

SERFF Tracking Number: GARD-126718528 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 46566  
Company Tracking Number: 1200  
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.007 Long Term - Related to marketing with employer or association groups  
Product Name: 1200  
Project Name/Number: /

## Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: 1200

SERFF Tr Num: GARD-126718528 State: Arkansas

TOI: H111 Individual Health - Disability Income

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46566

Sub-TOI: H111.007 Long Term - Related to  
marketing with employer or association groups

Co Tr Num: 1200

State Status: Approved-Closed

Filing Type: Form/Rate

Author: Cindy Ego

Reviewer(s): Rosalind Minor

Date Submitted: 08/23/2010

Disposition Date: 09/14/2010

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: 09/14/2010

Explanation for Other Group Market Type:

State Status Changed: 09/14/2010

Deemer Date:

Created By: Cindy Ego

Submitted By: Cindy Ego

Corresponding Filing Tracking Number:

Filing Description:

Berkshire Life Insurance Company of America ("Berkshire") is submitting the forms listed below for your review and approval. These new forms are filed concurrently in our state of domicile, Massachusetts and do not replace any forms previously approved in your state. 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 submitted.

POLICY TITLE

1200 (01/11) Disability Income Policy

SERFF Tracking Number: GARD-126718528 State: Arkansas  
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## RIDERS

1201 (01/11) Additional Monthly Benefit Rider  
1202 (01/11) Extended Own Occupation Rider  
1203 (01/11) True Own Occupation Rider  
1205 (01/11) Catastrophic Disability Benefit Rider  
1206 (01/11) Cost of Living Adjustment Rider  
1209 (01/11) Basic Residual Disability Benefit Rider  
1210 (01/11) Enhanced Residual Disability Benefit Rider  
1211 (01/11) Retirement Protection Plus (RPP) Disability Benefit Rider  
1201-A1 (01/11) Additional Monthly Benefit Rider – Add-On  
1201-A2 (01/11) Additional Monthly Benefit Rider – Add-On  
1205-A (01/11) Catastrophic Disability Benefit Rider – Add-On  
1205-AMB1 (01/11) Additional Catastrophic Disability Benefit Rider – Add-On  
1205-AMB2 (01/11) Additional Catastrophic Disability Benefit Rider – Add-On  
1206-A (01/11) Cost of Living Adjustment Rider – Add-On  
1209-A (01/11) Basic Residual Disability Benefit Rider – Add-On  
1210-A (01/11) Enhanced Residual Disability Benefit Rider – Add-On  
1211-A (01/11) Retirement Protection Plus (RPP) Disability Benefit Rider – Add-On  
1211-AMB1 (01/11) Additional Retirement Protection Plus (RPP) Disability Benefit Rider – Add-On  
1211-AMB2 (01/11) Additional Retirement Protection Plus (RPP) Disability Benefit Rider – Add-On

## ENDORSEMENTS

NOPREX (01/11) Policy Endorsement  
PREX-3 (01/11) Pre-existing Condition Limitation Endorsement  
PREX-6 (01/11) Pre-existing Condition Limitation Endorsement  
PREX-12 (01/11) Pre-existing Condition Limitation Endorsement

## APPLICATION

GSI (01/11) Individual Disability Insurance Application

## Policy

Policy Form 1200 (01/11) is non-cancellable and guaranteed renewable until the Policy's Expiration Date. The contract is conditionally renewable after the Expiration Date as long as certain conditions specified in the Policy have been met. The issue age range for the Policy is 18-75.

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## Riders

Additional Monthly Benefit Rider - 1201 (01/11) allows an additional Monthly Indemnity to be added to the Policy without the issuance of a separate disability income policy. This additional coverage may have a different monthly indemnity amount, elimination period, or benefit period than the base policy.

There are two add-on versions of this rider available for sale to existing policyholders. 1201-A1 (01/11) will be used for guaranteed standard issue as well as when the insured purchases the Option to Purchase the Incremental Monthly Indemnity as part of the Cost of Living Adjustment Rider. 1201-A2 (01/11) will be used for fully underwritten increases.

Extended Own Occupation Rider - 1202 (01/11) and True Own Occupation Rider – 1203 (01/11) amend the definition of total disability contained in the base policy.

Catastrophic Disability Benefit Rider - 1205 (01/11) provides a Catastrophic Disability Benefit if the insured is catastrophically disabled as defined in the rider. This is not a reimbursement benefit. Catastrophic disability benefits are payable above and beyond coverage for total or residual disability.

There are three add-on versions of this rider available for sale to existing policyholders. 1205-A (01/11) will be used when adding a Catastrophic Disability Benefit Rider to an existing policy after original issue. When adding additional Catastrophic Disability indemnity to an existing rider, 1205-AMB1 (01/11) will be used on a guaranteed standard issue basis and 1205 – AMB2 (01/11) will be used for fully underwritten increases.

Cost of Living Adjustment Rider - 1206 (01/11), 1206-A (01/11) provides that on a review date (the anniversary of the date on which the insured first became disabled in the same claim), while benefits are payable, an adjustment in monthly indemnity be made for the next 12 months to reflect any changes in cost of living since the start of the claim. When the insured is no longer disabled, has not attained age 60 and is gainfully employed full time, they have the option to purchase the incremental monthly indemnity as determined on the last review date in accordance with the terms outlined in the rider. The Incremental Monthly Indemnity is the difference between the adjusted monthly indemnity in effect on the last review date before the claim ends and the monthly indemnity of the policy as shown in the schedule page.

Basic Residual Disability Rider - 1209 (01/11), 1209-A (01/11) utilizes the definition of residual disability in the base policy and provides benefits if the insured continues to be residually disabled after the Return-to-Work Incentive period. Residual Indemnity, if payable, is a percentage of the monthly indemnity for the policy. If the insured's loss of income is more than 80% of prior income, Berkshire will deem the loss of income to be 100%.

Enhanced Residual Disability Benefit Rider - 1210 (01/11), 1210-A (01/11) utilizes the definition of residual disability in

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Project Name/Number: /

the base Policy and provides benefits if the insured continues to be residually disabled after the Return-to-Work Incentive period. Residual Indemnity, if payable, is a percentage of the monthly indemnity for the Policy. If the insured's loss of income is more than 75% of prior income, Berkshire will deem the loss of income to be 100%.

Retirement Protection Plus (RPP) Disability Benefit Rider - 1211 (01/11) provides for the payment of an RPP Monthly Indemnity benefit payable to an irrevocable trust (specified in the rider) in the event of total disability while the insured is not gainfully employed.

There are three add-on versions of this rider available for sale to existing policyholders. 1211-A (01/11) will be used when adding a Retirement Protection Plus (RPP) Disability Benefit Rider to an existing policy after original issue. When adding additional RPP indemnity to an existing rider, 1211-AMB1 (01/11) will be used on a guaranteed standard issue basis and 1205 – AMB2 (01/11) will be used for fully underwritten increases.

#### Endorsements

PREX-3 (01/11), PREX-6 (01/11), PREX-12 (01/11), NOPREX (01/11) When issuing guaranteed standard issue policies, a Pre-Existing Condition Limitation Endorsement must be attached to the Policy. The endorsements replace the policy's Pre-existing Condition Limitation.

#### Application

Application form GSI (01/11) will be used to apply for this policy.

Other previously approved application supplements may be used as required.

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. Please note that we are not referring to direct solicitation through the internet or other means. The sale of individual disability income insurance using this application will always involve a licensed agent. 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.

The Policy will be marketed through producers licensed and appointed with Berkshire. These producers will market our product and services primarily to senior executives and/or employee benefit managers of businesses. The policy will then be sold on an individual basis to eligible employees of these businesses.

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Also enclosed in this submission are rates for these forms as well as the supporting actuarial material.

## 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: \$225.00  
 Retaliatory? Yes  
 Fee Explanation: Forms - \$75  
 Rates - \$150  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$225.00	08/23/2010	38944537
Berkshire Life Insurance Company of America	\$1,025.00	09/13/2010	39456386

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 Product Name: 1200  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/14/2010	09/14/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/01/2010	09/01/2010	Cindy Ego	09/13/2010	09/13/2010

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## Disposition

Disposition Date: 09/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: 1200  
 Project Name/Number: /

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	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Producer's Certification	Approved-Closed	Yes
Supporting Document	John Doe Application	Approved-Closed	Yes
Form	Disability Income Policy	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Extended Own Occupation Rider	Approved-Closed	Yes
Form	True Own Occupation Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Basic Residual Disability Benefit Rider	Approved-Closed	Yes
Form	Enhanced Residual Disability Benefit Rider	Approved-Closed	Yes
Form	Retirement Protection Plus (RPP) Disability Benefit Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Additional Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Additional Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Basic Residual Disability Benefit Rider	Approved-Closed	Yes
Form	Enhanced Residual Disability Benefit Rider	Approved-Closed	Yes
Form	Retirement Protection Plus (RPP) Disability Benefit Rider	Approved-Closed	Yes
Form	Additional Retirement Protection Plus (RPP) Disability Benefit Rider	Approved-Closed	Yes
Form	Additional Retirement Protection Plus (RPP) Disability Benefit Rider	Approved-Closed	Yes

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Product Name: 1200

Project Name/Number: /

<b>Form</b>	Policy Endorsement	Approved-Closed	Yes
<b>Form</b>	Pre-Existing Condition Limitation Endorsement	Approved-Closed	Yes
<b>Form</b>	Pre-existing Condition Limitation Endorsement	Approved-Closed	Yes
<b>Form</b>	Pre-existing Condition Limitation Endorsement	Approved-Closed	Yes
<b>Form</b>	Individual Disability Income Application	Approved-Closed	Yes
<b>Rate</b>	1200 (01/11) Rates	Approved-Closed	Yes

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Product Name: 1200  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/01/2010  
Submitted Date 09/01/2010  
Respond By Date

Dear Cindy Ego,

This will acknowledge receipt of the captioned filing.

Objection 1

- Disability Income Policy, 1200 (01/11) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$1250.00. Please submit an additional \$1025.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/13/2010  
Submitted Date 09/13/2010

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Additional filing fee submitted.

### Related Objection 1

Applies To:

- Disability Income Policy, 1200 (01/11) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$1250.00. Please submit an additional \$1025.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

*SERFF Tracking Number:* GARD-126718528      *State:* Arkansas  
*Filing Company:* Berkshire Life Insurance Company of America      *State Tracking Number:* 46566  
*Company Tracking Number:* 1200  
*TOI:* H111 Individual Health - Disability Income      *Sub-TOI:* H111.007 Long Term - Related to marketing with  
employer or association groups  
  
*Product Name:* 1200  
*Project Name/Number:* /  
Cindy Ego

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## Form Schedule

### Lead Form Number: 1200 (01/11)

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/14/2010	1200 (01/11)	Policy/Cont Disability Income ract/Fratern Policy al Certificate	Initial		51.700	1200 (01-11).pdf
Approved-Closed 09/14/2010	1201 (01/11)	Policy/Cont Additional Monthly ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.400	1201 (01-11).pdf
Approved-Closed 09/14/2010	1202 (01/11)	Policy/Cont Extended Own ract/Fratern Occupation Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.800	1202 (01-11).pdf
Approved-Closed 09/14/2010	1203 (01/11)	Policy/Cont True Own ract/Fratern Occupation Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		51.800	1203 (01-11).pdf

SERFF Tracking Number: GARD-126718528 State: Arkansas  
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Product Name: 1200

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Approved- 1205	Policy/Cont Catastrophic	Initial	50.100	1205 (01-
Closed (01/11)	ract/Fratern Disability Benefit			11).pdf
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Approved- 1206	Policy/Cont Cost of Living	Initial	50.500	1206 (01-
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Approved- 1209	Policy/Cont Basic Residual	Initial	51.400	1209 (01-
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Approved- 1210	Policy/Cont Enhanced Residual	Initial	51.800	1210 (01-
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SERFF Tracking Number: GARD-126718528 State: Arkansas  
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 46566  
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Approved- Closed 09/14/2010	1211 (01/11)	Policy/Cont Retirement ract/Fratern Protection Plus al (RPP) Disability Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.800	1211 (01-11).pdf
Approved- Closed 09/14/2010	1201-A1 (01/11)	Policy/Cont Additional Monthly ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.900	1201-A1 (01-11).pdf
Approved- Closed 09/14/2010	1201-A2 (01/11)	Policy/Cont Additional Monthly ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.900	1201-A2 (01-11).pdf
Approved- Closed 09/14/2010	1205-A (01/11)	Policy/Cont Catastrophic ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.600	1205-A (01-11).pdf
Approved-	1205-AMB1	Policy/Cont Additional	Initial	50.800	1205-AMB1

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Approved- 1205-AMB2 Policy/Cont Additional Initial 50.800 1205-AMB2

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09/14/2010	al Rider			
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Approved- Closed 09/14/2010	1211-A (01/11) Policy/Cont Retirement ract/Fratern Protection Plus al (RPP) Disability Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.200	1211-A (01-11).pdf
Approved- Closed 09/14/2010	1211-AMB1 (01/11) Policy/Cont Additional Retirement ract/Fratern Protection Plus al (RPP) Disability Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	1211-AMB1 (01-11).pdf
Approved- Closed 09/14/2010	1211-AMB2 (01/11) Policy/Cont Additional Retirement ract/Fratern Protection Plus al (RPP) Disability Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.100	1211-AMB2 (01-11).pdf
Approved- Closed 09/14/2010	NOPREX (01/11) Policy/Cont Policy Endorsement ract/Fratern al	Initial	51.200	NOPREX (01-11).pdf

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Product Name: 1200  
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Approved- Closed 09/14/2010	PREX-3 (01/11)	Policy/Cont Pre-Existing ract/Fratern Condition Limitation al Endorsement	Initial	51.200	PREX-3 (01-11).pdf
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Approved- Closed 09/14/2010	PREX-6 (01/11)	Policy/Cont Pre-existing ract/Fratern Condition Limitation al Endorsement	Initial	51.200	PREX-6 (01-11).pdf
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Approved- Closed 09/14/2010	PREX-12 (01/11)	Policy/Cont Pre-existing ract/Fratern Condition Limitation al Endorsement	Initial	51.200	PREX-12 (01-11).pdf
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Approved- Closed 09/14/2010	GSI (01/11)	Application/Individual Disability Enrollment Income Application Form	Initial	51.200	GSI 11-2011.pdf
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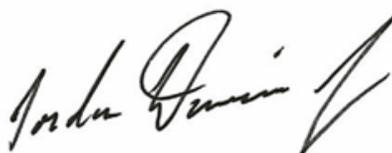
**Berkshire Life Insurance Company of America**  
700 South Street • Pittsfield, Massachusetts 01201  
1-800-819-2468

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



Secretary



President

*You* and *Your* mean the person insured.  
*We, Us, Our,* and *Berkshire Life* mean  
Berkshire Life Insurance Company of America.

**NONCANCELLABLE AND GUARANTEED RENEWABLE  
TO THE EXPIRATION DATE**

You may renew the Policy at the end of each Premium Term until the Expiration Date.  
During that time, We cannot change the premium or cancel the Policy.

**YOUR CONDITIONAL RIGHT TO RENEW AFTER THE  
EXPIRATION DATE—PREMIUMS CAN CHANGE**

After the Expiration Date, You may renew the Policy at the end of each Premium Term  
as long as You are not Disabled and You are Gainfully Employed Full Time for at least  
ten months each year and the premium is paid on time.

The premium will be at Our rates then in effect for persons of Your Age, Class of Risk,  
Occupation Class, and any special class rating that applies to the Policy. We have the right  
to change such premiums on a class basis on any Policy Anniversary.

**NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY**

Please read the Policy carefully. It is a legal contract between You and Us. You may return the  
Policy to Us or to the representative through whom You bought it within ten days from the  
date You receive it. Immediately upon such delivery or mailing, the Policy will be void from the  
beginning, and any premium paid for it will be refunded.

**Disability Income Policy**

Non-Participating

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



Schedule Page [1a/1b/1c/1d]

Insured: [ABCDEFGHIJKLMN OPQRSTUVWXYZ123456789] Policy Number: [Z1234567]  
 Owner: [ABCDEFGHIJKLMN OPQRSTUVWXYZ123456789] Policy Date: [##/##/####]  
 Loss Payee: [ABCDEFGHIJKLMN OPQRSTUVWXYZ123456789]

Policy Specifications for the Insured

Class of Risk: [Tobacco User/Non-Tobacco User] Gender: [Male/Female]  
 Occupation Class: [6/6M/5/5M/4/4M/3/3M/2/2M/1/1M] Premium Term: [Annual/Semiannual/Quarterly/Monthly]

Policy Coverage and Premium Summary

<u>Coverage</u>	<u>Monthly Benefit</u>	<u>Annual Premium</u>
Disability Income Insurance Policy	[\$99,999]	[\$99,999.99]
[Additional Monthly Benefit Rider]	[\$99,999]	[\$99,999.99]
[Extended/True Own Occupation Rider]		[\$99,999.99]
[Catastrophic Disability Benefit Rider]	[\$99,999]	[\$99,999.99]
[Cost of Living Adjustment Rider]		
[Maximum Increase Percent: [3%/6%]]		[\$99,999.99]
[Basic/Enhanced Residual Disability Benefit Rider]		[\$99,999.99]
[Retirement Protection Plus Disability Benefit Rider]	[\$99,999]	[\$99,999.99]
-----	-----	-----
Total (Premium is before [discounts and] policy fee)	[\$99,999]	[\$99,999.99]
[####% Extra Annual Premium		\$99,999.99]
<u>[Policy Discount]</u>		<u>Discount Percent]</u>
[Employer Sponsored Plan Discount:	[5.00%/10.00%/15.00%/20.00%/25.00%/30.00%/35.00%]]	
[Discounted Annual Premium (before policy fee):		\$99,999.99]
Annual Policy Fee:		[\$30.00]
Annual Premium (after [discounts and] policy fee):		[\$99,999.99]
[Premium for Preliminary Term:		\$99,999.99]
The level premium period will be to Age [65/67].		

