	11.92	10.23
30	14.10	12.38	10.65
31	14.62	12.87	11.11
32	15.18	13.40	11.62
33	15.77	13.97	12.16
34	16.40	14.58	12.75
35	17.08	15.24	13.39
36	17.81	15.94	14.07
37	18.59	16.70	14.80
38	19.43	17.51	15.58
39	20.33	18.37	16.41
40	21.30	19.29	17.28
41	22.34	20.28	18.21
42	23.46	21.33	19.19
43	24.66	22.44	20.22
44	25.95	23.63	21.31
45	27.32	24.89	22.45
46	28.79	26.22	23.65
47	30.35	27.63	24.90
48	32.02	29.12	26.21
49	33.80	30.69	27.58
50	35.69	32.35	29.01
51	37.69	34.10	30.50
52	39.81	35.93	32.05
53	42.06	37.86	33.66
54	44.44	39.89	35.34
55	46.95	42.02	37.08
56	49.60	44.25	38.89
57	52.39	46.58	40.76
58	55.33	49.02	42.70
59	58.42	51.56	44.70
60	61.67	54.23	46.78

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Male Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	8.11	7.11	6.11
19	8.11	7.11	6.11
20	8.11	7.11	6.11
21	8.11	7.11	6.11
22	8.11	7.11	6.11
23	8.11	7.11	6.11
24	8.11	7.11	6.11
25	8.11	7.11	6.11
26	8.51	7.45	6.39
27	8.88	7.77	6.65
28	9.22	8.07	6.92
29	9.55	8.37	7.19
30	9.87	8.68	7.48
31	10.20	8.99	7.77
32	10.54	9.32	8.09
33	10.90	9.67	8.43
34	11.29	10.05	8.81
35	11.72	10.47	9.22
36	12.20	10.94	9.67
37	12.73	11.46	10.18
38	13.34	12.04	10.73
39	14.01	12.68	11.34
40	14.77	13.40	12.02
41	15.63	14.20	12.77
42	16.58	15.09	13.59
43	17.65	16.07	14.49
44	18.84	17.16	15.47
45	20.15	18.35	16.55
46	21.60	19.66	17.72
47	23.20	21.10	19.00
48	24.96	22.67	20.38
49	26.88	24.38	21.87
50	28.97	26.23	23.49
51	31.24	28.23	25.22
52	33.71	30.40	27.08
53	36.38	32.73	29.08
54	39.26	35.24	31.22
55	42.35	37.93	33.50
56	45.67	40.80	35.93
57	49.23	43.88	38.52
58	53.03	47.15	41.27
59	57.09	50.64	44.18
60	61.41	54.34	47.27

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Female Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	11.24	9.88	8.51
19	11.24	9.88	8.51
20	11.24	9.88	8.51
21	11.24	9.88	8.51
22	11.24	9.88	8.51
23	11.24	9.88	8.51
24	11.24	9.88	8.51
25	11.24	9.88	8.51
26	11.65	10.21	8.76
27	12.07	10.56	9.05
28	12.50	10.94	9.37
29	12.95	11.34	9.73
30	13.42	11.78	10.13
31	13.92	12.25	10.57
32	14.45	12.75	11.05
33	15.01	13.29	11.57
34	15.61	13.87	12.13
35	16.26	14.50	12.74
36	16.95	15.17	13.39
37	17.70	15.90	14.09
38	18.50	16.67	14.83
39	19.36	17.49	15.61
40	20.28	18.37	16.45
41	21.27	19.30	17.33
42	22.34	20.31	18.27
43	23.48	21.37	19.25
44	24.70	22.49	20.28
45	26.01	23.69	21.37
46	27.41	24.96	22.51
47	28.90	26.30	23.70
48	30.49	27.72	24.95
49	32.18	29.22	26.26
50	33.97	30.80	27.62
51	35.88	32.46	29.03
52	37.90	34.21	30.51
53	40.04	36.05	32.05
54	42.31	37.98	33.64
55	44.70	40.00	35.30
56	47.22	42.12	37.02
57	49.88	44.34	38.80
58	52.68	46.67	40.65
59	55.62	49.09	42.56
60	58.71	51.62	44.53

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 36 Months Male Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	7.71	6.76	5.81
19	7.71	6.76	5.81
20	7.71	6.76	5.81
21	7.71	6.76	5.81
22	7.71	6.76	5.81
23	7.71	6.76	5.81
24	7.71	6.76	5.81
25	7.71	6.76	5.81
26	8.09	7.08	6.07
27	8.44	7.39	6.33
28	8.77	7.68	6.58
29	9.08	7.96	6.84
30	9.39	8.25	7.11
31	9.70	8.55	7.39
32	10.02	8.86	7.69
33	10.37	9.20	8.02
34	10.74	9.56	8.38
35	11.15	9.96	8.77
36	11.61	10.41	9.20
37	12.12	10.90	9.68
38	12.69	11.45	10.21
39	13.33	12.06	10.79
40	14.06	12.75	11.44
41	14.87	13.51	12.15
42	15.78	14.36	12.93
43	16.80	15.30	13.79
44	17.93	16.33	14.72
45	19.18	17.47	15.75
46	20.56	18.72	16.87
47	22.09	20.09	18.08
48	23.76	21.58	19.40
49	25.59	23.21	20.82
50	27.58	24.97	22.35
51	29.75	26.88	24.01
52	32.09	28.94	25.78
53	34.63	31.16	27.68
54	37.37	33.55	29.72
55	40.32	36.11	31.89
56	43.48	38.85	34.21
57	46.87	41.77	36.67
58	50.49	44.89	39.29
59	54.36	48.21	42.06
60	58.47	51.74	45.00