This Schedule Page replaces any previously issued Schedule Page.

Schedule Page [1a/1b/1c/1d]

Insured: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789] Policy Number: [Z1234567]  
Owner: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789] Policy Date: [##/##/####]  
Loss Payee: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789]

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About Your Premiums

The premiums for the Policy are based on gender neutral rates.

If You elect to increase, decrease or change Coverage or change the Premium Term, Your premium may change.

The following summarizes the premium for each Premium Term option during the level premium period for the Coverage You have selected.

For a Semiannual Premium Term:

You will pay [\$99,999.99] every 6 months. This means You are paying an additional [\$99,999.99] or [##.##%] per year, or a total annualized premium of [\$99,999.99].

For a Quarterly Premium Term:

You will pay [\$99,999.99] every 3 months. This means You are paying an additional [\$99,999.99] or [##.##%] per year, or a total annualized premium of [\$99,999.99].

For a Monthly Premium Term under a List-Bill arrangement:

You will pay [\$99,999.99] every month. This means You are paying an additional [\$99,999.99] or [##.##%] per year, or a total annualized premium of [\$99,999.99].

For a Monthly Premium Term utilizing Guard-O-Matic:

You will pay [\$99,999.99] every month. There is no additional charge for paying Your 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 the Expiration Date. However, if You elect to change Coverage or the Premium Term, Your premium may change.

An increase, decrease or change in Coverage may result in a change in premium, and a new Schedule Page will be provided to You.

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This Schedule Page replaces any previously issued Schedule Page.

Schedule Page [1a/1b/1c/1d]

Insured: [ABCDEFGHIJKLMNQRSTUWXYZ123456789] Policy Number: [Z1234567]  
 Owner: [ABCDEFGHIJKLMNQRSTUWXYZ123456789] Policy Date: [##/##/####]  
 Loss Payee: [ABCDEFGHIJKLMNQRSTUWXYZ123456789]

Disability Income Insurance Policy Coverage Summary

Issue Age	Monthly Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
[##]	[\$99,999]	[###] days	[###] days	To Age 67	[##/##/####]	[99,999.99]

Return-To-Work Incentive Period: [1 year/0]

[Additional Monthly Benefit Rider Coverage Summary]

Issue Age	Monthly Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	90 days	210 days	To Age 67	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	180 days	360 days	To Age 65	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	360 days	540 days	5 Years	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	720 days	900 days	2 Years	[##/##/####]	[\$99,999.99]

Return-To-Work Incentive Period: [1 year/0]

[Preliminary Term Summary]

[Preliminary Term Effective Date: [##/##/####]  
 [Preliminary Term Expiration Date: [##/##/####]  
 [Preliminary Term Premium: [\$99,999.99]

[Catastrophic Disability Benefit Rider Coverage Summary]

Issue Age	Catastrophic Disability Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]

[Retirement Protection Plus Disability Benefit Rider Coverage Summary]

Issue Age	RPP Monthly Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]
[##]	[\$99,999]	[###] days	[###] days	[XXXXXXXXXX]	[##/##/####]	[\$99,999.99]

This Schedule Page replaces any previously issued Schedule Page.

Schedule Page [1a/1b/1c/1d]

Insured: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789] Policy Number: [Z1234567]  
Owner: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789] Policy Date: [##/##/####]  
Loss Payee: [ABCDEFGHIJKLMNPOQRSTUVWXYZ123456789]

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About Your Benefit Period

The Benefit Period for the Policy meets the federal guidelines for nondiscrimination in employment because of age.

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is [limited to 24 months during Your lifetime. We will never pay more than 24 months of benefits during Your lifetime for a Disability due to a Mental and/or Substance-Related Disorder, except while You are continuously confined in a Hospital for treatment of such Disability and You are under the regular care of a Physician. Under no circumstance will We pay benefits for any Disability due to a Mental and/or Substance-Related Disorder that We have excluded by name or specific description] [the same as the Benefit Period. Under no circumstance will We pay benefits for any Disability due to a Mental and/or Substance-Related Disorder that We have excluded by name or specific description.]

For a [To Age 67/To Age 65/5 Year/2 Year] Benefit Period:

<u>If Disability begins</u>	<u>The Benefit Period is</u>
[XX]	[XX]
At or after age 75	12 months

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This Schedule Page replaces any previously issued Schedule Page.

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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 You have questions about the Policy,  
You may call Berkshire Life Insurance Company of America at 1-800-819-2468.

## DEFINITIONS

### **Accumulation Period**

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

### **Age**

References to a specific age – such as age 65 – mean Your age as of the Policy Anniversary that first occurs on or after the birthday on which You attain that age.

### **Any Occupation**

Any Occupation means any occupation for which You are or become reasonably suited by Your education, training or experience.

### **Benefit Period**

The Benefit Period is shown in the Schedule Page. It is the longest period of time for which We will pay benefits for a continuous Disability from the same cause.

### **Class of Risk**

The Class of Risk is shown in the Schedule Page.

### **Coverage**

Coverage means the benefits available under the Policy.

### **Disability or Disabled**

Disability means Total Disability or Residual Disability. Disabled means Totally Disabled or Residually Disabled.

### **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 Disabled. You must be Disabled from the same cause or a 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.

### **Expiration Date**

The Expiration Date is shown in the Schedule Page. Expiration Date means the date on which Coverage ends, if the Policy has not previously terminated.

### **Full Time**

Full Time means at least 30 hours each week.

### **Gainfully Employed or Gainful Employment**

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

### **Hospital**

Hospital means a facility or institution legally operating as a hospital that:

- is mainly engaged in providing inpatient care and treatment of sick or injured persons, and routinely makes a charge for such care; and
- is supervised by a staff of physicians on the premises; and
- provides 24-hour nursing services on the premises by registered graduate nurses.

In no event will Hospital include any institution or facility that is:

- operated as a rest home, a convalescent facility, or a long-term nursing care facility; or
- mainly for the care of the aged, or which primarily affords custodial or educational care.

### **Income**

Income means the compensation that You receive, or which is attributable to You, for work or personal services, after Business Expenses, but before any other deductions. Income includes salaries, wages, fees, commissions, bonuses, pension and profit sharing contributions, other payments for Your personal services, and other compensation or income earned by You or attributable to You by a business in which You have an ownership interest. Income does not include any form of Unearned Income as long as the Unearned Income is not the result of work or personal services You provide. With respect to other compensation or income earned by You or attributable to You by a business in which You have an ownership interest, this amount is determined after deduction of normal and customary unreimbursable Business Expenses but before deduction of any of Your personal income taxes.

**Unearned Income** includes income from dividends, capital gains, interest (including tax-exempt interest), rentals, royalties, alimony, investments, business interests as an inactive owner, and income received from deferred compensation plans, formal sick pay plans, retirement plans or disability income policies.

**Prior Income** means Your average monthly Income for either the last 24 calendar months just prior to the date on which You became Disabled, or for the two calendar years with the highest earnings in the three calendar years just prior to the date on which You became Disabled, whichever is greater.

**Current Income** means all Income, as defined above, for each month during a period of Disability. We will not include Income received for services rendered prior to the start of Disability in Your Current Income. For the purpose of determining Current Income, Business Expenses may not exceed Prior Business Expenses.

**Business Expenses** means the regular business expenses which may be deducted from gross earned income for federal tax purposes for the period Income is being determined.

**Prior Business Expenses** means Your average monthly Business Expenses for the same period in which Your Prior Income is determined.

**Loss of Income** means the difference between Your Prior Income and Your Current Income. This difference will be considered a Loss of Income to the extent it is solely the result of the Injury or Sickness that caused Your Disability.

### **Injury**

Injury means accidental bodily injury that first occurs on or after the Effective Date and while the Policy is in force, and that is not contributed to by Sickness.

### **Issue Age**

Issue Age is shown in the Schedule Page. It is Your Age on the Policy Date.

### **Loss Payee**

The Loss Payee is named in the Schedule Page. We will pay benefits for which We are liable to the Loss Payee.

### **Maximum Benefit Period for Mental and/or Substance-Related Disorders**

Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page. It is the longest period of time, during the duration of the Policy, for which We will pay benefits for loss contributed to or caused by Mental and/or Substance-Related Disorders.

### **Mental and/or Substance-Related Disorders**

Mental and/or Substance-Related Disorders means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This includes but is not limited to, psychiatric, psychological, emotional, or behavioral disorders, or disorders related to stress or to substance abuse or dependency, or any biological or biochemical disorder or imbalance of the brain regardless of the cause, including any complications thereof. This

does not include dementia or cognitive impairment resulting from stroke, physical trauma, infections, or a form of senility or irreversible dementia such as Alzheimer's Disease.

**Diagnostic and Statistical Manual of Mental Disorders or DSM** means the most recent version of the diagnostic manual as published by the American Psychiatric Association (APA) as of the start of Your Disability. If the DSM is discontinued, We will use the replacement chosen by the APA, or by an organization which succeeds it.

**Monthly Indemnity**

Monthly Indemnity is shown in the Schedule Page. It is the amount We will pay for each month of Total Disability.

**Occupation Class**

The Occupation Class is shown in the Schedule Page.

**Owner**

Owner is shown in the Schedule Page. You are the Owner unless some other person or entity is named in the Schedule Page. The Owner has the right to renew the Policy, to request a change in Coverage, to change the Loss Payee, and to make other Policy changes.

**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 Disability. A Physician cannot be You or anyone related to You by blood or marriage, a member of Your household, Your business or professional partner or employer, or any person who has a financial affiliation or business interest with You. If Your Disability is due to a Mental and/or Substance-Related Disorder, the Physician must be a licensed psychiatrist or a licensed doctoral-level psychologist.

**Policy**

Policy means the legal contract between You and Us. The entire contract consists of the 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.

**Pre-existing Condition**

Pre-existing Condition means a physical or mental condition:

- that was misrepresented or not disclosed in Your 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.

**Preliminary Term**

Preliminary Term, if shown in the Schedule Page, means the period of time for which the Policy is in force prior to the Policy Date. If applicable, the Preliminary Term premium is shown in the Schedule Page.

**Premium Term**

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

**Residual Disability or Residually Disabled**

Residual Disability or Residually Disabled means that You are Gainfully Employed and You are not Totally Disabled, but solely due to Injury or Sickness:

- You experience a Loss of Income that is at least 20% of Your Prior Income; and either
- You are able to perform one or more, but not all, of the material and substantial duties of Your Occupation; or
- You are able to perform all of the material and substantial duties of Your Occupation but not for the length of time they normally require.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

**Return-to-Work Incentive Period**

Return-to-Work Incentive Period is shown in the Schedule Page. It is the longest period of time for which We will pay the Return-to-Work Incentive Benefit for a Residual Disability in the same claim. The Return-to-Work Incentive Period begins on the first day of Residual Disability following the satisfaction of the Elimination Period.

**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 is a period of time during which the Policy will not be in force. We will neither accept 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. 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**

Until We have paid benefits for two years in the same claim, 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. Thereafter, 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 Any Occupation.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

**We, Us, Our and Berkshire Life**

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

**You and Your**

You and Your mean the person named as the insured in the Schedule Page of the Policy.

**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 Disabled.

**PROVISIONS RELATING TO BENEFITS**

**Total Disability Benefit**

When You are Totally Disabled, We will pay the Monthly Indemnity as follows:

- You must become Totally Disabled while the Policy is in force.
- You must satisfy the Elimination Period.
- After You have satisfied the Elimination Period, Monthly Indemnity will be payable at the end of each month while You remain Totally Disabled.
- Monthly Indemnity will stop at the end of the Benefit Period or, if earlier, on the date You are no longer Totally Disabled.

We will not increase the Monthly Indemnity because You are Totally Disabled from more than one cause at the same time.

### **Medical Care Requirement**

We will not pay benefits nor waive premium under the Policy for any period of Disability during which You are not under the regular medical care of a Physician. 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 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.

### **Return-to-Work Incentive Benefit**

During the Return-to-Work Incentive Period, You may become eligible for the Return-to-Work Incentive Benefit. In order to become eligible for the Return-to-Work Incentive Benefit, You must be Residually Disabled.

The Return-to-Work Incentive Benefit will be payable monthly and will be equal to Your Loss of Income. In no event will the Return-to-Work Incentive Benefit exceed Your Monthly Indemnity.

When You are Residually Disabled, We will pay the Return-to-Work Incentive Benefit as follows:

- You must become Residually Disabled while the Policy is in force.
- You must satisfy the Elimination Period.
- After You have satisfied the Elimination Period, the Return-to-Work Incentive Benefit will be payable at the end of each month while You remain Residually Disabled.
- The Return-to-Work Incentive Benefit will stop on the date You are no longer Residually Disabled, or at the end of the Return-to-Work Incentive Period, whichever occurs first,

We will not increase the Return-to-Work Incentive Benefit because You are Residually Disabled from more than one cause at the same time.

### **Presumptive Total Disability Benefit**

We will always consider You to be Totally Disabled even if You are Gainfully Employed, if, while the Policy is in force, You sustain an Injury or Sickness that results in Your total, complete and irrecoverable loss of:

- sight in both eyes;
- hearing in both ears;
- speech; or
- use of both hands, both feet, or one hand and one foot, in their entirety.

If Your Injury or Sickness results from one of these specific losses and occurs while the Policy is in force, We will waive the unexpired portion of the Elimination Period and benefits will start to accrue from the date of such loss. Monthly Indemnity will be paid for as long as Your Total Disability continues, but not longer than the Benefit Period.

### **Fractional Month**

We will pay 1/30 of the monthly benefit payable under the Policy for each day for which We are liable when You are Disabled for less than a full month.

### **Recurrent Disability**

If, after the end of a period of Disability, You become Disabled again, the later period of Disability will be deemed a continuation of the previous Disability, if:

- You have returned to Full Time Gainful Employment for a period of less than 12 months after the previous Disability ends; and

- the Disability results entirely or in part from the same cause or causes as the previous Disability; and
- We paid benefits under the Policy for the previous Disability.

If the Disability is determined to be a continuation of the previous Disability, Your prior claim for Disability will resume and no new Elimination Period will be required. You must satisfy all terms and conditions set forth in the Policy.

If the Disability is determined not to be a continuation of the previous Disability, then the current period of Disability will be considered a new and separate Disability.

### **Concurrent Disability**

We will pay benefits for a concurrent Disability as if there were only one Injury or Sickness. Once a period of Disability begins, We will consider it to be a continuous period of Disability no matter what Injury or Sickness, or combination thereof, caused the Disability or caused it to continue. In all cases, if You are Disabled from more than one cause, the amount and duration of benefits will not be more than the amount and duration for any one cause.

### **Separate Periods of Disability**

If You continue to be Disabled after the Benefit Period ends, You will not be eligible for a new Benefit Period unless:

- the previous Disability ends; and
- You return to Full Time Gainful Employment; and
- the Policy remains in force; and
- You have satisfied all other terms and conditions of the Policy.

### **Waiver of Premium Benefit**

If You are Disabled for the length of the Elimination Period due to Injury or Sickness not excluded from Coverage:

- We will refund that portion of any premium paid which applies to the period of Disability beyond the date that You were first Disabled in the same claim.
- We will then waive any later premiums that are due while You are continuously Disabled in the same claim and receiving benefits for the Disability.

On each waiver, We will renew the Policy for another Premium Term of the same length as that in effect when the claim began. When You are no longer Disabled, the pro rata portion of the premium for the remainder of the current Premium Term, and all premiums that fall due thereafter, must be paid in order to keep the Policy in force.

The Waiver of Premium Benefit will also apply if benefits are payable because You have met the requirements of the Recurrent Disability provision.

Nothing in this provision will change the conditions for renewal after the Expiration Date that require You to be Gainfully Employed Full Time for at least ten months each year.

## **OCCUPATIONAL REHABILITATION, MODIFICATION AND ACCESS BENEFITS**

### **Occupational Rehabilitation Benefit**

If You are Disabled, You may be eligible for an Occupational Rehabilitation Benefit. If You and 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, as agreed to, 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 Disability, and benefits will continue as provided in the Policy.

### **Modification and Access Benefit**

If You are Disabled, 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 You for the cost that You incur 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.

## **PROVISIONS RELATING TO SUSPENSION**

### **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 will be 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, You 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 the Policy 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, You and We will have the same rights under the Policy as before it was suspended.

### **Suspension During Unemployment**

After the Policy has been in force for at least one year from the Effective Date, You may suspend the Policy if You:

- become unemployed; and
- receive eight weeks of governmental unemployment benefits.

The Suspension Period will begin on the date when We receive:

- Your written request to suspend the Policy; and
- Your certification that You are unemployed; and
- proof that You have received eight weeks of governmental unemployment benefits.

We will refund the pro rata portion of any premium paid for a period of time beyond the date that the Suspension Period begins. Premiums must be paid to the date on which the Suspension Period begins.

After the end of a Suspension Period, the Policy may not be suspended again by reason of unemployment until

48 months have elapsed from the end of that Suspension Period.

The Suspension Period will end at the earlier of:

- the date We receive Your written request to end the Suspension Period, subject to evidence that You are Gainfully Employed; or
- 12 months after the date on which the Suspension Period begins.

The Policy will be placed back in force when We receive the required pro rata premium until the next Premium Term. Such premium payment must be received by Us within 90 days after the Suspension Period 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.

After the end of the Suspension Period, premiums will be at the same rate that they would have been had the Policy remained in force. 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 the Suspension Period or Sickness that first manifests itself more than ten days after the end of the Suspension Period. In all other respects, You and We will have the same rights under the Policy as before it was suspended.

You do not have to provide evidence of medical insurability in order to end the Suspension Period.

If the Expiration Date occurs during a Suspension Period, the Policy will terminate.

### **INCREASE OPTION AFTER LEAVING YOUR EMPLOYER**

In the event You leave Your Employer, You have 90 days from the date of termination from Your Employer to apply for additional disability insurance under this provision. Your application for disability insurance will be underwritten based on Our underwriting rules then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to You, to determine the total amount of allowable Maximum Benefit, if any.

Your Employer means the business or entity, or its successor, for whom You were Gainfully Employed on the Effective Date of the Policy.

Maximum Benefit means the total amount of disability insurance that You may be eligible for from Us without evidence of medical insurability on the date of termination from Your Employer.

You will not have to provide evidence of medical insurability, but evidence of Your Occupation, Income, and all other disability insurance with any insurer that is in force, which you have applied for, or for which you are eligible, will have to be provided.

You are only eligible to apply for additional disability insurance under this provision once during Your lifetime. If You have other disability insurance with Us that provides a similar provision when you leave Your Employer, We will only provide one such increase during Your lifetime. If You leave Your Employer and choose not to apply for additional disability insurance under this provision, You forfeit Your ability to apply at a later date under this provision. You may not apply for additional disability insurance under this provision while You are Disabled.

The premium for the additional disability insurance will be at Our rates then in effect for persons of Your age, occupation class, and class of risk.

The additional disability insurance may either be added to the Policy in the form of an Additional Monthly Benefit Rider or will 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.

## EXCLUSIONS AND LIMITATIONS

### Exclusions

We will not pay benefits for any Disability:

- caused by, contributed to by, 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 by, 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 by, or which results from, Your being engaged in an illegal occupation;
- caused by, contributed to by, or which results from, the suspension, revocation or surrender of Your professional or occupational license or certification;
- caused by, contributed to by, or which results from, an intentionally self-inflicted Injury; or
- due to any loss We have excluded by name or specific description.

### Limitation While Outside the United States or Canada

Benefits for Disability will be limited to a total of twelve months during Your lifetime while You reside outside of the United States or Canada.

### 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.

### Mental and/or Substance-Related Disorders Limitation

Benefits for any Disability due to a Mental and/or Substance-Related Disorder will be paid for a period not longer than the Maximum Benefit Period for Mental and/or Substance-Related Disorders.

After the Maximum Benefit Period for Mental and/or Substance-Related Disorders, and subject to the Policy provisions, We will only pay benefits while You are continuously confined in a Hospital for treatment of a Disability due to a Mental and/or Substance-Related Disorder, and You are under the regular medical care of a Physician.

Under no circumstance will We pay benefits for any Disability due to a Mental and/or Substance-Related Disorder that We have excluded by name or specific description.

## PROVISIONS RELATING TO CLAIMS

### Notice of Claim

You must give Us written Notice of Claim 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, 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 You such forms within 15 days after receiving written Notice of Claim, You may submit a written statement 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

You must provide Us with 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 benefits. 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, medical records, employment records, business records, evidence of Your Prior and Current Income, financial records, and any other information necessary for Us to evaluate Your claim.

If You cannot give Us written Proof of Loss within the prescribed time, We will not deny or reduce Your claim if You give Us written Proof of Loss as soon as reasonably possible. Under no circumstance will We pay benefits if

written Proof of Loss is delayed for more than one year, unless You have lacked legal capacity.

### **Time of Payment of Claims**

Subject to satisfactory 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 Disability and other specified losses for which We are liable. Benefits will be payable at the end of each month after the period of liability has occurred while You are Disabled. Any amounts unpaid when Our liability ends will be paid promptly after We receive satisfactory written Proof of Loss.

### **Payment of Claims**

You must satisfy all terms and conditions of the Policy 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 Loss Payee.

Coverage terminates upon Your death. Any accrued benefits unpaid at Your death will be paid to Your estate.

If any benefit of the Policy becomes payable to a person not competent to give a release, We may pay such benefit, up to \$1,000, to one of Your relatives by blood or marriage 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.

### **Examinations**

We have the right to have You examined at Our expense and as often as We may reasonably require to determine Your 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, You must provide appropriate documentation.

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 analysis of business, financial and operational records for any business in which You have or may have an ownership interest. We can require that Your accounting practices be the same as those which were in effect at the time You first became Disabled.

### **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 You are claiming benefits.

## **PROVISIONS RELATING TO PREMIUM AND RENEWAL**

### **Premium**

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

### **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 Premium Term may be changed, 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 proper written request at Our home office before the premium due date.

**Renewal After the Expiration Date**

After the Expiration Date, You may renew the Policy at the end of each Premium Term as long as You are not Disabled and You are Gainfully Employed Full Time for at least ten months each year and the premium is paid on time. If You renew the Policy after the Expiration Date, We will issue a new Schedule Page at that time.

After the Expiration Date, We can require satisfactory written proof that You have continued to be Gainfully Employed Full Time for at least ten months each year.

The Policy must be in force in order for You to renew the Policy after the Expiration Date.

The only Coverage that will continue after the Expiration Date is for a Total Disability Benefit. All other Coverage in force on the Expiration Date will terminate on the Expiration Date, unless otherwise stated. The Benefit Period after the Expiration Date is shown in the Schedule Page.

After the Expiration Date, the premium will be at Our rates then in effect for persons of Your Age, Class of Risk, Occupation Class, and any special class rating that applies to the Policy. We have the right to change such premiums on a class basis on any Policy Anniversary.

Any premium paid after the Expiration Date for a period not covered by the Policy will be refunded.

**Reinstatement**

If the Policy has lapsed at the end of the Grace Period, You 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 satisfactory evidence of insurability to reinstate the Policy. If We approve Your application, the Policy will be placed back in force on the date of such approval. If We have not approved or refused Your 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 first manifests itself more than ten days after such date. In all other respects, You 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 Your application and payment of the first premium. A copy of Your 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 You have 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 You have Preliminary Term, the Policy takes effect at 12:01 a.m. on the Preliminary Term Effective Date. All of Your 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 the statements, except fraudulent statements, contained in the application 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, 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. 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, 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 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; or
- the premium for the Policy remains unpaid for more than 90 days after the end of a Suspension Period notwithstanding the Grace Period; or
- the date of Your written request to terminate the Policy; or
- the Expiration Date, if You are not Gainfully Employed Full Time for at least ten months each year; or
- the end of the first Premium Term after the Expiration Date, when You are no longer Gainfully Employed Full Time for at least ten months each year; or
- Your death.

Termination will not affect any claim for Disability:

- which begins while the Policy is in force; or
- which begins within 31 days after the termination of the Policy as the result of an Injury that occurred while the Policy was 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.

**Assignment**

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.

**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.

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

### **ADDITIONAL MONTHLY BENEFIT RIDER**

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

The Policy is amended by adding or changing the following provisions:

#### **PROVISION RELATING TO ADDITIONAL MONTHLY BENEFIT**

This rider provides an additional Monthly Indemnity. The Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date, Return-to-Work Incentive Period, and the annual premium for this rider are shown in the Schedule Page.

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

During a period of Disability, the premium for this rider will be waived if premiums are then being waived for the Policy to which this rider is attached.

**Berkshire Life Insurance Company of America**



Secretary

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

## **EXTENDED OWN OCCUPATION RIDER**

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

The Policy is amended by changing the following definition:

### **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.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

**Berkshire Life Insurance Company of America**



Secretary

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

## **TRUE OWN OCCUPATION RIDER**

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

The Policy is amended by changing the following definitions:

### **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. You will be Totally Disabled even if You are Gainfully Employed in some other capacity so long as You are not able to work in Your Occupation.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

**Berkshire Life Insurance Company of America**



Secretary

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

## **CATASTROPHIC DISABILITY BENEFIT RIDER**

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

The Policy is amended by adding or changing the following provisions:

### **DEFINITIONS**

#### **Accumulation Period**

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

#### **Activities of Daily Living**

Activities of Daily Living means Bathing, Dressing, Eating, Transferring, Toileting and Continence:

- **Bathing** means the ability to bathe, either in a tub or shower or by sponge bath, with or without adaptive devices, including the task of getting into or out of the tub or shower.
- **Dressing** means the ability to put on and take off all items of clothing, and any medically necessary braces, fasteners or other equipment or prosthetic devices You usually wear.
- **Eating** means the ability to get nourishment into Your body by any means, including intravenously or by a feeding tube.
- **Transferring** means the ability to move in and out of a chair or bed with or without equipment such as canes or quad canes, walkers, crutches, grab bars, or other support devices including mechanical or motorized devices.
- **Toileting** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Continence** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel and bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag.

#### **Catastrophic Disability or Catastrophically Disabled**

Catastrophic Disability or Catastrophically Disabled means that, due to Injury or Sickness, You are:

- unable to perform two or more of the Activities of Daily Living without Human Standby Assistance; or
- Cognitively Impaired.

#### **Catastrophic Disability Indemnity**

The Catastrophic Disability Indemnity is shown in the Schedule Page. It is the amount We will pay for each month of Catastrophic Disability.

#### **Cognitive Impairment or Cognitively Impaired**

Cognitive Impairment or Cognitively Impaired means You have suffered a severe deterioration or loss in Your cognitive capacity which requires Substantial Supervision to protect You or others from threats to health and safety.

**Substantial Supervision** means the continual supervision by another person that may include physical assistance, cueing by verbal prompting, gestures or other similar demonstrations.

The Cognitive Impairment must result from Injury, Sickness, Alzheimer's Disease, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in:

- Short- or long-term memory;
- Your orientation as to person (such as who You are), place (such as Your location) and time (such as day, date and year); and
- deductive or abstract reasoning.

### **Disability or Disabled**

Disability or Disabled is amended to include Catastrophic Disability or Catastrophically Disabled.

### **Elimination Period**

The Elimination Period for this rider 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 Catastrophically Disabled. You must be Catastrophically Disabled from the same cause or a 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.

### **Human Standby Assistance**

Human Standby Assistance means the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You in the performance of an Activity of Daily Living or to provide cueing by verbal prompting to assist You in the performance of an Activity of Daily Living.

## **PROVISIONS RELATING TO CATASTROPHIC DISABILITY BENEFIT**

### **Catastrophic Disability Benefit**

When You are Catastrophically Disabled, We will pay the Catastrophic Disability Indemnity as follows:

- You must become Catastrophically Disabled while the Policy is in force.
- You must satisfy the Elimination Period for this rider.
- After You have satisfied the Elimination Period for this rider, the Catastrophic Disability Indemnity will be payable at the end of each month while You remain Catastrophically Disabled.
- The Catastrophic Disability Indemnity will stop at the end of the Benefit Period or, if earlier, on the date You are no longer Catastrophically Disabled.

We will not increase the Catastrophic Disability Indemnity because You are Catastrophically Disabled from more than one cause at the same time.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

## TERMINATION

### Termination of Catastrophic Disability Benefit

The Catastrophic Disability Indemnity will no longer be payable on the date that the first of the following events occurs:

- You are no longer Catastrophically Disabled; or
- the Benefit Period ends; or
- this rider terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to read "S. O. R.", followed by a long horizontal flourish.

Secretary

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

## **COST OF LIVING ADJUSTMENT RIDER**

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

The Policy is amended by adding or changing the following provisions:

### **DEFINITIONS**

#### **Cost of Living Adjustment Factor**

Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.000.

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Incremental Monthly Indemnity**

Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

#### **Maximum Increase Percent**

Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is shown in the Schedule Page.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT**

#### **Cost of Living Adjustment**

On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjusted Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the Monthly Indemnity as shown in the Schedule Page.

### **Termination of Cost of Living Adjustment**

We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- You are no longer Disabled; or
- the Benefit Period ends; or
- this rider terminates.

When Your claim ends, the Monthly Indemnity will revert to the amount shown in the Schedule Page.

### **Cost of Living Adjustment of Catastrophic Disability Indemnity**

If a Catastrophic Disability Benefit Rider is a part of the Policy, We will adjust the Catastrophic Disability Indemnity on each Catastrophic Review Date.

The Catastrophic Review Date is the recurrence each year of the date on which You were first Catastrophically Disabled in the same claim.

On each Catastrophic Review Date, We will determine the adjusted Catastrophic Disability Indemnity for the next 12 months by multiplying the Catastrophic Disability Indemnity by the Cost of Living Adjustment Factor.

Any adjustment to the Catastrophic Disability Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjusted Catastrophic Disability Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the Catastrophic Disability Indemnity shown in the Schedule Page.

The adjusted Catastrophic Disability Indemnity may not exceed two times the Catastrophic Disability Indemnity shown in the Schedule Page.

### **Termination of Cost of Living Adjustment of Catastrophic Disability Indemnity**

We will adjust the Catastrophic Disability Indemnity on each Catastrophic Review Date until the first of the following events occurs:

- You are no longer Catastrophically Disabled; or
- the adjusted Catastrophic Disability Indemnity exceeds two times the Catastrophic Disability Indemnity shown in the Schedule Page; or
- the Benefit Period ends; or
- the Catastrophic Disability Benefit Rider terminates; or
- this rider terminates.

When Your claim ends, the Catastrophic Disability Indemnity will revert to the amount shown in the Schedule Page.

### **OPTION TO PURCHASE THE INCREMENTAL MONTHLY INDEMNITY**

If You are no longer Disabled and You become Gainfully Employed Full Time, You have the option to purchase the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- You have not attained Age 60; and
- the Incremental Monthly Indemnity is at least \$200; and
- within 90 days after Your Disability ends, You make written application to Us on a form that We will furnish You upon request. On this form, You must provide evidence that You are Gainfully Employed Full Time. Other evidence of insurability will not be required.

If You do not exercise the option to purchase the Incremental Monthly Indemnity within 90 days after Your Disability ends, this option expires.

The premium for any Incremental Monthly Indemnity purchased will be calculated based upon:

- Your Age on the date You exercise this option; and
- the Class of Risk, Occupation Class, Benefit Period, and Elimination Period of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any riders attached to the Policy that are applicable to Monthly Indemnity; and
- any other factors used in determining premium.

Any Incremental Monthly Indemnity purchased will either be added to the Policy in the form of an Additional Monthly Benefit Rider or will be issued on a separate policy form that is most like the Policy then in use in the place where You live.

In no event will You have the option to purchase the adjusted Catastrophic Disability Indemnity if You are no longer Catastrophically Disabled.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

**Berkshire Life Insurance Company of America**



Secretary

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

## **BASIC RESIDUAL DISABILITY BENEFIT RIDER**

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

The Policy is amended by adding or changing the following provisions:

### **DEFINITIONS**

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement of it, as published by the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Residual Indemnity**

Residual Indemnity means the amount We will pay for each month of Residual Disability. It is a percentage of the Monthly Indemnity.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO RESIDUAL DISABILITY**

#### **Residual Disability Benefit**

If you continue to be Residually Disabled from the same or directly related cause or causes after the expiration of the Return-to-Work Incentive Period, we will pay a Residual Indemnity each month as follows:

- You must become Residually Disabled before the Expiration Date and while the Policy is in force.
- Residual Indemnity will be payable at the end of each month while You are Residually Disabled.

For each month benefits are payable under this rider, Residual Indemnity may never exceed Loss of Income, except as stated below.

#### **Payment of Residual Indemnity**

The Residual Indemnity payable will be a percentage of the Monthly Indemnity for the Policy. Residual Indemnity will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are Residually Disabled; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

If Your Loss of Income is more than 80% of Prior Income, We will deem Your Loss of Income to be 100%. Your Loss of Income may never exceed 100% of Your Prior Income.

We will not increase the Residual Indemnity because You are Disabled from more than one cause at the same time.

**Adjustment of Prior Income and Prior Business Expenses**

On the Review Date while benefits are payable under this rider, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Prior Income and Prior Business Expenses by multiplying each by the actual percentage change in the CPI-U between the Current Index Month and the Original Index Month. The adjusted Prior Income and adjusted Prior Business Expenses will apply to the 12-month period that follows the Review Date and will be used to determine Your Loss of Income.

The adjustment to Prior Income and Prior Business Expenses may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. We will make no change that would reduce Prior Income or Prior Business Expenses below what they were at the start of claim.

We will adjust the Prior Income and Prior Business Expenses on each Review Date until the first of the following events occurs:

- the Benefit Period ends; or
- this rider terminates.

**Recovery Benefit**

We will pay You a lump sum Recovery Benefit if:

- within 18 months after You have satisfied the Elimination Period, You are no longer Disabled; and
- You are Gainfully Employed Full Time.

The Recovery Benefit is equal to two times the cumulative benefits You have been paid for Total Disability and Residual Disability, including Return-To-Work Incentive Benefits, divided by the number of months that benefits were paid.

You are eligible for only one Recovery Benefit for each continuous period of Disability in the same claim. Refer to the Recurrent Disability provision of the Policy.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date of the Policy.