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Female Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	20.28	17.81	15.33
19	20.28	17.81	15.33
20	20.28	17.81	15.33
21	20.28	17.81	15.33
22	20.28	17.81	15.33
23	20.28	17.81	15.33
24	20.28	17.81	15.33
25	20.28	17.81	15.33
26	21.01	18.39	15.77
27	21.76	19.03	16.29
28	22.54	19.70	16.85
29	23.35	20.43	17.51
30	24.20	21.22	18.23
31	25.10	22.06	19.02
32	26.04	22.97	19.89
33	27.07	23.95	20.82
34	28.15	25.00	21.84
35	29.31	26.13	22.94
36	30.56	27.34	24.12
37	31.91	28.64	25.36
38	33.35	30.03	26.71
39	34.90	31.51	28.12
40	36.56	33.09	29.62
41	38.34	34.78	31.21
42	40.26	36.58	32.89
43	42.31	38.48	34.65
44	44.50	40.50	36.49
45	46.86	42.65	38.43
46	49.37	44.92	40.46
47	52.04	47.32	42.59
48	54.90	49.86	44.81
49	57.93	52.52	47.11
50	61.15	55.34	49.52
51	64.57	58.30	52.03
52	68.21	61.42	54.62
53	72.03	64.68	57.32
54	76.09	68.11	60.12
55	80.37	71.71	63.04
56	84.89	75.47	66.04
57	89.65	79.41	69.16
58	94.65	83.52	72.38
59	99.92	87.81	75.70
60	105.45	92.29	79.13

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Male Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	13.90	12.17	10.44
19	13.90	12.17	10.44
20	13.90	12.17	10.44
21	13.90	12.17	10.44
22	13.90	12.17	10.44
23	13.90	12.17	10.44
24	13.90	12.17	10.44
25	13.90	12.17	10.44
26	14.58	12.74	10.89
27	15.20	13.27	11.34
28	15.79	13.79	11.79
29	16.34	14.30	12.25
30	16.90	14.82	12.74
31	17.46	15.36	13.25
32	18.05	15.92	13.79
33	18.66	16.53	14.39
34	19.33	17.19	15.04
35	20.07	17.91	15.74
36	20.89	18.71	16.52
37	21.82	19.61	17.39
38	22.84	20.59	18.34
39	24.01	21.70	19.39
40	25.31	22.93	20.55
41	26.76	24.30	21.83
42	28.40	25.82	23.23
43	30.23	27.49	24.75
44	32.25	29.34	26.43
45	34.50	31.38	28.26
46	36.98	33.61	30.24
47	39.71	36.06	32.40
48	42.70	38.72	34.73
49	45.97	41.62	37.26
50	49.55	44.76	39.96
51	53.43	48.16	42.88
52	57.63	51.82	46.00
53	62.18	55.77	49.36
54	67.08	60.01	52.93
55	72.35	64.56	56.76
56	78.00	69.41	60.82
57	84.06	74.60	65.14
58	90.53	80.13	69.73
59	97.45	86.02	74.59
60	104.80	92.27	79.74

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Female Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	16.90	14.84	12.77
19	16.90	14.84	12.77
20	16.90	14.84	12.77
21	16.90	14.84	12.77
22	16.90	14.84	12.77
23	16.90	14.84	12.77
24	16.90	14.84	12.77
25	16.90	14.84	12.77
26	17.51	15.33	13.14
27	18.13	15.85	13.57
28	18.78	16.41	14.04
29	19.46	17.03	14.59
30	20.17	17.68	15.19
31	20.92	18.39	15.85
32	21.70	19.14	16.57
33	22.56	19.96	17.35
34	23.46	20.83	18.20
35	24.43	21.78	19.12
36	25.47	22.79	20.10
37	26.59	23.87	21.14
38	27.79	25.03	22.26
39	29.08	26.26	23.43
40	30.47	27.58	24.68
41	31.95	28.98	26.01
42	33.55	30.48	27.41
43	35.26	32.07	28.88
44	37.09	33.75	30.41
45	39.05	35.54	32.03
46	41.14	37.43	33.71
47	43.37	39.43	35.49
48	45.75	41.55	37.34
49	48.28	43.77	39.26
50	50.96	46.12	41.27
51	53.81	48.59	43.36
52	56.84	51.18	45.52
53	60.03	53.90	47.77
54	63.41	56.76	50.10
55	66.98	59.76	52.53
56	70.74	62.89	55.04
57	74.71	66.17	57.63
58	78.87	69.59	60.31
59	83.26	73.18	63.09
60	87.87	76.91	65.94

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Male Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	11.58	10.14	8.70
19	11.58	10.14	8.70
20	11.58	10.14	8.70
21	11.58	10.14	8.70
22	11.58	10.14	8.70
23	11.58	10.14	8.70
24	11.58	10.14	8.70
25	11.58	10.14	8.70
26	12.15	10.62	9.08
27	12.67	11.06	9.45
28	13.16	11.50	9.83
29	13.62	11.92	10.21
30	14.08	12.35	10.61
31	14.55	12.80	11.04
32	15.04	13.27	11.49
33	15.55	13.77	11.99
34	16.11	14.32	12.53
35	16.72	14.92	13.12
36	17.41	15.59	13.77
37	18.18	16.34	14.50
38	19.03	17.16	15.28
39	20.00	18.08	16.16
40	21.09	19.11	17.13
41	22.30	20.25	18.19
42	23.67	21.52	19.36
43	25.19	22.91	20.63
44	26.88	24.46	22.03
45	28.75	26.15	23.55
46	30.82	28.01	25.20
47	33.09	30.05	27.00
48	35.59	32.27	28.94
49	38.31	34.68	31.05
50	41.29	37.30	33.30
51	44.53	40.14	35.74
52	48.02	43.18	38.33
53	51.81	46.47	41.13
54	55.90	50.01	44.11
55	60.29	53.80	47.30
56	65.00	57.84	50.68
57	70.05	62.17	54.29
58	75.44	66.78	58.11
59	81.21	71.69	62.16
60	87.33	76.89	66.45