**TERMINATION****Termination of Residual Indemnity**

The Residual Indemnity will no longer be payable on the date that the first of the following events occurs:

- Your Loss of Income is no longer solely due to the Injury or Sickness that caused Your Residual Disability; or
- You are no longer Residually Disabled; or
- the Benefit Period ends; or
- You become Totally Disabled; or
- this rider terminates.

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## **ENHANCED RESIDUAL DISABILITY BENEFIT RIDER**

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

The Policy is amended by adding or changing the following provisions:

### **DEFINITIONS**

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement of it, as published by the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Residual Indemnity**

Residual Indemnity means the amount We will pay for each month of Residual Disability. It is a percentage of the Monthly Indemnity.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO RESIDUAL DISABILITY**

#### **Residual Disability Benefit**

If you continue to be Residually Disabled from the same or directly related cause or causes after the expiration of the Return-to-Work Incentive Period, we will pay a Residual Indemnity each month as follows:

- You must become Residually Disabled before the Expiration Date and while the Policy is in force.
- Residual Indemnity will be payable at the end of each month while You are Residually Disabled.

For each month benefits are payable under this rider, Residual Indemnity may never exceed Loss of Income, except as stated below.

#### **Payment of Residual Indemnity**

The Residual Indemnity payable will be a percentage of the Monthly Indemnity for the Policy. Residual Indemnity will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are Residually Disabled; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

If Your Loss of Income is more than 75% of Prior Income, We will deem Your Loss of Income to be 100%. Your Loss of Income may never exceed 100% of Your Prior Income.

We will not increase the Residual Indemnity because You are Disabled from more than one cause at the same time.

### **Adjustment of Prior Income and Prior Business Expenses**

On the Review Date while benefits are payable under this rider, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Prior Income and Prior Business Expenses by multiplying each by the actual percentage change in the CPI-U between the Current Index Month and the Original Index Month. The adjusted Prior Income and adjusted Prior Business Expenses will apply to the 12-month period that follows the Review Date and will be used to determine Your Loss of Income.

The adjustment to Prior Income and Prior Business Expenses may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. We will make no change that would reduce Prior Income or Prior Business Expenses below what they were at the start of claim.

We will adjust the Prior Income and Prior Business Expenses on each Review Date until the first of the following events occurs:

- the Benefit Period ends; or
- this rider terminates.

### **Recovery Benefit**

We will pay You a Recovery Benefit if:

- You are no longer Disabled; and
- You are Gainfully Employed Full Time in Your Occupation; and
- Your Loss of Income is at least 20% of Your Prior Income; and
- Your Loss of Income is solely due to the Injury or Sickness that caused Your Disability.

The Recovery Benefit payable will be a percentage of the Monthly Indemnity for the Policy. The Recovery Benefit will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are claiming a Recovery Benefit; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date of the Policy.

## **TERMINATION**

### **Termination of Residual Indemnity**

The Residual Indemnity will no longer be payable on the date that the first of the following events occurs:

- Your Loss of Income is no longer solely due to the Injury or Sickness that caused Your Residual Disability; or
- You are no longer Residually Disabled; or
- the Benefit Period ends; or
- You become Totally Disabled; or
- this rider terminates.

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## **RETIREMENT PROTECTION PLUS (RPP) DISABILITY BENEFIT RIDER**

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

The Policy is amended by adding or changing the following provisions:

### **DEFINITIONS**

#### **RPP Monthly Indemnity**

RPP Monthly Indemnity is shown in the Schedule Page. It is the amount We will pay to the Trust for each month You are Totally Disabled and not Gainfully Employed.

#### **Trust**

Trust means the irrevocable trust account established by You into which the RPP Monthly Indemnity will be paid.

#### **Trustee**

The Trustee is responsible for the administration of the Trust. If a successor Trustee is required, one will be named by Us.

### **PROVISIONS RELATING TO THE RPP BENEFIT**

This rider provides an RPP Benefit if You are Totally Disabled and not Gainfully Employed. The Elimination Period, Accumulation Period, Benefit Period, Expiration Date, and the annual premium for this rider are shown in the Schedule Page.

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

During a period of Disability, the premium for this rider will be waived if premiums are then being waived for the Policy to which this rider is attached.

#### **RPP Benefit**

When You are Totally Disabled and not Gainfully Employed, We will pay the RPP Monthly Indemnity as follows:

- You must become Totally Disabled while the Policy and this rider are in force.
- You have executed any documents that may be necessary to establish the Trust and to facilitate payment of the RPP Monthly Indemnity.
- You must satisfy the Elimination Period of this rider.
- After You have satisfied the Elimination Period of this rider, RPP Monthly Indemnity will be payable at the end of each month while You are Totally Disabled and not Gainfully Employed.
- The RPP Monthly Indemnity is paid to the Trust established for this purpose.

We will not increase the RPP Monthly Indemnity because You are Totally Disabled from more than one cause at the same time.

#### **Distribution of Trust Assets**

Trust Assets will be distributed in accordance with the terms of the Trust.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after Age 65.

**TERMINATION****Termination of the RPP Benefit**

The RPP Monthly Indemnity of this rider will no longer be payable on the date that the first of the following events occurs:

- You are no longer Totally Disabled; or
- You become Gainfully Employed; or
- the Benefit Period of this rider ends; or
- You attain Age 65; or
- this rider terminates.

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## **ADDITIONAL MONTHLY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO ADDITIONAL MONTHLY BENEFIT**

This rider provides an additional Monthly Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Monthly Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Monthly Indemnity.

#### **Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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

### Termination of this Rider

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

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

## **ADDITIONAL MONTHLY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following definition:

### **DEFINITIONS**

#### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition:

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

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO ADDITIONAL MONTHLY BENEFIT**

This rider provides an additional Monthly Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Monthly Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Monthly Indemnity.

**Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Pre-existing Condition Limitation**

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

**TERMINATION****Termination of this Rider**

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

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## **CATASTROPHIC DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date:

### **DEFINITIONS**

#### **Accumulation Period**

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

#### **Activities of Daily Living**

Activities of Daily Living means Bathing, Dressing, Eating, Transferring, Toileting and Continence:

- **Bathing** means the ability to bathe, either in a tub or shower or by sponge bath, with or without adaptive devices, including the task of getting into or out of the tub or shower.
- **Dressing** means the ability to put on and take off all items of clothing, and any medically necessary braces, fasteners or other equipment or prosthetic devices You usually wear.
- **Eating** means the ability to get nourishment into Your body by any means, including intravenously or by a feeding tube.
- **Transferring** means the ability to move in and out of a chair or bed with or without equipment such as canes or quad canes, walkers, crutches, grab bars, or other support devices including mechanical or motorized devices.
- **Toileting** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Continence** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel and bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag.

#### **Catastrophic Disability or Catastrophically Disabled**

Catastrophic Disability or Catastrophically Disabled means that, due to Injury or Sickness, You are:

- unable to perform two or more of the Activities of Daily Living without Human Standby Assistance; or
- Cognitively Impaired.

#### **Catastrophic Disability Indemnity**

The Catastrophic Disability Indemnity is shown in the Schedule Page. It is the amount We will pay for each month of Catastrophic Disability.

### **Cognitive Impairment or Cognitively Impaired**

Cognitive Impairment or Cognitively Impaired means You have suffered a severe deterioration or loss in Your cognitive capacity which requires Substantial Supervision to protect You or others from threats to health and safety.

**Substantial Supervision** means the continual supervision by another person that may include physical assistance, cueing by verbal prompting, gestures, or other similar demonstrations.

The Cognitive Impairment must result from Injury, Sickness, Alzheimer's Disease, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in:

- short or long term memory;
- Your orientation as to person (such as who You are), place (such as Your location) and time (such as day, date and year); and
- deductive or abstract reasoning.

### **Disability or Disabled**

Disability or Disabled is amended to include Catastrophic Disability or Catastrophically Disabled.

### **Elimination Period**

The Elimination Period for this rider 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 Catastrophically Disabled. You must be Catastrophically Disabled from the same cause or a 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.

### **Human Standby Assistance**

Human Standby Assistance means the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You in the performance of an Activity of Daily Living or to provide cueing by verbal prompting to assist You in the performance of an Activity of Daily Living.

## **PROVISIONS RELATING TO CATASTROPHIC DISABILITY BENEFIT**

### **Catastrophic Disability Benefit**

When You are Catastrophically Disabled, We will pay the Catastrophic Disability Indemnity as follows:

- You must become Catastrophically Disabled while the Policy is in force.
- You must satisfy the Elimination Period for this rider.
- After You have satisfied the Elimination Period for this rider, the Catastrophic Disability Indemnity will be payable at the end of each month while You remain Catastrophically Disabled.
- The Catastrophic Disability Indemnity will stop at the end of the Benefit Period or, if earlier, on the date You are no longer Catastrophically Disabled.

We will not increase the Catastrophic Disability Indemnity because You are Catastrophically Disabled from more than one cause at the same time.

### **Incontestability**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

**TERMINATION****Termination of Catastrophic Disability Benefit**

The Catastrophic Disability Indemnity will no longer be payable on the date that the first of the following events occurs:

- You are no longer Catastrophically Disabled; or
- the Benefit Period ends; or
- this rider terminates.

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**700 South Street**  
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## **ADDITIONAL CATASTROPHIC DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO ADDITIONAL CATASTROPHIC DISABILITY BENEFIT**

This rider provides an additional Catastrophic Disability Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Catastrophic Disability Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Catastrophic Disability Indemnity.

#### **Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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

### Termination of this Rider

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. O. R.", written in a cursive style.

Secretary

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**Pittsfield, MA 01201**

## **ADDITIONAL CATASTROPHIC DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following definition:

### **DEFINITIONS**

#### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition:

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

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO ADDITIONAL CATASTROPHIC DISABILITY BENEFIT**

This rider provides an additional Catastrophic Disability Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Catastrophic Disability Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Catastrophic Disability Indemnity.

**Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Pre-existing Condition Limitation**

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

**TERMINATION****Termination of this Rider**

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

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## **COST OF LIVING ADJUSTMENT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date:

### **DEFINITIONS**

#### **Cost of Living Adjustment Factor**

Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.000.

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Incremental Monthly Indemnity**

Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

#### **Maximum Increase Percent**

Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is shown in the Schedule Page.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT**

#### **Cost of Living Adjustment**

On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjusted Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the Monthly Indemnity as shown in the Schedule Page.

### **Termination of Cost of Living Adjustment**

We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- You are no longer Disabled; or
- the Benefit Period ends; or
- this rider terminates.

When Your claim ends, the Monthly Indemnity will revert to the amount shown in the Schedule Page.

### **Cost of Living Adjustment of Catastrophic Disability Indemnity**

If a Catastrophic Disability Benefit Rider is a part of the Policy, We will adjust the Catastrophic Disability Indemnity on each Catastrophic Review Date.

The Catastrophic Review Date is the recurrence each year of the date on which You were first Catastrophically Disabled in the same claim.

On each Catastrophic Review Date, We will determine the adjusted Catastrophic Disability Indemnity for the next 12 months by multiplying the Catastrophic Disability Indemnity by the Cost of Living Adjustment Factor.

Any adjustment to the Catastrophic Disability Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjusted Catastrophic Disability Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the Catastrophic Disability Indemnity shown in the Schedule Page.

The adjusted Catastrophic Disability Indemnity may not exceed two times the Catastrophic Disability Indemnity shown in the Schedule Page.

### **Termination of Cost of Living Adjustment of Catastrophic Disability Indemnity**

We will adjust the Catastrophic Disability Indemnity on each Catastrophic Review Date until the first of the following events occurs:

- You are no longer Catastrophically Disabled; or
- the adjusted Catastrophic Disability Indemnity exceeds two times the Catastrophic Disability Indemnity shown in the Schedule Page; or
- the Benefit Period ends; or
- the Catastrophic Disability Benefit Rider terminates; or
- this rider terminates.

When Your claim ends, the Catastrophic Disability Indemnity will revert to the amount shown in the Schedule Page.

### **OPTION TO PURCHASE THE INCREMENTAL MONTHLY INDEMNITY**

If You are no longer Disabled and You become Gainfully Employed Full Time, You have the option to purchase the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- You have not attained Age 60; and
- the Incremental Monthly Indemnity is at least \$200; and
- within 90 days after Your Disability ends, You make written application to Us on a form that We will furnish You upon request. On this form, You must provide evidence that You are Gainfully Employed Full Time. Other evidence of insurability will not be required.

If You do not exercise the option to purchase the Incremental Monthly Indemnity within 90 days after Your Disability ends, this option expires.

The premium for any Incremental Monthly Indemnity purchased will be calculated based upon:

- Your Age on the date You exercise this option; and
- the Class of Risk, Occupation Class, Benefit Period, and Elimination Period of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any riders attached to the Policy that are applicable to Monthly Indemnity; and
- any other factors used in determining premium.

Any Incremental Monthly Indemnity purchased will either be added to the Policy in the form of an Additional Monthly Benefit Rider or will be issued on a separate policy form that is most like the Policy then in use in the place where You live.

In no event will You have the option to purchase the adjusted Catastrophic Disability Indemnity if You are no longer Catastrophically Disabled.

**Incontestability**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

**Berkshire Life Insurance Company of America**



Secretary

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

## **BASIC RESIDUAL DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date:

### **DEFINITIONS**

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement of it, as published by the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Residual Indemnity**

Residual Indemnity means the amount We will pay for each month of Residual Disability. It is a percentage of the Monthly Indemnity.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO RESIDUAL DISABILITY**

#### **Residual Disability Benefit**

If you continue to be Residually Disabled from the same or directly related cause or causes after the expiration of the Return-To-Work Incentive Period, we will pay a Residual Indemnity each month as follows:

- You must become Residually Disabled before the Expiration Date and while the Policy is in force.
- Residual Indemnity will be payable at the end of each month while You are Residually Disabled.

For each month benefits are payable under this rider, Residual Indemnity may never exceed Loss of Income, except as stated below.

#### **Payment of Residual Indemnity**

The Residual Indemnity payable will be a percentage of the Monthly Indemnity for the Policy. Residual Indemnity will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are Residually Disabled; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

If Your Loss of Income is more than 80% of Prior Income, We will deem Your Loss of Income to be 100%. Your Loss of Income may never exceed 100% of Your Prior Income.

We will not increase the Residual Indemnity because You are Disabled from more than one cause at the same time.

### **Adjustment of Prior Income and Prior Business Expenses**

On the Review Date while benefits are payable under this rider, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Prior Income and Prior Business Expenses by multiplying each by the actual percentage change in the CPI-U between the Current Index Month and the Original Index Month. The adjusted Prior Income and adjusted Prior Business Expenses will apply to the 12-month period that follows the Review Date and will be used to determine Your Loss of Income.

The adjustment to Prior Income and Prior Business Expenses may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. We will make no change that would reduce Prior Income or Prior Business Expenses below what they were at the start of claim.

We will adjust the Prior Income and Prior Business Expenses on each Review Date until the first of the following events occurs:

- the Benefit Period ends; or
- this rider terminates.

### **Recovery Benefit**

We will pay You a lump sum Recovery Benefit if:

- within 18 months after You have satisfied the Elimination Period, You are no longer Disabled; and
- You are Gainfully Employed Full Time.

The Recovery Benefit is equal to two times the cumulative benefits You have been paid for Total Disability and Residual Disability, including Return-To-Work Incentive Benefits, divided by the number of months that benefits were paid.

You are eligible for only one Recovery Benefit for each continuous period of Disability in the same claim. Refer to the Recurrent Disability provision of the Policy.

### **Incontestability**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date of the Policy.

## TERMINATION

### Termination of Residual Indemnity

The Residual Indemnity will no longer be payable on the date that the first of the following events occurs:

- Your Loss of Income is no longer solely due to the Injury or Sickness that caused Your Residual Disability; or
- You are no longer Residually Disabled; or
- the Benefit Period ends; or
- You become Totally Disabled; or
- this rider terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

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

## **ENHANCED RESIDUAL DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date:

### **DEFINITIONS**

#### **CPI-U**

CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement of it, as published by the United States Department of Labor.

#### **Current Index Month**

Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

#### **Original Index Month**

Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

#### **Residual Indemnity**

Residual Indemnity means the amount We will pay for each month of Residual Disability. It is a percentage of the Monthly Indemnity.

#### **Review Date**

Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

### **PROVISIONS RELATING TO RESIDUAL DISABILITY**

#### **Residual Disability Benefit**

If you continue to be Residually Disabled from the same or directly related cause or causes after the expiration of the Return-To-Work Incentive Period, we will pay a Residual Indemnity each month as follows:

- You must become Residually Disabled before the Expiration Date and while the Policy is in force.
- Residual Indemnity will be payable at the end of each month while You are Residually Disabled.

For each month benefits are payable under this rider, Residual Indemnity may never exceed Loss of Income, except as stated below.

#### **Payment of Residual Indemnity**

The Residual Indemnity payable will be a percentage of the Monthly Indemnity for the Policy. Residual Indemnity will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are Residually Disabled; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

If Your Loss of Income is more than 75% of Prior Income, We will deem Your Loss of Income to be 100%. Your Loss of Income may never exceed 100% of Your Prior Income.

We will not increase the Residual Indemnity because You are Disabled from more than one cause at the same time.

### **Adjustment of Prior Income and Prior Business Expenses**

On the Review Date while benefits are payable under this rider, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Prior Income and Prior Business Expenses by multiplying each by the actual percentage change in the CPI-U between the Current Index Month and the Original Index Month. The adjusted Prior Income and adjusted Prior Business Expenses will apply to the 12-month period that follows the Review Date and will be used to determine Your Loss of Income.

The adjustment to Prior Income and Prior Business Expenses may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. We will make no change that would reduce Prior Income or Prior Business Expenses below what they were at the start of claim.

We will adjust the Prior Income and Prior Business Expenses on each Review Date until the first of the following events occurs:

- the Benefit Period ends; or
- this rider terminates.

### **Recovery Benefit**

We will pay You a Recovery Benefit if:

- You are no longer Disabled; and
- You are Gainfully Employed Full Time in Your Occupation; and
- Your Loss of Income is at least 20% of Your Prior Income; and
- Your Loss of Income is solely due to the Injury or Sickness that caused Your Disability.

The Recovery Benefit payable will be a percentage of the Monthly Indemnity for the Policy. The Recovery Benefit will be determined by the formula (a) divided by (b) multiplied by (c), where:

- (a) is Your Loss of Income for the month in which You are claiming a Recovery Benefit; and
- (b) is Your Prior Income; and
- (c) is the Monthly Indemnity.

### **Incontestability**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

### **Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date of the Policy.

## TERMINATION

### Termination of Residual Indemnity

The Residual Indemnity will no longer be payable on the date that the first of the following events occurs:

- Your Loss of Income is no longer solely due to the Injury or Sickness that caused Your Residual Disability; or
- You are no longer Residually Disabled; or
- the Benefit Period ends; or
- You become Totally Disabled; or
- this rider terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

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

## **RETIREMENT PROTECTION PLUS (RPP) DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date:

### **DEFINITIONS**

#### **RPP Monthly Indemnity**

RPP Monthly Indemnity is shown in the Schedule Page. It is the amount We will pay to the Trust for each month You are Totally Disabled and not Gainfully Employed.

#### **Trust**

Trust means the irrevocable trust account established by You into which the RPP Monthly Indemnity will be paid.

#### **Trustee**

The Trustee is responsible for the administration of the Trust. If a successor Trustee is required, one will be named by Us.

### **PROVISIONS RELATING TO THE RPP BENEFIT**

This rider provides an RPP Benefit if You are Totally Disabled and not Gainfully Employed. The Elimination Period, Accumulation Period, Benefit Period, Expiration Date, and the annual premium for this rider are shown in the Schedule Page.

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

During a period of Disability, the premium for this rider will be waived if premiums are then being waived for the Policy to which this rider is attached.

#### **RPP Benefit**

When You are Totally Disabled and not Gainfully Employed, We will pay the RPP Monthly Indemnity as follows:

- You must become Totally Disabled while the Policy and this rider are in force.
- You have executed any documents that may be necessary to establish the Trust and to facilitate payment of the RPP Monthly Indemnity.
- You must satisfy the Elimination Period of this rider.
- After You have satisfied the Elimination Period of this rider, RPP Monthly Indemnity will be payable at the end of each month while You are Totally Disabled and not Gainfully Employed.
- The RPP Monthly Indemnity is paid to the Trust established for this purpose.

We will not increase the RPP Monthly Indemnity because You are Totally Disabled from more than one cause at the same time.

**Distribution of Trust Assets**

Trust Assets will be distributed in accordance with the terms of the Trust.

**Incontestability**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Premium and Renewal**

The premium for this rider is shown in the Schedule Page. You may not renew this rider after Age 65.

**TERMINATION****Termination of the RPP Benefit**

The RPP Monthly Indemnity of this rider will no longer be payable on the date that the first of the following events occurs:

- You are no longer Totally Disabled; or
- You become Gainfully Employed; or
- the Benefit Period of this rider ends; or
- You attain Age 65; or
- this rider terminates.

**Berkshire Life Insurance Company of America**



Secretary

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

## **ADDITIONAL RETIREMENT PROTECTION PLUS (RPP) DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO ADDITIONAL RPP BENEFIT**

This rider provides an additional RPP Monthly Indemnity. The Issue Age, RPP Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the RPP Monthly Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon RPP Monthly Indemnity.

#### **Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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

### Termination of this Rider

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

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

## **ADDITIONAL RETIREMENT PROTECTION PLUS (RPP) DISABILITY BENEFIT RIDER**

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following definition:

### **DEFINITIONS**

#### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition:

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

The Policy is amended by adding or changing the following provisions:

### **PROVISION RELATING TO THE ADDITIONAL RPP BENEFIT**

This rider provides an additional RPP Monthly Indemnity. The Issue Age, RPP Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page.

Policy Number:

Insured:

Effective Date:

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the RPP Monthly Indemnity of this rider; and
- Your Age on the Effective Date of this rider; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon RPP Monthly Indemnity.

**Incontestable**

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

In the event of a reinstatement, this rider will be incontestable as to statements, 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.

**Pre-existing Condition Limitation**

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

**TERMINATION****Termination of this Rider**

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

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700 South Street  
Pittsfield, MA 01201

## **POLICY ENDORSEMENT**

The definition of Pre-existing Condition of the Policy to which this Endorsement is attached is hereby deleted.

The "Pre-existing Condition Limitation" provision of the Policy to which this Endorsement is attached is hereby deleted.

The definition of Injury in the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Injury** means accidental bodily injury that causes a Disability to begin on or after the Effective Date and while the Policy is in force and that is not contributed to by Sickness.

The definition of Sickness in the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Sickness** means an illness or disease that causes a Disability to begin on or after the Effective Date and while the Policy is in force.

The "Incontestable" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Incontestable**

The Policy will be incontestable as to the statements, except fraudulent statements, contained in the application after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled.

**Berkshire Life Insurance Company of America**



Secretary

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

## **PRE-EXISTING CONDITION LIMITATION ENDORSEMENT**

This Endorsement is a part of the Policy to which it is attached.

The definition of Pre-existing Condition of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have done any of the following:

- consulted a Physician; or
- received medical advice, treatment or services; or
- undergone diagnostic procedures, including self-administered procedures; or
- taken medication or prescribed drugs

at any time during the 3-month period immediately prior to the Effective Date.

The definition of Injury of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Injury** means accidental bodily injury that causes a Disability to begin on or after the Effective Date and while the Policy is in force and that is not contributed to by Sickness.

The definition of Sickness of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Sickness** means an illness or disease that causes a Disability to begin on or after the Effective Date and while the Policy is in force.

The "Pre-existing Condition Limitation" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition Limitation**

We will not pay benefits for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, the Policy has been continuously in effect for 12 months since its Effective Date.

For any rider added to the Policy after the Policy Date, We will not pay or adjust benefits under that rider for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, that rider has been continuously in effect for 12 months since its Effective Date.

The "Incontestable" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Incontestable**

The Policy will be incontestable as to the statements, except fraudulent statements, contained in the application 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 one year from the Effective Date, 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. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. O. R.", written in a cursive style.

Secretary

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

## **PRE-EXISTING CONDITION LIMITATION ENDORSEMENT**

This Endorsement is a part of the Policy to which it is attached.

The definition of Pre-existing Condition of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have done any of the following:

- consulted a Physician; or
- received medical advice, treatment or services; or
- undergone diagnostic procedures, including self-administered procedures; or
- taken medication or prescribed drugs

at any time during the 6-month period immediately prior to the Effective Date.

The definition of Injury of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Injury** means accidental bodily injury that causes a Disability to begin on or after the Effective Date and while the Policy is in force and that is not contributed to by Sickness.

The definition of Sickness of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Sickness** means an illness or disease that causes a Disability to begin on or after the Effective Date and while the Policy is in force.

The "Pre-existing Condition Limitation" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition Limitation**

We will not pay benefits for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, the Policy has been continuously in effect for 12 months since its Effective Date.

For any rider added to the Policy after the Policy Date, We will not pay or adjust benefits under that rider for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, that rider has been continuously in effect for 12 months since its Effective Date.

The "Incontestable" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Incontestable**

The Policy will be incontestable as to the statements, except fraudulent statements, contained in the application 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 one year from the Effective Date, 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. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. O. R.", written in a cursive style.

Secretary

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

## **PRE-EXISTING CONDITION LIMITATION ENDORSEMENT**

This Endorsement is a part of the Policy to which it is attached.

The definition of Pre-existing Condition of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition**

Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have done any of the following:

- consulted a Physician; or
- received medical advice, treatment or services; or
- undergone diagnostic procedures, including self-administered procedures; or
- taken medication or prescribed drugs

at any time during the 12-month period immediately prior to the Effective Date.

The definition of Injury of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Injury** means accidental bodily injury that causes a Disability to begin on or after the Effective Date and while the Policy is in force and that is not contributed to by Sickness.

The definition of Sickness of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Sickness** means an illness or disease that causes a Disability to begin on or after the Effective Date and while the Policy is in force.

The "Pre-existing Condition Limitation" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

### **Pre-existing Condition Limitation**

We will not pay benefits for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, the Policy has been continuously in effect for 12 months since its Effective Date.

For any rider added to the Policy after the Policy Date, We will not pay or adjust benefits under that rider for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, that rider has been continuously in effect for 12 months since its Effective Date.

The "Incontestable" provision of the Policy to which this Endorsement is attached is hereby deleted and replaced as follows:

**Incontestable**

The Policy will be incontestable as to the statements, except fraudulent statements, contained in the application 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 one year from the Effective Date, 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. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

**Berkshire Life Insurance Company of America**

A handwritten signature in black ink, appearing to be "S. O. R.", written in a cursive style.

Secretary



**Individual Disability Income Insurance Application**

**1. Proposed Insured Information**

a. Name (First, Middle Initial, Last): \_\_\_\_\_  
 Suffix: \_\_\_\_\_

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b. Gender:  Male  Female  
 c. Date of Birth (mm/dd/yyyy): \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_ e. Email Address: \_\_\_\_\_

f. Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

g. Home Phone: \_\_\_\_\_

h. Are you a U.S. citizen?  Yes  No If no, give visa type and duration:  
 Type: \_\_\_\_\_ Duration: \_\_\_\_\_

**2. Business Information**

a. Name of Employer: \_\_\_\_\_

b. Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

c. Work Phone : \_\_\_\_\_ d. Occupation: \_\_\_\_\_

**3. Financial Information**

a. Current Annual Income:	<b>Salary</b>	<b>Bonus</b>	<b>Fees &amp; Commissions</b>	<b>Total</b>
	\$	\$	\$	\$

b. Complete for Retirement Protection Plus:  
 Qualified retirement plan annual contribution (including employer contributions): \$ \_\_\_\_\_

**4. Premium Data**

a. Premium payor for this policy: Employee \_\_\_\_\_ % Employer \_\_\_\_\_ %

b. Portion, if any, of the premium to be paid by your employer as a bonus to you: \_\_\_\_\_ %

c. The employee portion of the premium will be paid by payroll deduction:  Yes  No

**5. Requested Insurance Coverage**

Please check the box of the option you are requesting. If only one option, please check that box.

<input type="checkbox"/> Option 1	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>			
<b>Additional benefits:</b>			

<input type="checkbox"/> Option 2	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>			
<b>Additional benefits:</b>			

<input type="checkbox"/> Option 3	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>			
<b>Additional benefits:</b>			

**6. Health Information**

- a. Have you used tobacco in any form in the last 12 months? (Tobacco means cigarettes, cigars, pipe, snuff/dip/chew, or Nicotine Delivery Systems.)  Yes  No
- b. Have you been continuously at work full time (at least 30 hours per week) performing the duties of your occupation for the past 90 days without limitation due to injury or sickness? (Disregard vacation days, normal non-working days, and any absences that total less than seven days.)  Yes  No
- c. Are you currently disabled and/or collecting disability benefits?  Yes  No

If you answered "Yes" to Questions 6a or 6c or "No" to 6b, provide details below.

**7. Complete this Section if Applying for Catastrophic Disability Benefit Rider**

- a. Have you ever had an injury or sickness which caused a loss of sight in both eyes, hearing in both ears, speech, or the use of two arms or legs?  Yes  No  N/A
- b. 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 a chair to your bed)?  Yes  No  N/A
- c. Do you use any special medical equipment or appliances such as a wheelchair, pacemaker, oxygen tank, cane, catheter, or artificial limb?  Yes  No  N/A
- d. 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  N/A

If you answered "Yes" to Questions 7a – 7d, provide details below.

**8. Other Disability Insurance Coverage - If None, Check Here**

List all personal disability income insurance now in force, applied for, or eligible for within the next 12 months in all companies, including Guardian or Berkshire. In the "Category" column, indicate if insurance is Individual(I), Group(G) or Association(A).

Insurer:			
Category:			
Indicate: In Force/Applied For/ Eligible For			
Monthly Benefit Amount:	\$	\$	\$
Does employer pay premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your benefit be taxable income to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insurance being applied for replacing this coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Replacement:			
Amount to be Replaced:	\$	\$	\$

**9. Amendments or Corrections (For Home Office Use Only)**

## 9. Declaration and Agreement

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It is understood and agreed as follows:

1. I have read this insurance application and any supplements to this application ("Application"), and agree that all of the statements are correctly recorded, and are complete and true to the best of my knowledge and belief.
2. This Application will form the basis for, and become part of and attached to, any policy issued.
3. No agent, broker or representative of Berkshire Life Insurance Company of America ("Berkshire") has any right to accept risks, make or change contracts, or to waive or modify any of Berkshire's rights or requirements. Only the President, a Vice President or the Secretary of Berkshire may make, modify, or discharge contracts or waive any of Berkshire's requirements, and then only in writing.
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 that is issued based on this Application.
5. The policy date is the date from which premiums are calculated and become due. No insurance shall take effect until the policy has been issued, delivered, and accepted, and the first premium has been paid to Berkshire, while all answers in this Application remain true and complete.
6. If payroll deduction is applicable to me, I acknowledge that my employer is acting on my behalf when remitting payment to Berkshire.
7. Changes or corrections made by Berkshire and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this Application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
8. I authorize the employer named in this Application to accept delivery of any policy issued on my behalf provided there are no changes or amendments made to this Application. I understand and agree that the employer named in this Application will then deliver the policy to me.
9. I have received a copy of Berkshire's notice of Insurance Information Practices.
10. I will permanently discontinue any group or individual policy(ies) shown to be discontinued in answer to Question 8 on or before the date(s) indicated. Berkshire will rely on such answers in determining the amount of, if any, insurance it will issue. Benefits under any policy issued based on this Application may be reduced by the amount payable under such existing policies.
11. 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.
12. I authorize Berkshire to annually contact the employer named in this Application to determine if my compensation qualifies me for an increase in insurance coverage without evidence of medical insurability. If it is determined that I am eligible, Berkshire will notify me in writing ninety (90) days prior to the effective date of the insurance increase advising me of the amount of the increase and its associated premium. I understand that I have the option to decline the increase and must notify Berkshire of this declination in writing within thirty (30) days of the date of the notice. I also understand that I may cancel the increase at any time by notifying Berkshire in writing. Cancellation will be effective upon Berkshire's receipt of my written notice.

**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.**

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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City and State Day Month Year

\_\_\_\_\_  
Signature of Proposed Insured

# Agent's Certification

This Agent's Certification is to be used with the application for insurance on:

Case Name \_\_\_\_\_

1. a. Do you have knowledge or reason to believe that this application involves a replacement as defined under applicable state law or Berkshire procedure?  Yes  No
- b. If "Yes," did you deliver appropriate Notice Regarding Replacement, where applicable?  Yes  No

Remarks (and additional instructions)

I represent that, to the best of my knowledge and belief, the information provided in this report by the Proposed Insured in the application is complete, accurate and correctly recorded, and there is nothing adversely affecting the insurability of the Proposed Insured other than as indicated in the application. I represent that I am duly licensed in the state in which this application was signed.

**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

\_\_\_\_\_  
 Type or Print Agent's Name

\_\_\_\_\_  
 Signature of Soliciting Agent

\_\_\_\_\_  
 Social Security Number of Soliciting Agent

\_\_\_\_\_  
 Soliciting Agent Code

I have reviewed this application and determined that all the required answers and statements have been made.