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Female Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	15.36	13.49	11.61
19	15.36	13.49	11.61
20	15.36	13.49	11.61
21	15.36	13.49	11.61
22	15.36	13.49	11.61
23	15.36	13.49	11.61
24	15.36	13.49	11.61
25	15.36	13.49	11.61
26	15.92	13.94	11.95
27	16.49	14.42	12.34
28	17.07	14.92	12.77
29	17.69	15.48	13.26
30	18.33	16.07	13.81
31	19.02	16.72	14.41
32	19.73	17.40	15.07
33	20.51	18.14	15.77
34	21.33	18.94	16.55
35	22.21	19.80	17.38
36	23.15	20.71	18.27
37	24.17	21.70	19.22
38	25.26	22.75	20.23
39	26.44	23.87	21.30
40	27.70	25.07	22.44
41	29.04	26.35	23.65
42	30.50	27.71	24.92
43	32.06	29.16	26.25
44	33.72	30.69	27.65
45	35.50	32.31	29.12
46	37.40	34.03	30.65
47	39.43	35.85	32.27
48	41.59	37.77	33.95
49	43.89	39.79	35.69
50	46.33	41.93	37.52
51	48.92	44.17	39.42
52	51.67	46.53	41.38
53	54.57	49.00	43.43
54	57.65	51.60	45.55
55	60.89	54.32	47.75
56	64.31	57.17	50.03
57	67.91	60.16	52.40
58	71.70	63.27	54.83
59	75.69	66.52	57.35
60	79.88	69.91	59.94

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Male Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	10.53	9.22	7.91
19	10.53	9.22	7.91
20	10.53	9.22	7.91
21	10.53	9.22	7.91
22	10.53	9.22	7.91
23	10.53	9.22	7.91
24	10.53	9.22	7.91
25	10.53	9.22	7.91
26	11.05	9.65	8.25
27	11.52	10.06	8.59
28	11.96	10.45	8.94
29	12.38	10.83	9.28
30	12.80	11.23	9.65
31	13.23	11.64	10.04
32	13.67	12.06	10.45
33	14.13	12.52	10.90
34	14.65	13.02	11.39
35	15.20	13.57	11.93
36	15.82	14.17	12.52
37	16.53	14.86	13.18
38	17.30	15.60	13.89
39	18.19	16.44	14.69
40	19.17	17.37	15.57
41	20.28	18.41	16.54
42	21.51	19.56	17.60
43	22.90	20.83	18.75
44	24.43	22.23	20.02
45	26.13	23.77	21.41
46	28.01	25.46	22.91
47	30.08	27.32	24.55
48	32.35	29.33	26.31
49	34.83	31.53	28.22
50	37.54	33.91	30.27
51	40.48	36.49	32.49
52	43.66	39.26	34.85
53	47.10	42.25	37.39
54	50.82	45.46	40.10
55	54.81	48.91	43.00
56	59.09	52.58	46.07
57	63.68	56.52	49.35
58	68.59	60.71	52.83
59	73.83	65.17	56.51
60	79.39	69.90	60.41

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Female Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	14.63	12.85	11.06
19	14.63	12.85	11.06
20	14.63	12.85	11.06
21	14.63	12.85	11.06
22	14.63	12.85	11.06
23	14.63	12.85	11.06
24	14.63	12.85	11.06
25	14.63	12.85	11.06
26	15.16	13.27	11.38
27	15.70	13.73	11.75
28	16.26	14.21	12.16
29	16.85	14.74	12.63
30	17.46	15.31	13.15
31	18.11	15.92	13.72
32	18.79	16.57	14.35
33	19.53	17.28	15.02
34	20.31	18.04	15.76
35	21.15	18.85	16.55
36	22.05	19.73	17.40
37	23.02	20.66	18.30
38	24.06	21.67	19.27
39	25.18	22.74	20.29
40	26.38	23.88	21.37
41	27.66	25.09	22.52
42	29.05	26.39	23.73
43	30.53	27.77	25.00
44	32.11	29.22	26.33
45	33.81	30.77	27.73
46	35.62	32.41	29.19
47	37.55	34.14	30.73
48	39.61	35.97	32.33
49	41.80	37.90	33.99
50	44.12	39.93	35.73
51	46.59	42.07	37.54
52	49.21	44.31	39.41
53	51.97	46.67	41.36
54	54.90	49.14	43.38
55	57.99	51.74	45.48
56	61.25	54.45	47.65
57	64.68	57.29	49.90
58	68.29	60.26	52.22
59	72.09	63.36	54.62
60	76.08	66.59	57.09

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 48 Months Male Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	10.03	8.78	7.53
19	10.03	8.78	7.53
20	10.03	8.78	7.53
21	10.03	8.78	7.53
22	10.03	8.78	7.53
23	10.03	8.78	7.53
24	10.03	8.78	7.53
25	10.03	8.78	7.53
26	10.52	9.19	7.86
27	10.97	9.58	8.18
28	11.39	9.95	8.51
29	11.79	10.32	8.84
30	12.19	10.69	9.19
31	12.60	11.08	9.56
32	13.02	11.49	9.95
33	13.46	11.92	10.38
34	13.95	12.40	10.85
35	14.48	12.92	11.36
36	15.07	13.50	11.92
37	15.74	14.15	12.55
38	16.48	14.86	13.23
39	17.32	15.66	13.99
40	18.26	16.55	14.83
41	19.31	17.53	15.75
42	20.49	18.63	16.76
43	21.81	19.84	17.86
44	23.27	21.17	19.07
45	24.89	22.64	20.39
46	26.68	24.25	21.82
47	28.65	26.02	23.38
48	30.81	27.94	25.06
49	33.17	30.03	26.88
50	35.75	32.29	28.83
51	38.55	34.75	30.94
52	41.58	37.39	33.19
53	44.86	40.24	35.61
54	48.40	43.30	38.19
55	52.20	46.58	40.95
56	56.28	50.08	43.88
57	60.65	53.83	47.00
58	65.32	57.82	50.31
59	70.31	62.07	53.82
60	75.61	66.57	57.53