\_\_\_\_\_  
 Date Submitted Signed \_\_\_\_\_  
(Agency Personnel)

## Commissions

Producer's Name	Producer's Code	Servicing Agent (Check Only One)	Percentage	State(s)
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	

SERFF Tracking Number: GARD-126718528 State: Arkansas  
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 46566  
 Company Tracking Number: 1200  
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.007 Long Term - Related to marketing with employer or association groups  
 Product Name: 1200  
 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 09/14/2010	1200 (01/11) Rates	1200 (01/11)	New		1200 Income Provider Generic Rates.pdf

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Forms 1200 and 1201  
Individual Disability Income Policy and  
Additional Monthly Benefit (AMB) Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5  
\$30 Policy Fee

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.82	4.99	3.99	3.49
26	6.91	5.09	4.08	3.56
27	7.00	5.20	4.16	3.64
28	7.09	5.31	4.25	3.72
29	7.19	5.42	4.33	3.79
30	7.28	5.52	4.42	3.86
31	7.37	5.63	4.50	3.94
32	7.47	5.73	4.59	4.01
33	8.21	6.36	5.09	4.46
34	9.01	7.04	5.63	4.92
35	9.85	7.75	6.19	5.42
36	10.70	8.47	6.77	5.92
37	11.57	9.18	7.34	6.43
38	12.41	9.89	7.91	6.93
39	13.24	10.58	8.47	7.41
40	14.04	11.26	9.01	7.88
41	14.81	11.91	9.52	8.33
42	15.56	12.54	10.03	8.78
43	16.30	13.15	10.52	9.21
44	17.02	13.76	11.01	9.63
45	17.75	14.37	11.50	10.06
46	18.50	15.01	12.08	10.58
47	19.30	15.68	12.70	11.13
48	20.16	16.41	13.37	11.74
49	21.11	17.23	14.12	12.40
50	22.21	18.14	14.97	13.16
51	23.46	19.21	15.94	14.02
52	24.93	20.44	17.06	15.02
53	26.64	21.88	18.38	16.19
54	28.65	23.57	19.92	17.56
55	31.00	25.55	21.72	19.16
56	33.76	27.86	23.97	21.18
57	36.98	30.56	26.60	23.54
58	40.72	33.71	29.66	26.29
59	45.05	37.32	33.22	29.49
60	50.05	41.50	37.35	33.20
61	55.77	46.29	41.65	37.03
62	62.32	51.74	46.57	41.39
63	69.74	57.93	52.15	46.35
64	78.15	64.94	58.45	51.96

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Forms 1200 and 1201  
Individual Disability Income Policy and  
Additional Monthly Benefit (AMB) Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5  
\$30 Policy Fee

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	8.66	6.76	6.08	5.41
26	8.80	6.96	6.26	5.56
27	9.05	7.24	6.52	5.79
28	9.41	7.59	6.83	6.08
29	9.87	8.01	7.21	6.41
30	10.42	8.51	7.65	6.80
31	11.05	9.05	8.15	7.25
32	11.76	9.67	8.70	7.73
33	12.55	10.34	9.31	8.27
34	13.40	11.07	9.96	8.86
35	14.33	11.85	10.67	9.49
36	15.32	12.70	11.43	10.15
37	16.37	13.59	12.23	10.87
38	17.49	14.54	13.10	11.64
39	18.68	15.56	14.00	12.45
40	19.94	16.63	14.97	13.31
41	21.26	17.77	15.99	14.22
42	22.66	18.97	17.07	15.17
43	24.15	20.24	18.22	16.19
44	25.70	21.58	19.43	17.27
45	27.36	23.00	20.71	18.41
46	29.12	24.51	22.06	19.61
47	30.97	26.11	23.49	20.88
48	32.93	27.79	25.01	22.23
49	35.03	29.58	26.62	23.67
50	37.24	31.48	28.33	25.19
51	39.61	33.50	30.15	26.80
52	42.13	35.65	32.08	28.51
53	44.82	37.93	34.13	30.34
54	47.69	40.35	36.32	32.27
55	50.76	42.92	38.63	34.34
56	54.04	45.67	41.10	36.53
57	57.55	48.59	43.73	38.87
58	61.30	51.70	46.53	41.36
59	65.31	55.01	49.51	44.01
60	69.61	58.54	52.69	46.83
61	74.21	62.29	56.06	49.83
62	79.13	66.29	59.65	53.03
63	84.38	70.53	63.49	56.43
64	85.47	71.24	64.12	57.00

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Forms 1200 and 1201  
Individual Disability Income Policy and  
Additional Monthly Benefit (AMB) Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5  
\$30 Policy Fee

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	16.52	13.68	12.31	10.94
26	16.59	13.77	12.39	11.02
27	16.65	13.87	12.48	11.10
28	17.15	14.34	12.90	11.47
29	17.88	15.00	13.50	12.01
30	18.83	15.85	14.27	12.68
31	19.94	16.84	15.16	13.47
32	21.20	17.95	16.16	14.36
33	22.59	19.16	17.24	15.33
34	24.07	20.45	18.41	16.35
35	25.62	21.79	19.61	17.43
36	27.23	23.18	20.86	18.54
37	28.87	24.59	22.13	19.67
38	30.54	26.01	23.41	20.81
39	32.21	27.44	24.70	21.95
40	33.89	28.85	25.97	23.09
41	35.56	30.27	27.23	24.21
42	37.22	31.65	28.49	25.33
43	38.85	33.02	29.72	26.42
44	40.47	34.36	30.93	27.50
45	42.08	35.69	32.12	28.56
46	43.68	37.01	33.30	29.60
47	45.27	38.30	34.47	30.65
48	46.86	39.60	35.64	31.68
49	48.47	40.91	36.82	32.72
50	50.11	42.23	38.01	33.79
51	51.80	43.59	39.23	34.87
52	53.54	44.99	40.49	35.99
53	55.37	46.47	41.82	37.17
54	57.30	48.02	43.23	38.42
55	59.37	49.70	44.72	39.75
56	61.59	51.50	46.35	41.19
57	64.00	53.46	48.11	42.77
58	66.63	55.61	50.05	44.49
59	69.52	57.98	52.18	46.39
60	69.61	58.54	52.69	46.83
61	74.21	62.29	56.06	49.83
62	79.13	66.29	59.65	53.03
63	84.38	70.53	63.49	56.43
64	85.47	71.24	64.12	57.00

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Forms 1200 and 1201  
Individual Disability Income Policy and  
Additional Monthly Benefit (AMB) Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5  
\$30 Policy Fee

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	17.03	14.13	12.72	11.30
26	17.56	14.63	13.18	11.71
27	18.20	15.25	13.72	12.20
28	18.95	15.94	14.35	12.75
29	19.83	16.73	15.06	13.38
30	20.80	17.60	15.84	14.09
31	21.89	18.57	16.70	14.85
32	23.07	19.61	17.65	15.69
33	24.35	20.74	18.66	16.59
34	25.73	21.93	19.74	17.55
35	27.21	23.21	20.89	18.57
36	28.77	24.56	22.10	19.65
37	30.42	25.98	23.38	20.78
38	32.16	27.46	24.71	21.97
39	33.97	29.01	26.11	23.21
40	35.85	30.62	27.56	24.49
41	37.81	32.27	29.05	25.82
42	39.83	33.99	30.59	27.19
43	41.91	35.75	32.18	28.60
44	44.06	37.56	33.80	30.05
45	46.25	39.40	35.46	31.53
46	48.50	41.28	37.16	33.03
47	50.79	43.20	38.88	34.56
48	53.11	45.14	40.63	36.12
49	55.47	47.11	42.40	37.68
50	57.85	49.10	44.18	39.28
51	60.26	51.09	45.98	40.87
52	62.69	53.09	47.78	42.48
53	65.12	55.11	49.59	44.08
54	67.55	57.11	51.40	45.69
55	69.99	59.11	53.20	47.30
56	72.42	61.10	54.99	48.88
57	74.84	63.07	56.77	50.46
58	77.23	65.03	58.53	52.02
59	79.59	66.94	60.26	53.56
60	81.92	68.83	61.95	55.06
61	84.21	70.68	63.61	56.54
62	84.80	70.99	63.90	56.80
63	85.38	71.32	64.18	57.05
64	85.97	71.63	64.47	57.30
65	86.56	71.96	64.76	57.56
66	94.97	78.96	71.06	63.17

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Forms 1200 and 1201  
Individual Disability Income Policy and  
Additional Monthly Benefit (AMB) Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5  
\$30 Policy Fee

Senior Ages

Attained Age	Elimination Periods (Days)			
	90	180	360	720
65	61.08	50.78	45.70	40.63
66	67.02	55.72	50.15	44.58
67	72.95	60.67	54.60	48.54
68	78.89	65.61	59.05	52.49
69	84.82	70.56	63.50	56.45
70	90.76	75.50	67.95	60.40
71	96.70	80.44	72.40	64.35
72	102.64	85.38	76.84	68.30
73	108.58	90.32	81.29	72.25
74	114.52	95.27	85.73	76.20
75	72.27	56.12	48.70	42.48
76	75.83	58.88	51.10	44.58
77	79.40	61.65	53.50	46.67
78	82.96	64.41	55.90	48.76
79	86.53	67.19	58.30	50.86
80	90.09	69.95	60.71	52.96
81	93.65	72.72	63.10	55.04
82	97.22	75.48	65.50	57.14
83	100.78	78.26	67.91	59.24
84	104.35	81.02	70.31	61.33
85	107.91	83.78	72.70	63.42
86	111.47	86.55	75.11	65.52
87	115.04	89.32	77.51	67.61
88	118.60	92.09	79.91	69.71
89	122.17	94.85	82.31	71.80
90	125.73	97.62	84.71	73.89
91	129.29	100.39	87.11	75.99
92	132.86	103.16	89.51	78.08
93	136.42	105.92	91.91	80.17
94	139.99	108.68	94.31	82.27
95	143.55	111.46	96.71	84.37
96	147.11	114.22	99.12	86.45
97	150.68	116.99	101.52	88.55
98	154.24	119.75	103.91	90.65
99	157.81	122.53	106.32	92.74

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1209  
Basic Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.82	0.59	0.48	0.42
26	0.83	0.61	0.49	0.43
27	0.84	0.62	0.50	0.44
28	0.86	0.64	0.51	0.45
29	0.86	0.65	0.52	0.46
30	0.87	0.67	0.53	0.47
31	0.88	0.68	0.54	0.48
32	0.90	0.68	0.55	0.49
33	0.98	0.77	0.61	0.53
34	1.08	0.85	0.68	0.59
35	1.18	0.93	0.75	0.65
36	1.29	1.02	0.81	0.71
37	1.39	1.10	0.88	0.77
38	1.49	1.19	0.95	0.83
39	1.58	1.27	1.02	0.89
40	1.68	1.35	1.08	0.95
41	1.78	1.43	1.14	1.00
42	1.87	1.50	1.21	1.05
43	1.95	1.58	1.26	1.11
44	2.04	1.65	1.32	1.15
45	2.13	1.73	1.38	1.21
46	2.22	1.80	1.45	1.27
47	2.31	1.88	1.52	1.33
48	2.42	1.97	1.60	1.40
49	2.54	2.07	1.69	1.49
50	2.66	2.18	1.80	1.58
51	2.82	2.30	1.92	1.68
52	2.99	2.46	2.05	1.80
53	3.20	2.63	2.21	1.94
54	3.44	2.83	2.39	2.11
55	3.72	3.07	2.61	2.30
56	4.05	3.35	2.88	2.54
57	4.44	3.67	3.20	2.83
58	4.89	4.04	3.56	3.15
59	5.41	4.48	3.99	3.54
60	6.00	4.98	4.48	3.99
61	6.69	5.55	5.00	4.44
62	7.48	6.21	5.59	4.97
63	8.37	6.95	6.26	5.56
64	9.38	7.79	7.01	6.23

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1209  
Basic Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.04	0.81	0.73	0.65
26	1.05	0.84	0.75	0.67
27	1.09	0.86	0.78	0.69
28	1.13	0.91	0.82	0.73
29	1.19	0.96	0.86	0.77
30	1.25	1.02	0.92	0.82
31	1.32	1.09	0.98	0.87
32	1.41	1.16	1.04	0.93
33	1.50	1.24	1.12	0.99
34	1.61	1.33	1.20	1.06
35	1.72	1.42	1.28	1.13
36	1.84	1.52	1.37	1.22
37	1.96	1.63	1.47	1.31
38	2.10	1.75	1.58	1.40
39	2.24	1.86	1.68	1.49
40	2.39	2.00	1.80	1.59
41	2.55	2.13	1.92	1.71
42	2.72	2.28	2.05	1.82
43	2.90	2.43	2.19	1.94
44	3.09	2.59	2.33	2.07
45	3.29	2.76	2.48	2.21
46	3.49	2.94	2.65	2.35
47	3.72	3.13	2.82	2.50
48	3.95	3.34	3.01	2.66
49	4.20	3.55	3.20	2.84
50	4.47	3.78	3.40	3.02
51	4.75	4.02	3.62	3.21
52	5.06	4.28	3.85	3.42
53	5.38	4.55	4.10	3.65
54	5.72	4.84	4.36	3.87
55	6.09	5.15	4.64	4.12
56	6.49	5.48	4.93	4.38
57	6.90	5.83	5.25	4.66
58	7.35	6.20	5.58	4.96
59	7.84	6.60	5.94	5.28
60	8.35	7.02	6.32	5.62
61	8.90	7.47	6.73	5.98
62	9.50	7.95	7.16	6.36
63	10.13	8.46	7.62	6.77
64	10.26	8.55	7.69	6.84

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1209  
Basic Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.98	1.64	1.48	1.31
26	1.99	1.66	1.49	1.32
27	2.00	1.67	1.49	1.33
28	2.06	1.72	1.55	1.38
29	2.14	1.80	1.62	1.44
30	2.26	1.90	1.71	1.52
31	2.39	2.02	1.82	1.62
32	2.55	2.15	1.94	1.72
33	2.71	2.30	2.07	1.84
34	2.89	2.46	2.21	1.96
35	3.08	2.62	2.35	2.09
36	3.27	2.78	2.50	2.22
37	3.47	2.95	2.66	2.36
38	3.66	3.12	2.81	2.49
39	3.86	3.29	2.96	2.64
40	4.07	3.47	3.11	2.77
41	4.27	3.64	3.27	2.91
42	4.46	3.80	3.42	3.04
43	4.66	3.96	3.56	3.17
44	4.86	4.12	3.71	3.30
45	5.05	4.28	3.85	3.43
46	5.24	4.44	4.00	3.56
47	5.44	4.60	4.14	3.68
48	5.63	4.75	4.28	3.80
49	5.81	4.91	4.42	3.92
50	6.01	5.07	4.56	4.05
51	6.22	5.23	4.71	4.19
52	6.43	5.40	4.86	4.32
53	6.64	5.58	5.02	4.46
54	6.88	5.76	5.18	4.61
55	7.13	5.97	5.36	4.77
56	7.39	6.18	5.56	4.94
57	7.68	6.42	5.78	5.13
58	7.99	6.67	6.00	5.34
59	8.34	6.96	6.26	5.56
60	8.35	7.02	6.32	5.62
61	8.90	7.47	6.73	5.98
62	9.50	7.95	7.16	6.36
63	10.13	8.46	7.62	6.77
64	10.26	8.55	7.69	6.84

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1209  
Basic Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.04	1.69	1.53	1.36
26	2.11	1.76	1.58	1.40
27	2.19	1.83	1.65	1.47
28	2.28	1.92	1.72	1.53
29	2.38	2.01	1.81	1.60
30	2.49	2.12	1.90	1.69
31	2.63	2.23	2.01	1.78
32	2.77	2.35	2.12	1.88
33	2.93	2.48	2.24	1.99
34	3.09	2.63	2.37	2.11
35	3.27	2.78	2.51	2.23
36	3.46	2.94	2.66	2.36
37	3.65	3.11	2.81	2.49
38	3.86	3.29	2.97	2.64
39	4.08	3.48	3.13	2.78
40	4.30	3.67	3.30	2.94
41	4.54	3.87	3.48	3.10
42	4.78	4.08	3.67	3.27
43	5.03	4.29	3.86	3.43
44	5.28	4.51	4.06	3.61
45	5.55	4.73	4.26	3.78
46	5.82	4.95	4.46	3.96
47	6.09	5.18	4.66	4.15
48	6.37	5.42	4.88	4.34
49	6.66	5.65	5.09	4.52
50	6.94	5.90	5.30	4.72
51	7.23	6.13	5.52	4.91
52	7.52	6.37	5.73	5.09
53	7.81	6.62	5.95	5.29
54	8.11	6.85	6.17	5.48
55	8.40	7.09	6.38	5.68
56	8.69	7.34	6.60	5.87
57	8.98	7.57	6.81	6.06
58	9.27	7.80	7.02	6.25
59	9.55	8.04	7.23	6.43
60	9.83	8.26	7.43	6.61
61	10.11	8.48	7.63	6.78
62	10.18	8.52	7.67	6.82
63	10.25	8.56	7.70	6.85
64	10.32	8.60	7.74	6.88

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1210  
Enhanced Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.88	0.65	0.52	0.45
26	0.90	0.67	0.53	0.46
27	0.91	0.68	0.54	0.48
28	0.92	0.69	0.55	0.49
29	0.94	0.70	0.57	0.50
30	0.95	0.72	0.58	0.50
31	0.96	0.73	0.59	0.51
32	0.97	0.75	0.59	0.52
33	1.07	0.83	0.67	0.58
34	1.17	0.92	0.73	0.64
35	1.28	1.01	0.81	0.70
36	1.40	1.10	0.88	0.77
37	1.50	1.20	0.95	0.84
38	1.61	1.29	1.03	0.90
39	1.72	1.38	1.10	0.96
40	1.83	1.47	1.17	1.03
41	1.93	1.55	1.24	1.08
42	2.03	1.63	1.31	1.14
43	2.12	1.71	1.37	1.20
44	2.21	1.79	1.43	1.25
45	2.30	1.87	1.49	1.31
46	2.40	1.95	1.58	1.38
47	2.51	2.03	1.65	1.45
48	2.62	2.13	1.74	1.52
49	2.75	2.24	1.84	1.61
50	2.89	2.36	1.94	1.71
51	3.05	2.49	2.07	1.83
52	3.24	2.66	2.22	1.95
53	3.47	2.84	2.39	2.11
54	3.73	3.06	2.59	2.29
55	4.03	3.32	2.83	2.49
56	4.39	3.63	3.11	2.75
57	4.81	3.98	3.46	3.06
58	5.29	4.38	3.85	3.42
59	5.86	4.85	4.32	3.83
60	6.51	5.39	4.86	4.32
61	7.25	6.02	5.41	4.81
62	8.10	6.73	6.05	5.38
63	9.07	7.53	6.78	6.03
64	10.16	8.44	7.60	6.75

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1210  
Enhanced Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.22	0.95	0.86	0.76
26	1.23	0.97	0.87	0.78
27	1.27	1.02	0.91	0.81
28	1.32	1.06	0.95	0.85
29	1.39	1.13	1.01	0.90
30	1.46	1.19	1.07	0.95
31	1.55	1.27	1.14	1.02
32	1.65	1.35	1.22	1.08
33	1.76	1.45	1.31	1.16
34	1.87	1.55	1.40	1.24
35	2.01	1.66	1.49	1.33
36	2.14	1.77	1.60	1.42
37	2.30	1.90	1.71	1.52
38	2.45	2.03	1.84	1.63
39	2.62	2.18	1.96	1.75
40	2.79	2.33	2.10	1.86
41	2.98	2.48	2.24	1.99
42	3.18	2.66	2.39	2.12
43	3.38	2.84	2.55	2.27
44	3.60	3.02	2.72	2.42
45	3.83	3.22	2.90	2.57
46	4.05	3.41	3.07	2.73
47	4.28	3.60	3.24	2.88
48	4.51	3.81	3.43	3.04
49	4.76	4.02	3.62	3.22
50	5.03	4.25	3.83	3.40
51	5.31	4.49	4.04	3.59
52	5.61	4.74	4.27	3.79
53	5.91	5.00	4.51	4.01
54	6.25	5.28	4.76	4.23
55	6.60	5.58	5.02	4.46
56	7.03	5.94	5.35	4.75
57	7.48	6.32	5.69	5.05
58	7.97	6.72	6.05	5.37
59	8.49	7.16	6.44	5.72
60	9.05	7.61	6.85	6.08
61	9.65	8.10	7.29	6.48
62	10.29	8.62	7.75	6.89
63	10.97	9.17	8.25	7.34
64	11.11	9.26	8.34	7.41

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1210  
Enhanced Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.81	2.32	2.09	1.86
26	2.82	2.34	2.11	1.87
27	2.83	2.36	2.12	1.89
28	2.92	2.44	2.20	1.95
29	3.04	2.55	2.30	2.04
30	3.20	2.69	2.42	2.15
31	3.39	2.86	2.57	2.29
32	3.61	3.05	2.75	2.44
33	3.84	3.26	2.93	2.61
34	4.10	3.47	3.13	2.78
35	4.36	3.71	3.33	2.96
36	4.63	3.94	3.55	3.15
37	4.91	4.18	3.76	3.35
38	5.19	4.42	3.98	3.54
39	5.47	4.66	4.19	3.74
40	5.76	4.91	4.42	3.92
41	6.05	5.15	4.63	4.11
42	6.33	5.38	4.84	4.30
43	6.61	5.62	5.05	4.49
44	6.89	5.84	5.26	4.67
45	7.16	6.07	5.46	4.85
46	7.25	6.15	5.53	4.91
47	7.34	6.20	5.59	4.97
48	7.41	6.26	5.63	5.00
49	7.46	6.30	5.67	5.04
50	7.52	6.34	5.70	5.07
51	7.56	6.36	5.72	5.09
52	7.61	6.39	5.75	5.11
53	7.64	6.41	5.77	5.13
54	7.68	6.44	5.80	5.15
55	7.72	6.46	5.81	5.17
56	8.01	6.70	6.02	5.36
57	8.32	6.95	6.26	5.56
58	8.66	7.23	6.51	5.79
59	9.04	7.53	6.79	6.03
60	9.05	7.61	6.85	6.08
61	9.65	8.10	7.29	6.48
62	10.29	8.62	7.75	6.89
63	10.97	9.17	8.25	7.34
64	11.11	9.26	8.34	7.41

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1210  
Enhanced Residual Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.90	2.40	2.16	1.92
26	2.99	2.48	2.24	1.99
27	3.10	2.59	2.33	2.07
28	3.22	2.71	2.44	2.17
29	3.37	2.84	2.56	2.28
30	3.54	3.00	2.69	2.39
31	3.72	3.16	2.84	2.53
32	3.92	3.33	3.00	2.66
33	4.14	3.53	3.17	2.82
34	4.37	3.73	3.36	2.98
35	4.63	3.94	3.56	3.16
36	4.89	4.18	3.76	3.34
37	5.18	4.42	3.98	3.54
38	5.46	4.67	4.20	3.74
39	5.78	4.93	4.44	3.94
40	6.09	5.20	4.68	4.17
41	6.43	5.49	4.94	4.39
42	6.77	5.78	5.20	4.63
43	7.13	6.08	5.47	4.86
44	7.49	6.38	5.74	5.11
45	7.87	6.70	6.03	5.36
46	8.06	6.86	6.17	5.48
47	8.23	7.00	6.30	5.60
48	8.39	7.14	6.42	5.71
49	8.54	7.25	6.53	5.81
50	8.68	7.36	6.62	5.90
51	8.80	7.46	6.71	5.97
52	8.90	7.54	6.79	6.03
53	8.98	7.61	6.84	6.08
54	9.05	7.65	6.89	6.12
55	9.10	7.69	6.91	6.15
56	9.41	7.95	7.15	6.35
57	9.73	8.20	7.38	6.56
58	10.04	8.45	7.61	6.76
59	10.35	8.70	7.83	6.97
60	10.65	8.95	8.06	7.16
61	10.95	9.19	8.27	7.35
62	11.02	9.23	8.31	7.38
63	11.10	9.27	8.34	7.42
64	11.18	9.31	8.38	7.45

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1211  
Retirement Protection Rider on  
Individual Disability Income Policy  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods	
	180	360
18 - 25	13.15	11.84
26	13.24	11.92
27	13.34	12.01
28	13.78	12.40
29	14.43	12.99
30	15.24	13.72
31	16.19	14.57
32	17.26	15.53
33	18.42	16.58
34	19.66	17.69
35	20.95	18.86
36	22.28	20.05
37	23.64	21.28
38	25.01	22.51
39	26.38	23.74
40	27.75	24.98
41	29.10	26.19
42	30.44	27.39
43	31.75	28.58
44	33.05	29.74
45	34.32	30.89
46	35.58	32.02
47	36.83	33.15
48	38.08	34.27
49	39.33	35.40
50	40.61	36.55
51	41.91	37.72
52	43.26	38.93
53	44.68	40.21
54	46.18	41.56
55	47.78	43.00
56	49.52	44.57
57	51.40	46.26
58	53.47	48.12
59	55.75	50.18
60	56.29	50.65

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
3% COLA Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.49	4.75	5.06
26	0.55	4.76	5.14
27	0.60	4.77	5.23
28	0.64	4.78	5.34
29	0.68	4.79	5.45
30	0.70	4.89	5.58
31	0.73	5.01	5.72
32	0.76	5.15	5.87
33	0.78	5.30	6.02
34	0.81	5.46	6.18
35	0.86	5.63	6.35
36	0.89	5.79	6.53
37	0.95	5.94	6.70
38	1.00	6.08	6.87
39	1.07	6.21	7.04
40	1.14	6.32	7.21
41	1.23	6.42	7.37
42	1.32	6.49	7.53
43	1.42	6.53	7.68
44	1.54	6.56	7.80
45	1.66	6.55	7.92
46	1.77	6.53	8.01
47	1.90	6.47	8.08
48	2.03	6.38	8.13
49	2.16	6.26	8.15
50	2.30	6.12	8.13
51	2.42	5.95	8.08
52	2.55	5.75	7.98
53	2.66	5.54	7.85
54	2.75	5.29	7.66
55	2.84	5.02	7.43
56	2.92	4.61	7.13
57	2.96	4.19	6.77
58	2.99	3.77	6.34
59	2.98	3.36	5.84
60	2.93	2.93	5.27

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
3% COLA Rider on  
Individual Disability Income Policy and AMB Rider with a Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.55	5.32	5.66
26	0.61	5.33	5.76
27	0.68	5.35	5.86
28	0.72	5.36	5.98
29	0.76	5.36	6.11
30	0.78	5.47	6.25
31	0.82	5.62	6.41
32	0.85	5.77	6.57
33	0.87	5.94	6.74
34	0.91	6.12	6.92
35	0.95	6.30	7.12
36	1.00	6.48	7.31
37	1.06	6.65	7.50
38	1.12	6.80	7.70
39	1.20	6.96	7.88
40	1.28	7.07	8.07
41	1.38	7.19	8.25
42	1.49	7.26	8.43
43	1.59	7.32	8.60
44	1.72	7.34	8.74
45	1.85	7.34	8.87
46	1.99	7.31	8.97
47	2.12	7.25	9.05
48	2.28	7.15	9.10
49	2.42	7.02	9.13
50	2.57	6.86	9.10
51	2.71	6.66	9.05
52	2.85	6.44	8.94
53	2.97	6.20	8.79
54	3.09	5.93	8.58
55	3.19	5.63	8.32
56	3.27	5.16	7.98
57	3.32	4.69	7.58
58	3.35	4.22	7.10
59	3.34	3.76	6.54
60	3.29	3.29	5.90

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
3% COLA Rider on  
Individual Disability Income Policy and AMB Rider with an  
Enhanced Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.56	5.56	5.92
26	0.63	5.57	6.01
27	0.68	5.58	6.12
28	0.73	5.59	6.25
29	0.77	5.60	6.38
30	0.80	5.72	6.53
31	0.83	5.87	6.70
32	0.86	6.02	6.87
33	0.89	6.20	7.05
34	0.93	6.39	7.24
35	0.97	6.58	7.43
36	1.02	6.77	7.63
37	1.08	6.95	7.83
38	1.14	7.11	8.04
39	1.22	7.26	8.24
40	1.31	7.39	8.43
41	1.40	7.51	8.62
42	1.51	7.60	8.81
43	1.62	7.64	8.98
44	1.76	7.68	9.13
45	1.89	7.67	9.27
46	2.02	7.61	9.34
47	2.16	7.52	9.40
48	2.31	7.39	9.41
49	2.46	7.23	9.40
50	2.60	7.04	9.35
51	2.75	6.82	9.26
52	2.89	6.57	9.12
53	3.01	6.30	8.93
54	3.11	6.00	8.69
55	3.21	5.68	8.39
56	3.29	5.21	8.06
57	3.35	4.73	7.65
58	3.38	4.26	7.16
59	3.37	3.79	6.60
60	3.31	3.31	5.95

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
6% COLA Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.86	9.47	10.15
26	0.99	9.49	10.21
27	1.09	9.51	10.30
28	1.17	9.53	10.43
29	1.23	9.56	10.58
30	1.29	9.58	10.77
31	1.32	9.60	10.99
32	1.36	9.82	11.21
33	1.40	10.06	11.47
34	1.45	10.31	11.73
35	1.50	10.58	12.01
36	1.57	10.84	12.29
37	1.64	11.07	12.56
38	1.73	11.30	12.84
39	1.84	11.49	13.11
40	1.96	11.66	13.37
41	2.11	11.78	13.62
42	2.27	11.86	13.84
43	2.45	11.90	14.05
44	2.64	11.89	14.22
45	2.84	11.84	14.36
46	3.07	11.72	14.45
47	3.29	11.56	14.51
48	3.53	11.34	14.52
49	3.77	11.07	14.47
50	4.01	10.76	14.36
51	4.25	10.39	14.19
52	4.47	9.98	13.95
53	4.68	9.53	13.64
54	4.87	9.05	13.24
55	5.03	8.52	12.75
56	5.16	7.86	12.18
57	5.24	7.18	11.50
58	5.27	6.52	10.72
59	5.26	5.84	9.83
60	5.17	5.17	8.82

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
6% COLA Rider on  
Individual Disability Income Policy and AMB Rider with a Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.95	10.60	11.37
26	1.11	10.63	11.43
27	1.22	10.66	11.53
28	1.31	10.67	11.68
29	1.38	10.70	11.85
30	1.44	10.73	12.07
31	1.49	10.76	12.30
32	1.52	11.00	12.56
33	1.58	11.27	12.84
34	1.62	11.56	13.13
35	1.68	11.84	13.45
36	1.76	12.13	13.76
37	1.84	12.40	14.07
38	1.94	12.65	14.38
39	2.06	12.87	14.69
40	2.20	13.05	14.98
41	2.36	13.19	15.26
42	2.54	13.28	15.51
43	2.75	13.33	15.73
44	2.95	13.32	15.93
45	3.19	13.26	16.07
46	3.44	13.12	16.19
47	3.69	12.94	16.25
48	3.95	12.70	16.26
49	4.22	12.40	16.21
50	4.49	12.04	16.09
51	4.76	11.64	15.89
52	5.01	11.18	15.62
53	5.24	10.67	15.27
54	5.45	10.13	14.83
55	5.63	9.55	14.28
56	5.78	8.80	13.64
57	5.87	8.05	12.88
58	5.90	7.30	12.01
59	5.89	6.54	11.01
60	5.79	5.79	9.88

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
6% COLA Rider on  
Individual Disability Income Policy and AMB Rider with an  
Enhanced Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.97	11.08	11.88
26	1.13	11.10	11.94
27	1.24	11.13	12.05
28	1.33	11.15	12.20
29	1.40	11.19	12.38
30	1.47	11.21	12.61
31	1.51	11.23	12.85
32	1.55	11.49	13.12
33	1.60	11.77	13.42
34	1.66	12.07	13.73
35	1.71	12.38	14.05
36	1.78	12.68	14.37
37	1.86	12.95	14.70
38	1.97	13.21	15.03
39	2.10	13.45	15.35
40	2.24	13.64	15.65
41	2.40	13.79	15.93
42	2.58	13.88	16.19
43	2.79	13.92	16.43
44	3.01	13.91	16.64
45	3.24	13.84	16.79
46	3.49	13.66	16.86
47	3.75	13.43	16.86
48	4.01	13.13	16.81
49	4.28	12.77	16.70
50	4.55	12.37	16.52
51	4.82	11.91	16.26
52	5.07	11.39	15.93
53	5.30	10.85	15.52
54	5.51	10.26	15.01
55	5.69	9.63	14.41
56	5.82	8.87	13.76
57	5.92	8.12	13.00
58	5.96	7.36	12.11
59	5.94	6.60	11.11
60	5.84	5.84	9.96

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.79	0.62	0.56	0.49
26	0.79	0.62	0.56	0.49
27	0.79	0.62	0.56	0.50
28	0.79	0.63	0.57	0.50
29	0.79	0.64	0.58	0.51
30	0.81	0.66	0.60	0.53
31	0.83	0.68	0.62	0.55
32	0.85	0.70	0.63	0.56
33	0.88	0.73	0.66	0.58
34	0.91	0.75	0.68	0.60
35	0.93	0.77	0.70	0.62
36	0.98	0.81	0.73	0.65
37	1.03	0.85	0.76	0.68
38	1.07	0.89	0.80	0.72
39	1.12	0.93	0.84	0.74
40	1.16	0.97	0.88	0.78
41	1.22	1.02	0.91	0.81
42	1.27	1.06	0.96	0.85
43	1.32	1.11	0.99	0.88
44	1.37	1.15	1.03	0.92
45	1.42	1.20	1.08	0.96
46	1.50	1.26	1.14	1.01
47	1.57	1.32	1.20	1.06
48	1.65	1.39	1.25	1.11
49	1.73	1.46	1.32	1.17
50	1.81	1.53	1.38	1.23
51	1.90	1.61	1.45	1.29
52	2.00	1.69	1.52	1.35
53	2.10	1.77	1.60	1.42
54	2.20	1.86	1.67	1.50
55	2.31	1.96	1.76	1.56
56	2.46	2.08	1.87	1.66
57	2.62	2.21	1.99	1.77
58	2.79	2.35	2.12	1.89
59	2.97	2.50	2.26	2.00
60	3.17	2.67	2.40	2.13
61	2.70	2.27	2.04	1.81
62	2.16	1.81	1.63	1.44
63	1.54	1.28	1.16	1.03
64	0.78	0.65	0.59	0.52

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.93	1.61	1.44	1.28
26	1.94	1.61	1.44	1.29
27	1.94	1.61	1.45	1.29
28	1.94	1.62	1.46	1.30
29	2.00	1.68	1.51	1.34
30	2.08	1.75	1.57	1.40
31	2.18	1.84	1.66	1.47
32	2.29	1.94	1.74	1.55
33	2.41	2.04	1.84	1.63
34	2.54	2.15	1.94	1.72
35	2.67	2.26	2.04	1.81
36	2.80	2.38	2.14	1.90
37	2.93	2.49	2.25	2.00
38	3.06	2.61	2.35	2.08
39	3.19	2.71	2.44	2.17
40	3.31	2.81	2.54	2.26
41	3.43	2.91	2.62	2.33
42	3.54	3.00	2.70	2.41
43	3.64	3.09	2.78	2.48
44	3.74	3.17	2.85	2.54
45	3.84	3.25	2.93	2.60
46	3.92	3.32	2.99	2.66
47	4.00	3.39	3.05	2.71
48	4.08	3.45	3.11	2.76
49	4.16	3.51	3.16	2.81
50	4.24	3.57	3.21	2.85
51	4.31	3.63	3.26	2.90
52	4.39	3.69	3.32	2.95
53	4.47	3.74	3.37	3.00
54	4.54	3.81	3.43	3.05
55	4.63	3.88	3.48	3.10
56	4.41	3.68	3.31	2.95
57	4.16	3.48	3.13	2.78
58	3.89	3.25	2.93	2.61
59	3.61	3.02	2.72	2.41
60	3.17	2.67	2.40	2.13
61	2.70	2.27	2.04	1.81
62	2.16	1.81	1.63	1.44
63	1.54	1.28	1.16	1.03
64	0.78	0.65	0.59	0.52