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Female Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	24.85	21.83	18.81
19	24.85	21.83	18.81
20	24.85	21.83	18.81
21	24.85	21.83	18.81
22	24.85	21.83	18.81
23	24.85	21.83	18.81
24	24.85	21.83	18.81
25	24.85	21.83	18.81
26	25.72	22.52	19.32
27	26.62	23.27	19.91
28	27.56	24.08	20.60
29	28.54	24.96	21.38
30	29.57	25.92	22.26
31	30.67	26.95	23.23
32	31.83	28.06	24.29
33	33.07	29.26	25.45
34	34.40	30.55	26.70
35	35.83	31.94	28.05
36	37.36	33.43	29.49
37	39.00	35.02	31.03
38	40.76	36.71	32.66
39	42.65	38.52	34.39
40	44.68	40.45	36.22
41	46.86	42.51	38.15
42	49.19	44.68	40.17
43	51.68	46.99	42.29
44	54.35	49.43	44.50
45	57.19	52.01	46.82
46	60.22	54.73	49.23
47	63.45	57.60	51.75
48	66.89	60.63	54.36
49	70.54	63.81	57.07
50	74.41	67.15	59.89
51	78.52	70.66	62.80
52	82.86	74.34	65.82
53	87.45	78.19	68.93
54	92.30	82.23	72.15
55	97.41	86.44	75.47
56	102.80	90.85	78.89
57	108.46	95.44	82.42
58	114.42	100.23	86.04
59	120.68	105.23	89.77
60	127.24	110.43	93.61

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Male Occ Class : 3 & 3M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	17.05	14.94	12.83
19	17.05	14.94	12.83
20	17.05	14.94	12.83
21	17.05	14.94	12.83
22	17.05	14.94	12.83
23	17.05	14.94	12.83
24	17.05	14.94	12.83
25	17.05	14.94	12.83
26	17.86	15.61	13.35
27	18.61	16.24	13.87
28	19.32	16.86	14.39
29	20.00	17.47	14.94
30	20.68	18.10	15.52
31	21.36	18.75	16.14
32	22.07	19.44	16.81
33	22.83	20.19	17.54
34	23.65	21.00	18.34
35	24.55	21.88	19.21
36	25.55	22.86	20.17
37	26.67	23.95	21.23
38	27.93	25.16	22.39
39	29.33	26.50	23.67
40	30.91	28.00	25.08
41	32.68	29.65	26.62
42	34.66	31.48	28.30
43	36.86	33.50	30.14
44	39.30	35.72	32.14
45	42.01	38.17	34.32
46	44.99	40.84	36.68
47	48.28	43.76	39.23
48	51.87	46.93	41.98
49	55.80	50.37	44.94
50	60.08	54.11	48.13
51	64.73	58.14	51.54
52	69.77	62.48	55.19
53	75.20	67.15	59.10
54	81.07	72.17	63.26
55	87.37	77.53	67.69
56	94.13	83.27	72.40
57	101.37	89.38	77.39
58	109.10	95.90	82.69
59	117.34	102.82	88.29
60	126.12	110.16	94.20

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Female Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	20.65	18.13	15.61
19	20.65	18.13	15.61
20	20.65	18.13	15.61
21	20.65	18.13	15.61
22	20.65	18.13	15.61
23	20.65	18.13	15.61
24	20.65	18.13	15.61
25	20.65	18.13	15.61
26	21.38	18.71	16.03
27	22.13	19.33	16.53
28	22.91	20.01	17.11
29	23.72	20.74	17.76
30	24.59	21.54	18.49
31	25.50	22.40	19.30
32	26.47	23.33	20.19
33	27.50	24.33	21.15
34	28.61	25.41	22.20
35	29.80	26.56	23.32
36	31.07	27.80	24.52
37	32.44	29.12	25.80
38	33.91	30.54	27.17
39	35.49	32.05	28.61
40	37.18	33.66	30.13
41	38.99	35.36	31.73
42	40.93	37.18	33.42
43	43.01	39.10	35.18
44	45.23	41.13	37.03
45	47.60	43.28	38.96
46	50.13	45.55	40.97
47	52.82	47.95	43.07
48	55.68	50.46	45.24
49	58.72	53.11	47.50
50	61.95	55.90	49.85
51	65.37	58.83	52.28
52	68.99	61.89	54.79
53	72.81	65.10	57.38
54	76.85	68.46	60.06
55	81.11	71.97	62.83
56	85.60	75.64	65.68
57	90.32	79.47	68.62
58	95.28	83.46	71.64
59	100.49	87.62	74.75
60	105.96	91.96	77.95

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Male Occ Class : 4 & 4M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	14.15	12.40	10.64
19	14.15	12.40	10.64
20	14.15	12.40	10.64
21	14.15	12.40	10.64
22	14.15	12.40	10.64
23	14.15	12.40	10.64
24	14.15	12.40	10.64
25	14.15	12.40	10.64
26	14.83	12.95	11.07
27	15.45	13.48	11.50
28	16.04	13.99	11.94
29	16.61	14.51	12.40
30	17.17	15.03	12.88
31	17.74	15.57	13.40
32	18.33	16.14	13.95
33	18.96	16.76	14.56
34	19.65	17.44	15.22
35	20.40	18.18	15.95
36	21.23	18.99	16.75
37	22.17	19.90	17.63
38	23.21	20.91	18.60
39	24.39	22.03	19.67
40	25.70	23.27	20.84
41	27.18	24.65	22.12
42	28.82	26.18	23.53
43	30.66	27.86	25.06
44	32.70	29.72	26.73
45	34.95	31.75	28.54
46	37.44	33.98	30.51
47	40.17	36.40	32.63
48	43.17	39.05	34.92
49	46.44	41.92	37.39
50	50.01	45.03	40.05
51	53.88	48.39	42.89
52	58.08	52.01	45.94
53	62.61	55.90	49.19
54	67.50	60.08	52.66
55	72.75	64.55	56.35
56	78.38	69.33	60.27
57	84.42	74.43	64.44
58	90.86	79.86	68.85
59	97.73	85.62	73.51
60	105.04	91.74	78.44

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Female Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	18.74	16.45	14.16
19	18.74	16.45	14.16
20	18.74	16.45	14.16
21	18.74	16.45	14.16
22	18.74	16.45	14.16
23	18.74	16.45	14.16
24	18.74	16.45	14.16
25	18.74	16.45	14.16
26	19.40	16.98	14.55
27	20.08	17.54	15.00
28	20.79	18.16	15.52
29	21.54	18.83	16.12
30	22.32	19.55	16.78
31	23.15	20.34	17.52
32	24.03	21.18	18.32
33	24.97	22.09	19.20
34	25.98	23.07	20.15
35	27.06	24.12	21.17
36	28.22	25.24	22.26
37	29.46	26.45	23.43
38	30.80	27.73	24.66
39	32.23	29.10	25.97
40	33.77	30.57	27.36
41	35.41	32.11	28.81
42	37.18	33.76	30.34
43	39.07	35.51	31.95
44	41.09	37.36	33.63
45	43.24	39.31	35.38
46	45.54	41.38	37.21
47	47.99	43.55	39.11
48	50.59	45.84	41.09
49	53.35	48.25	43.15
50	56.29	50.79	45.28
51	59.40	53.45	47.49
52	62.69	56.23	49.77
53	66.16	59.15	52.13
54	69.84	62.21	54.57
55	73.71	65.40	57.09
56	77.79	68.74	59.69
57	82.08	72.22	62.36
58	86.60	75.86	65.11
59	91.34	79.64	67.94
60	96.31	83.58	70.85

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Male Occ Class : 5 & 5M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	12.83	11.24	9.64
19	12.83	11.24	9.64
20	12.83	11.24	9.64
21	12.83	11.24	9.64
22	12.83	11.24	9.64
23	12.83	11.24	9.64
24	12.83	11.24	9.64
25	12.83	11.24	9.64
26	13.45	11.74	10.03
27	14.01	12.22	10.42
28	14.55	12.69	10.83
29	15.07	13.16	11.24
30	15.58	13.63	11.68
31	16.09	14.12	12.15
32	16.63	14.65	12.66
33	17.20	15.21	13.21
34	17.83	15.82	13.81
35	18.51	16.49	14.47
36	19.27	17.24	15.20
37	20.12	18.06	16.00
38	21.07	18.98	16.88
39	22.13	19.99	17.85
40	23.33	21.12	18.91
41	24.67	22.38	20.08
42	26.17	23.76	21.35
43	27.84	25.30	22.75
44	29.69	26.98	24.26
45	31.74	28.83	25.91
46	34.00	30.85	27.70
47	36.49	33.06	29.63
48	39.21	35.46	31.71
49	42.19	38.08	33.96
50	45.43	40.90	36.37
51	48.96	43.96	38.96
52	52.77	47.25	41.73
53	56.89	50.79	44.69
54	61.33	54.59	47.84
55	66.11	58.66	51.20
56	71.23	63.00	54.77
57	76.72	67.64	58.56
58	82.58	72.58	62.57
59	88.82	77.82	66.82
60	95.47	83.39	71.30

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Female Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	17.83	15.65	13.47
19	17.83	15.65	13.47
20	17.83	15.65	13.47
21	17.83	15.65	13.47
22	17.83	15.65	13.47
23	17.83	15.65	13.47
24	17.83	15.65	13.47
25	17.83	15.65	13.47
26	18.46	16.15	13.84
27	19.11	16.69	14.27
28	19.78	17.28	14.77
29	20.49	17.91	15.33
30	21.24	18.60	15.96
31	22.03	19.35	16.66
32	22.87	20.15	17.43
33	23.76	21.01	18.26
34	24.72	21.95	19.17
35	25.75	22.95	20.14
36	26.85	24.02	21.18
37	28.04	25.17	22.29
38	29.31	26.39	23.47
39	30.67	27.70	24.72
40	32.14	29.09	26.04
41	33.71	30.57	27.42
42	35.39	32.14	28.88
43	37.19	33.80	30.41
44	39.11	35.56	32.01
45	41.16	37.42	33.68
46	43.35	39.39	35.42
47	45.68	41.46	37.24
48	48.16	43.64	39.12
49	50.79	45.94	41.08
50	53.59	48.35	43.11
51	56.55	50.88	45.21
52	59.68	53.53	47.38
53	62.99	56.31	49.63
54	66.49	59.22	51.95
55	70.18	62.27	54.35
56	74.07	65.45	56.82
57	78.16	68.76	59.36
58	82.45	72.22	61.98
59	86.97	75.82	64.67
60	91.71	79.58	67.44

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Forms 3200 and 3206
Disability Buy Out Policy and Additional Monthly Benefit Rider

Risk Class : Select Benefit Period : 60 Months Male Occ Class : 6 & 6M
Base Policy Annual Premiums per \$100 Monthly Benefit

Age	Elimination Period		
	12 Months	18 Months	24 Months
18	12.20	10.68	9.16
19	12.20	10.68	9.16
20	12.20	10.68	9.16
21	12.20	10.68	9.16
22	12.20	10.68	9.16
23	12.20	10.68	9.16
24	12.20	10.68	9.16
25	12.20	10.68	9.16
26	12.79	11.16	9.53
27	13.33	11.62	9.91
28	13.84	12.07	10.29
29	14.33	12.51	10.68
30	14.82	12.96	11.10
31	15.31	13.43	11.55
32	15.82	13.93	12.03
33	16.37	14.47	12.56
34	16.96	15.05	13.13
35	17.61	15.69	13.76
36	18.33	16.39	14.45
37	19.14	17.18	15.22
38	20.05	18.06	16.06
39	21.06	19.02	16.98
40	22.20	20.10	17.99
41	23.48	21.29	19.10
42	24.91	22.62	20.32
43	26.49	24.07	21.65
44	28.26	25.68	23.09
45	30.21	27.44	24.66
46	32.36	29.36	26.36
47	34.73	31.47	28.20
48	37.33	33.76	30.19
49	40.16	36.25	32.33
50	43.25	38.94	34.62
51	46.60	41.85	37.09
52	50.24	44.98	39.72
53	54.16	48.35	42.54
54	58.39	51.97	45.54
55	62.94	55.84	48.74
56	67.82	59.98	52.14
57	73.04	64.39	55.74
58	78.62	69.09	59.56
59	84.57	74.09	63.60
60	90.90	79.39	67.87

Policy Fee \$30

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts
Policy Form 3205
Future Purchase Option Rider on Disability Buy-Out Policy

Occupation Classes 3, 4, 5, 6, 3M, 4M, 5M, 6M

The annual premium for each \$100 of option amount will be 10% of the level annual premium, without policy fee, that would be required to purchase the same amount of maximum aggregate benefit under the basic policy.

SERFF Tracking Number: GARD-126295408 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43630
 Company Tracking Number: DBO
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups
 Product Name: Disability Buy-Out
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/30/2009
Comments:		
Attachment: FLESCH CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/30/2009
Comments: Application DI-2009 which was approved in your state on 09/17/2009 will be used to apply for this policy.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	09/30/2009
Comments:		
Attachment: DBO Actuarial Memorandum.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	09/30/2009
Comments:		
Attachment: DBO (01-10).pdf		

	Item Status:	Status Date:
Satisfied - Item: Producer's Certification	Approved-Closed	09/30/2009
Comments:		

SERFF Tracking Number: GARD-126295408 *State:* Arkansas
Filing Company: Berkshire Life Insurance Company of America *State Tracking Number:* 43630
Company Tracking Number: DBO
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.003 Long Term - Unrelated to marketing
with employer or association groups

Product Name: Disability Buy-Out
Project Name/Number: /

The Producer's Certification is included for informational purposes as it contains the required replacement question.

Attachment:

FIO-PC-2009.pdf

Berkshire Life Insurance Company of America
700 South Street
Pittsfield MA 01201

CERTIFICATION

This is to certify that the policy forms listed below comply with the readability ease standards of the Life and Health Policy Language Simplification Act, Section 5a.

<u>Form Number</u>	<u>Syllables</u>	<u>Words</u>	<u>Sentences</u>	<u>Flesch Score</u>
3200 (01/10)	10,864	7,318	254	52.0
FIO-2009	1,646	1,080	31	51.2
REIN-2009	1,091	700	21	52.1

The following forms are scored in combination with Policy 3200 (01/10) since they are always used with this form:

3205 (01/10)	1,245	837	28	50.7
3206 (01/10)	584	362	19	50.9
3200C-E (01/10)	528	320	9	50.1
3200P-E (01/10)	232	145	3	50.3

Laura H. Rotenberg

Laura H. Rotenberg
Second Vice President and Counsel

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Actuarial Memorandum

Disability Buy-Out Insurance Policy Form

3200 (01/10) Disability Buy-Out Insurance Policy

Riders on Policy Form 3200 (01/10)

3205 (01/10) Future Increase Option Rider

3206 (01/10) Additional Benefit Rider

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Purpose

The purpose of this memorandum is to certify that the premiums for the policy forms shown on the cover page of this memorandum satisfy state requirements. This memorandum should not be used for any other purpose.

Benefit Description

Policy form 3200 pays a benefit to assist in the purchase of a disabled partner or shareholder's business interest by the remaining owners. Benefits are paid after the insured has satisfied an elimination period. Benefits may be paid as a lump sum, monthly benefits or a combination of the two. Monthly benefits are payable for a time up to the monthly installment period stated in the policy

The policy forms are conditionally renewable to age 65.

Totally disabled means that, due to sickness or injury, the insured is unable to perform the material and substantial duties of his or her occupation and he or she is not gainfully employed by the business.

The following optional benefits are offered:

- Future Increase Option Rider: This rider provides an opportunity for the insured to purchase additional coverage without providing evidence of medical insurability.
- Additional Benefit Rider: This rider provides an additional maximum aggregate benefit. The elimination period and benefit period are identical to the base policy.

Rate Tables

The premiums for the base policy vary by the following factors:

- Age: Issue Age
- Sex: Male or Female
- Underwriting Class: Preferred, Select, Standard
- Funding Method: Lump Sum or Monthly Benefit
- Monthly Installment Period: 12, 24, 36, 48, or 60 months
- Elimination Period: 360, 540, or 720 Days
- Occupation Class: 6, 5, 4, 3, 6M, 5M, 4M, or 3M

The annual policy fee is \$30.

The attached rate tables contain premiums for the Select Class of Risk. Table 1 contains premium adjustment factors for the other Classes of Risk. The rates vary by issue age,

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sex, funding method, monthly installment period, elimination period, and occupation class.

Table 1: Class of Risk Factors Applied to Filed Rates

Underwriting Class	Factor
Preferred	0.95
Select	1.00
Standard	1.30

There is a 10% discount available as a multi-life discount for 3 or more lives insured in one business or practice.

The modal premium factors are shown in Table 2 below:

Table 2: Modal Factors Applied to Annual Premiums

Mode	Factor
Annual	1.000000
Semi-Annual	0.515000
Quarterly	0.262650
Monthly	0.085833
Guard-o-matic	0.083333

Pricing Assumptions

The gross premiums for this policy form were developed in a manner such that, along with investment income from accumulated assets, these premiums would be sufficient to fund future benefits and expenses, and provide the company with a reasonable profit margin.

1. Morbidity

The claim incidence and claim termination rate assumptions for the base policy and disability riders were developed by making adjustments to the 1985 Commissioner's Individual Disability Table (1985 CIDA) based on the experience of Berkshire Life Insurance Company of America.

Exhibit 1 contains sample claim costs for the base policy and riders. Exhibit 2 contains the projected experience for a cohort of newly-issued business.

2. Policy Termination Rates

The policy termination rates used in pricing are shown in Table 3 below, and they include terminations due to death.

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Table 3: Policy Termination Rates

Policy Duration	Issue Age				
	25	30	40	50	60
1	10.00%	10.00%	8.00%	10.00%	10.00%
2	8.00%	8.00%	8.00%	10.00%	14.00%
3	8.00%	8.00%	6.00%	10.00%	18.00%
4	6.00%	6.00%	6.00%	8.00%	18.00%
5	6.00%	6.00%	6.00%	8.00%	18.00%
6	5.00%	5.00%	6.00%	8.00%	19.00%
7	5.00%	5.00%	5.00%	10.00%	22.00%
8	5.00%	5.00%	5.00%	10.00%	22.00%
9	5.00%	5.00%	5.00%	11.00%	22.00%
10	5.00%	5.00%	5.00%	13.00%	22.00%
11	5.00%	5.00%	5.00%	14.00%	22.00%
12	5.00%	5.00%	5.00%	14.00%	22.00%
13	3.00%	3.00%	6.00%	14.00%	22.00%
14	3.00%	3.00%	6.00%	16.00%	22.00%
15	3.00%	3.00%	6.00%	16.00%	22.00%
16	3.00%	3.00%	6.00%	16.00%	22.00%
17	5.00%	5.00%	6.00%	16.00%	22.00%
18	5.00%	5.00%	8.00%	16.00%	22.00%
19	5.00%	5.00%	10.00%	16.00%	22.00%
20	5.00%	5.00%	10.00%	16.00%	22.00%
21	5.00%	5.00%	11.00%	16.00%	22.00%
22	5.00%	5.00%	13.00%	16.00%	22.00%
23	5.00%	5.00%	13.00%	16.00%	22.00%
24	5.00%	5.00%	13.00%	16.00%	22.00%
25	5.00%	5.00%	14.00%	16.00%	22.00%
26	6.00%	6.00%	16.00%	16.00%	22.00%
27	6.00%	6.00%	16.00%	16.00%	22.00%
28	6.00%	6.00%	16.00%	16.00%	22.00%
29	8.00%	8.00%	16.00%	16.00%	22.00%
30	10.00%	10.00%	16.00%	16.00%	22.00%
31+	13.00%	13.00%	16.00%	16.00%	22.00%

3. Expenses

The expense assumptions for a cohort of business are shown in Table 4 below.

Table 4: Expense Assumptions

Category	First Year	Renewal Years
Maintenance	2.12% of premium	2.12% of premium
Premium Tax	2% of premium	2% of premium
Claim Expense: Initial	\$6,156 per claim	\$6,156 per claim
Claim Expense: Ongoing	0.12% of paid claims	0.12% of paid claims
Acquisition	\$1,452.34 per policy 19.97% of premium	N/A

Berkshire Life Insurance Company of America
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4. Commissions

The anticipated commission schedule varies by policy duration. The anticipated commissions, including bonuses and field compensation, are shown in Table 5 below.

Table 5: Commission Rates by Policy Duration (Includes Bonuses and Field Compensation)

Policy Year	Commission Rate
1	110.1%
2 - 5	25.2%
6 - 10	13.0%
11+	6.9%

5. Interest Rate

The interest rate used in pricing is 5.0%.

6. Issue Ages

The issue ages for the policy form are shown below.

Category	Issue Age
Base	18-60
Future Increase Option Rider	18-50
Additional Monthly Benefit Rider	18-60

7. Average Premium

The average premium for policy from 3200, including riders, is expected to be \$1,675.

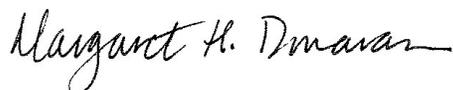
8. Profit Margin

The anticipated profit margin for this product is 1-5% of premium.

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Certification

The expected loss ratio for the policy form in this filing is at least 55%. To the best of my knowledge and judgment, these premiums comply with the laws and regulations of the state, and the benefits are reasonable in relation to the premiums.



Margaret H. Donovan, FSA, MAAA
Second Vice President and Actuary
Berkshire Life Insurance Company of America

August 31, 2009
Date

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Exhibit 1

Annual Claim Cost per \$1000 of Monthly Benefit
Base Benefit, Select Class of Risk, Occupation Class 5
Lump Sum Benefit, 360 day Elimination Period

<u>Attained Age</u>	<u>Male</u>	<u>Female</u>
25	0.65	1.61
26	0.59	1.49
27	0.54	1.44
28	0.51	1.44
29	0.50	1.50
30	0.54	1.69
31	0.58	1.86
32	0.63	2.01
33	0.69	2.14
34	0.75	2.25
35	0.83	2.36
36	0.90	2.43
37	0.98	2.51
38	1.07	2.60
39	1.16	2.67
40	1.26	2.78
41	1.37	2.91
42	1.48	3.07
43	1.61	3.27
44	1.75	3.51
45	1.91	3.75
46	2.07	4.00
47	2.27	4.31
48	2.47	4.64
49	2.72	4.94
50	2.97	5.26
51	3.28	5.55
52	3.63	5.80
53	4.01	6.08
54	4.48	6.31
55	4.94	6.56
56	5.74	7.02
57	6.72	7.79
58	7.85	8.65
59	9.14	9.61
60	10.63	10.70
61	10.62	10.70
62	10.62	10.69
63	10.63	10.69
64	10.62	10.70

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Exhibit 2

Anticipated Loss Ratios

<u>Policy Year</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Loss Ratio</u>
1	1,068,038	-	0%
2	971,719	335,112	34%
3	882,015	355,389	40%
4	806,736	343,182	43%
5	745,463	334,350	45%
6	647,839	331,126	51%
7	604,895	308,434	51%
8	564,121	313,361	56%
9	526,438	324,014	62%
10	489,882	334,413	68%
11	453,243	343,987	76%
12	418,693	349,695	84%
13	387,536	337,584	87%
14	357,525	326,292	91%
15	328,696	316,312	96%
16	243,635	307,950	126%
17	229,980	242,135	105%
18	216,493	250,156	116%
19	200,061	269,858	135%
20	181,461	285,910	158%
21	164,650	296,691	180%
22	148,061	306,921	207%
23	104,594	279,889	268%
24	101,178	198,453	196%
25	98,256	192,641	196%
26	42,876	188,090	439%
27	32,981	87,727	266%
28	24,169	59,300	245%
29	16,308	47,244	290%
30	15,004	37,026	247%
31	13,503	39,289	291%
32	11,748	40,739	347%
33	10,221	35,963	352%
34	8,892	31,275	352%
35	7,736	27,205	352%
Lifetime Loss Ratio			55%

**DISABILITY BUY-OUT POLICY
REQUIRED OUTLINE OF COVERAGE**

Policy Form 3200

1. **READ THE POLICY CAREFULLY** – This outline of coverage briefly describes some of the important features of the Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of the Policyowner, You, and Berkshire Life Insurance Company of America. It is important that the Policyowner and You **READ THE POLICY CAREFULLY!**
2. **DISABILITY INCOME PROTECTION COVERAGE** – This type of coverage is designed to provide benefits for a Disability resulting from Injury or Sickness, subject to any limitations set forth in the Policy. Benefits are not provided for basic hospital, basic medical-surgical, or major medical expenses.
3. **BENEFITS OF THE POLICY** – The purpose of the Policy is to provide a benefit to an individual, entity or a business to buy out the business interest of another individual (the Insured) who becomes Totally Disabled. Coverage is contingent on the Insured being Gainfully Employed Full Time by the Business at the start of the Total Disability, and the Policyowner being obligated to buy the business interest of the Insured because of the Total Disability, and the Policyowner actually making payments to purchase that interest.

If You are Totally Disabled according to the terms of the Policy, and the Elimination Period of _____ days has been satisfied, benefits of up to \$_____ (Maximum Aggregate Benefit) will be paid to the Policyowner. The Policyowner has chosen the funding method indicated below:

1. **Monthly Installment.** If the Monthly Installment Funding Method is elected, the benefits will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later. The monthly benefit payable will be the least of:
- the Monthly Purchase Amount;
 - the Maximum Monthly Installment Benefit; or
 - an amount equal to $(A \div B)$, where:

A is the Business Valuation Amount less the Prior Buy-Out Coverage, and
B is the number of months in the Monthly Installment Period.
2. **Lump Sum.** If the Lump Sum Funding Method is elected, the benefit will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later. The benefit payable will be the least of:
- the Purchase Amount;
 - the Maximum Aggregate Benefit; or
 - the Business Valuation Amount less the Prior Buy-Out Coverage
3. **Down Payment.** If the Down Payment Funding Method is elected, the benefits will become payable to the Policyowner after the end of the Elimination Period, or the Closing Date, if later. We will first pay the Policyowner the least of:
- the actual down payment amount paid to You by the Policyowner;
 - the Maximum Lump Sum Benefit; or
 - the Business Valuation Amount less the Prior Buy-Out Coverage.

Thereafter, the monthly benefit payable will be the least of:

- the Monthly Purchase Amount;
- the Maximum Monthly Installment Benefit; or
- an amount equal to $(A - B) \div C$, where:

A is the Business Valuation Amount less the Prior Buy-Out Coverage
B is the total amount of benefit already paid by Us, and
C is the number of months in the Monthly Installment Period.

Total Disability or Totally Disabled means that, solely due to Injury or Sickness, You are not able to perform the material and substantial duties of Your Occupation and You are not Gainfully Employed by the Business.

Your Occupation means the occupation (or occupations if more than one) in which You are Gainfully Employed during the 12 months prior to the time You become Totally Disabled.

Waiver of Premium Benefit – If You are Totally Disabled for the length of the Elimination Period due to Injury or Sickness not excluded from Coverage, We will refund the portion of any premium paid which applies to the period of Total Disability beyond the date that You were first Totally Disabled in the same claim. We will then waive any later premiums that are due while You are receiving benefits for the Total Disability.

Occupational Rehabilitation Benefit – If You are Totally Disabled and the Elimination Period has not been satisfied, You may be eligible for an Occupational Rehabilitation Benefit. If We agree in advance on a program of occupational rehabilitation, We will pay for the program as set forth in a signed written agreement. The program of occupational rehabilitation must be a formal plan that will help You to return to Gainful Employment in Your Occupation. The program must be directed by an organization or individual licensed or accredited to provide occupational rehabilitation or education to persons who are disabled.

OPTIONAL BENEFITS – Coverage will be provided for the following benefits only if an additional premium for the benefit is shown in the Schedule Page.

Future Increase Option Rider – This rider provides for the purchase of additional amounts of Disability Buy-Out insurance without evidence of medical insurability. Subject to the Conditions and Limitations provision of the rider, the Policyowner may exercise an Increase Option up to the Option Amount during an Option Period. The Option Amount means the additional Maximum Aggregate Benefit that may be applied for on each Option Date. The Option Amount is shown in the Schedule Page.

If the Policyowner does not exercise an Increase Option on an Option Date, the Policyowner may apply for up to twice the Option Amount on the next Option Date.

Each Option Amount applied for during an Option Period will be underwritten based on Our underwriting rules, including issue limits, then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner, to determine the total amount of allowable Maximum Aggregate Benefit, if any, available to the Policyowner.

An Increase Option may not be exercised when You are disabled, receiving disability benefits or eligible to receive disability benefits from any source.

These benefits are subject to a maximum option amount and certain other limitations listed in the rider.

4. EXCLUSIONS AND LIMITATIONS OF THE POLICY – There will be no benefits for any Total Disability:

- caused by, contributed to, or which results from military training, military action, military conflict or war, whether declared or undeclared, while You are serving in the military or units auxiliary thereto, or working for contracted military services;

- during any period of time in which You are incarcerated;
- caused by, contributed to, or which results from Your commission of, or attempt to commit, a criminal offense as defined under local, state or federal law;
- caused by, contributed to, or which results from Your being engaged in an illegal occupation;
- caused by, contributed to, or which results from the suspension, revocation or surrender of Your professional or occupational license or certification;
- caused by, contributed to, or which results from an intentionally self-inflicted Injury; or
- due to any loss We have excluded by name or specific description.

PRE-EXISTING CONDITION LIMITATION – We will not cover any loss that begins in the first two years after the Effective Date from a Pre-existing Condition.

5. RENEWABILITY OF THE POLICY – The Policy is renewable by timely payment of premiums until the earliest of the following events or occurrences at which time the Policy will terminate:
1. The Policyowner, if an individual, no longer has an Ownership Interest in the Business;
 2. You no longer have an Ownership Interest in the Business;
 3. You are no longer Gainfully Employed Full Time by the Business for any reason other than Total Disability;
 4. You have actual and/or Constructive Ownership of more than 90% of the Business;
 5. You have an actual Ownership Interest of less than 5% of the Business;
 6. The Maximum Aggregate Benefit has been paid; or
 7. The first Policy Anniversary after Your 65th birthday.

This is a non-participating policy.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED. THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS AND AMOUNTS.