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.00	1.66	1.49	1.32
26	2.03	1.70	1.53	1.36
27	2.08	1.74	1.57	1.39
28	2.15	1.80	1.62	1.44
29	2.22	1.87	1.68	1.50
30	2.30	1.95	1.75	1.55
31	2.39	2.03	1.83	1.62
32	2.49	2.12	1.90	1.69
33	2.60	2.21	1.99	1.77
34	2.71	2.31	2.08	1.85
35	2.83	2.42	2.17	1.93
36	2.96	2.52	2.27	2.02
37	3.08	2.63	2.37	2.11
38	3.22	2.75	2.48	2.20
39	3.36	2.87	2.58	2.29
40	3.49	2.98	2.68	2.39
41	3.64	3.11	2.80	2.49
42	3.78	3.22	2.90	2.58
43	3.93	3.35	3.02	2.68
44	4.07	3.47	3.12	2.78
45	4.21	3.59	3.23	2.87
46	4.36	3.71	3.33	2.96
47	4.49	3.82	3.44	3.06
48	4.63	3.93	3.54	3.15
49	4.76	4.04	3.64	3.24
50	4.89	4.15	3.73	3.32
51	5.01	4.25	3.83	3.40
52	5.14	4.35	3.91	3.48
53	5.25	4.44	4.00	3.55
54	5.36	4.53	4.08	3.62
55	5.46	4.61	4.15	3.69
56	5.18	4.37	3.93	3.49
57	4.86	4.10	3.69	3.28
58	4.52	3.80	3.43	3.04
59	4.13	3.48	3.13	2.78
60	3.72	3.13	2.82	2.50
61	3.07	2.57	2.31	2.06
62	2.31	1.94	1.74	1.55
63	1.55	1.30	1.17	1.03
64	0.79	0.65	0.59	0.52

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with a Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.88	0.69	0.62	0.55
26	0.88	0.69	0.62	0.55
27	0.88	0.70	0.62	0.56
28	0.89	0.71	0.64	0.56
29	0.89	0.72	0.65	0.58
30	0.91	0.74	0.67	0.60
31	0.93	0.77	0.69	0.61
32	0.96	0.79	0.71	0.63
33	0.99	0.81	0.73	0.65
34	1.02	0.84	0.75	0.67
35	1.04	0.86	0.78	0.69
36	1.09	0.91	0.81	0.73
37	1.14	0.95	0.85	0.76
38	1.20	0.99	0.90	0.80
39	1.25	1.04	0.94	0.83
40	1.31	1.09	0.98	0.87
41	1.37	1.14	1.03	0.91
42	1.42	1.19	1.07	0.95
43	1.48	1.24	1.11	0.99
44	1.53	1.29	1.16	1.03
45	1.59	1.35	1.20	1.08
46	1.68	1.41	1.27	1.13
47	1.76	1.48	1.33	1.19
48	1.85	1.56	1.40	1.25
49	1.94	1.64	1.48	1.31
50	2.03	1.72	1.55	1.38
51	2.14	1.80	1.63	1.44
52	2.24	1.90	1.70	1.51
53	2.35	1.98	1.79	1.59
54	2.46	2.08	1.87	1.67
55	2.59	2.19	1.96	1.75
56	2.75	2.33	2.09	1.86
57	2.94	2.48	2.23	1.98
58	3.13	2.63	2.37	2.11
59	3.33	2.80	2.52	2.24
60	3.54	2.98	2.68	2.39
61	3.02	2.54	2.28	2.03
62	2.42	2.03	1.83	1.61
63	1.72	1.43	1.30	1.15
64	0.87	0.73	0.66	0.58

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with a Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.16	1.79	1.61	1.44
26	2.17	1.80	1.62	1.44
27	2.17	1.81	1.63	1.44
28	2.18	1.81	1.63	1.46
29	2.24	1.88	1.69	1.50
30	2.33	1.96	1.76	1.57
31	2.44	2.06	1.85	1.64
32	2.56	2.17	1.96	1.74
33	2.70	2.29	2.06	1.83
34	2.84	2.41	2.17	1.92
35	2.98	2.54	2.29	2.03
36	3.13	2.67	2.40	2.13
37	3.28	2.79	2.52	2.24
38	3.43	2.91	2.63	2.33
39	3.56	3.04	2.73	2.43
40	3.71	3.15	2.84	2.52
41	3.84	3.26	2.94	2.61
42	3.95	3.37	3.02	2.69
43	4.08	3.46	3.11	2.78
44	4.19	3.55	3.20	2.84
45	4.30	3.64	3.28	2.91
46	4.39	3.72	3.35	2.97
47	4.48	3.79	3.42	3.04
48	4.58	3.87	3.48	3.09
49	4.65	3.93	3.54	3.15
50	4.75	4.00	3.60	3.20
51	4.83	4.06	3.66	3.25
52	4.91	4.13	3.72	3.30
53	5.01	4.19	3.78	3.35
54	5.09	4.26	3.84	3.41
55	5.19	4.35	3.91	3.48
56	4.93	4.13	3.71	3.30
57	4.65	3.89	3.50	3.11
58	4.36	3.65	3.28	2.91
59	4.05	3.37	3.04	2.70
60	3.54	2.98	2.68	2.39
61	3.02	2.54	2.28	2.03
62	2.42	2.03	1.83	1.61
63	1.72	1.43	1.30	1.15
64	0.87	0.73	0.66	0.58

Berkshire Life Insurance Company of America  
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Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with a Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.24	1.85	1.67	1.48
26	2.28	1.90	1.71	1.52
27	2.33	1.96	1.76	1.56
28	2.41	2.02	1.81	1.62
29	2.48	2.09	1.89	1.68
30	2.57	2.18	1.96	1.74
31	2.68	2.28	2.04	1.81
32	2.78	2.37	2.13	1.90
33	2.91	2.48	2.23	1.98
34	3.04	2.59	2.33	2.07
35	3.17	2.71	2.43	2.16
36	3.31	2.83	2.55	2.26
37	3.45	2.95	2.66	2.36
38	3.60	3.07	2.78	2.46
39	3.76	3.21	2.89	2.57
40	3.91	3.34	3.01	2.67
41	4.08	3.48	3.13	2.78
42	4.24	3.61	3.25	2.89
43	4.39	3.75	3.37	3.00
44	4.55	3.89	3.49	3.11
45	4.71	4.02	3.61	3.21
46	4.88	4.15	3.73	3.32
47	5.02	4.28	3.85	3.43
48	5.18	4.41	3.97	3.53
49	5.34	4.53	4.08	3.62
50	5.47	4.65	4.19	3.72
51	5.62	4.76	4.28	3.81
52	5.75	4.87	4.38	3.89
53	5.88	4.97	4.48	3.98
54	6.00	5.07	4.57	4.06
55	6.12	5.17	4.65	4.13
56	5.80	4.89	4.41	3.91
57	5.45	4.60	4.13	3.67
58	5.06	4.26	3.84	3.41
59	4.63	3.89	3.51	3.12
60	4.17	3.50	3.16	2.80
61	3.45	2.96	2.66	2.37
62	2.68	2.25	2.02	1.80
63	1.83	1.53	1.38	1.22
64	0.98	0.81	0.73	0.64

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with an  
Enhanced Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.90	0.70	0.63	0.56
26	0.90	0.70	0.63	0.56
27	0.90	0.71	0.64	0.57
28	0.91	0.72	0.65	0.57
29	0.91	0.73	0.66	0.59
30	0.92	0.75	0.68	0.61
31	0.95	0.78	0.70	0.62
32	0.97	0.80	0.72	0.64
33	1.01	0.83	0.75	0.66
34	1.03	0.85	0.77	0.68
35	1.06	0.88	0.79	0.70
36	1.11	0.92	0.83	0.73
37	1.16	0.97	0.86	0.77
38	1.22	1.01	0.91	0.81
39	1.27	1.06	0.96	0.85
40	1.33	1.11	1.00	0.89
41	1.38	1.16	1.04	0.92
42	1.44	1.20	1.09	0.97
43	1.50	1.26	1.14	1.01
44	1.56	1.32	1.18	1.05
45	1.62	1.37	1.23	1.09
46	1.71	1.44	1.29	1.14
47	1.79	1.50	1.36	1.20
48	1.88	1.59	1.42	1.26
49	1.96	1.66	1.50	1.33
50	2.06	1.74	1.57	1.39
51	2.16	1.83	1.64	1.46
52	2.26	1.91	1.73	1.53
53	2.37	2.01	1.81	1.61
54	2.49	2.11	1.90	1.68
55	2.61	2.20	1.98	1.77
56	2.78	2.35	2.12	1.88
57	2.96	2.50	2.25	2.00
58	3.15	2.66	2.39	2.13
59	3.36	2.83	2.55	2.26
60	3.58	3.01	2.71	2.41
61	3.05	2.57	2.31	2.05
62	2.44	2.05	1.84	1.63
63	1.74	1.45	1.31	1.16
64	0.88	0.73	0.67	0.59

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with an  
Enhanced Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.26	1.87	1.68	1.50
26	2.26	1.88	1.69	1.50
27	2.26	1.89	1.70	1.51
28	2.27	1.90	1.70	1.52
29	2.34	1.96	1.77	1.57
30	2.43	2.05	1.85	1.64
31	2.55	2.15	1.94	1.72
32	2.67	2.26	2.04	1.81
33	2.82	2.39	2.15	1.90
34	2.96	2.52	2.26	2.02
35	3.11	2.65	2.39	2.13
36	3.27	2.78	2.50	2.22
37	3.43	2.91	2.63	2.33
38	3.58	3.05	2.74	2.44
39	3.72	3.17	2.85	2.54
40	3.87	3.30	2.96	2.63
41	4.00	3.41	3.07	2.72
42	4.13	3.51	3.17	2.81
43	4.26	3.61	3.25	2.90
44	4.37	3.71	3.34	2.97
45	4.48	3.80	3.43	3.04
46	4.57	3.87	3.48	3.09
47	4.65	3.94	3.54	3.15
48	4.73	4.00	3.60	3.20
49	4.80	4.05	3.65	3.24
50	4.88	4.10	3.69	3.28
51	4.95	4.16	3.74	3.32
52	5.01	4.21	3.79	3.37
53	5.08	4.26	3.84	3.41
54	5.15	4.32	3.89	3.46
55	5.24	4.38	3.95	3.50
56	4.98	4.16	3.74	3.33
57	4.70	3.93	3.54	3.14
58	4.41	3.67	3.31	2.94
59	4.08	3.41	3.07	2.72
60	3.58	3.01	2.71	2.41
61	3.05	2.57	2.31	2.05
62	2.44	2.05	1.84	1.63
63	1.74	1.45	1.31	1.16
64	0.88	0.73	0.67	0.59

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with an  
Enhanced Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.33	1.94	1.74	1.55
26	2.37	1.98	1.79	1.59
27	2.44	2.04	1.84	1.63
28	2.51	2.11	1.90	1.69
29	2.59	2.19	1.97	1.75
30	2.69	2.28	2.05	1.82
31	2.80	2.37	2.14	1.90
32	2.91	2.48	2.22	1.98
33	3.04	2.59	2.33	2.07
34	3.17	2.70	2.43	2.16
35	3.31	2.83	2.54	2.26
36	3.46	2.95	2.66	2.37
37	3.61	3.08	2.78	2.46
38	3.77	3.22	2.90	2.57
39	3.93	3.35	3.02	2.68
40	4.09	3.49	3.14	2.79
41	4.26	3.63	3.27	2.91
42	4.42	3.78	3.39	3.02
43	4.60	3.91	3.53	3.13
44	4.76	4.06	3.65	3.25
45	4.93	4.19	3.78	3.35
46	5.07	4.32	3.89	3.45
47	5.21	4.44	4.00	3.55
48	5.36	4.55	4.10	3.65
49	5.49	4.66	4.20	3.73
50	5.62	4.77	4.30	3.82
51	5.75	4.88	4.38	3.89
52	5.87	4.97	4.47	3.97
53	5.97	5.06	4.54	4.04
54	6.08	5.14	4.62	4.11
55	6.17	5.21	4.69	4.17
56	5.85	4.94	4.44	3.95
57	5.49	4.63	4.17	3.71
58	5.10	4.30	3.87	3.44
59	4.67	3.93	3.54	3.15
60	4.21	3.54	3.19	2.83
61	3.47	2.90	2.61	2.33
62	2.61	2.19	1.97	1.75
63	1.75	1.47	1.32	1.16
64	0.89	0.73	0.67	0.59

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts  
Policy Form 1202  
Extended Own Occupation Rider on  
Retirement Protection Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods	
	180 Day	360 Day
18 - 25	1.54	1.38
26	1.55	1.38
27	1.55	1.39
28	1.55	1.40
29	1.61	1.45
30	1.68	1.51
31	1.76	1.59
32	1.86	1.67
33	1.96	1.76
34	2.07	1.86
35	2.18	1.96
36	2.29	2.05
37	2.39	2.16
38	2.50	2.26
39	2.60	2.34
40	2.70	2.43
41	2.80	2.52
42	2.88	2.60
43	2.96	2.67
44	3.04	2.74
45	3.12	2.81
46	3.19	2.87
47	3.25	2.93
48	3.31	2.98
49	3.37	3.03
50	3.43	3.08
51	3.48	3.13
52	3.54	3.19
53	3.59	3.24
54	3.66	3.30
55	3.72	3.35
56	3.54	3.18
57	3.33	3.01
58	3.13	2.81
59	2.89	2.61
60	2.55	2.31

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with a 3% COLA Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.84	0.66	0.60	0.54
26	0.84	0.66	0.60	0.54
27	0.85	0.68	0.62	0.55
28	0.85	0.68	0.62	0.56
29	0.85	0.70	0.63	0.57
30	0.86	0.72	0.65	0.59
31	0.88	0.73	0.67	0.60
32	0.91	0.75	0.68	0.62
33	0.94	0.78	0.71	0.63
34	0.96	0.80	0.73	0.65
35	0.98	0.83	0.75	0.67
36	1.03	0.86	0.79	0.71
37	1.09	0.91	0.82	0.73
38	1.13	0.95	0.86	0.77
39	1.18	0.99	0.90	0.81
40	1.23	1.03	0.94	0.85
41	1.29	1.09	0.98	0.88
42	1.35	1.14	1.03	0.92
43	1.39	1.18	1.07	0.96
44	1.45	1.24	1.12	1.00
45	1.51	1.29	1.16	1.05
46	1.59	1.35	1.23	1.10
47	1.66	1.42	1.29	1.15
48	1.75	1.50	1.35	1.21
49	1.84	1.57	1.42	1.27
50	1.92	1.64	1.50	1.34
51	2.02	1.73	1.57	1.40
52	2.13	1.81	1.64	1.48
53	2.22	1.90	1.72	1.55
54	2.33	1.99	1.80	1.62
55	2.44	2.08	1.89	1.69
56	2.59	2.21	2.01	1.79
57	2.76	2.35	2.13	1.90
58	2.93	2.49	2.26	2.02
59	3.11	2.64	2.39	2.14
60	3.30	2.80	2.54	2.26

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with a 3% COLA Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.49	2.16	2.00	1.84
26	2.49	2.16	2.00	1.85
27	2.49	2.17	2.01	1.85
28	2.50	2.18	2.02	1.85
29	2.55	2.24	2.07	1.90
30	2.64	2.31	2.13	1.96
31	2.73	2.39	2.21	2.02
32	2.84	2.49	2.30	2.11
33	2.98	2.61	2.41	2.20
34	3.11	2.72	2.51	2.29
35	3.25	2.85	2.63	2.40
36	3.39	2.98	2.74	2.50
37	3.53	3.09	2.85	2.60
38	3.67	3.21	2.96	2.69
39	3.80	3.32	3.06	2.78
40	3.92	3.43	3.15	2.87
41	4.04	3.53	3.24	2.94
42	4.15	3.61	3.32	3.02
43	4.25	3.71	3.39	3.09
44	4.34	3.78	3.46	3.14
45	4.43	3.84	3.52	3.19
46	4.50	3.90	3.58	3.24
47	4.58	3.96	3.62	3.28
48	4.64	4.01	3.66	3.32
49	4.70	4.05	3.70	3.35
50	4.75	4.08	3.72	3.37
51	4.81	4.13	3.76	3.40
52	4.86	4.16	3.79	3.43
53	4.91	4.19	3.82	3.44
54	4.97	4.23	3.85	3.47
55	5.02	4.27	3.88	3.49
56	4.73	4.01	3.64	3.28
57	4.43	3.75	3.41	3.06
58	4.12	3.48	3.15	2.83
59	3.79	3.19	2.89	2.59
60	3.30	2.80	2.54	2.26

Berkshire Life Insurance Company of America  
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Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with a 3% COLA Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.59	2.25	2.08	1.91
26	2.63	2.29	2.13	1.96
27	2.68	2.34	2.16	1.99
28	2.75	2.41	2.22	2.05
29	2.83	2.48	2.29	2.11
30	2.91	2.56	2.37	2.17
31	3.02	2.66	2.45	2.25
32	3.12	2.75	2.54	2.32
33	3.24	2.85	2.63	2.41
34	3.36	2.96	2.72	2.50
35	3.49	3.07	2.83	2.59
36	3.62	3.19	2.94	2.68
37	3.76	3.31	3.05	2.78
38	3.91	3.44	3.17	2.89
39	4.06	3.56	3.28	2.99
40	4.19	3.69	3.39	3.09
41	4.35	3.82	3.50	3.19
42	4.49	3.94	3.61	3.30
43	4.65	4.07	3.73	3.40
44	4.78	4.19	3.84	3.49
45	4.93	4.30	3.95	3.59
46	5.07	4.42	4.06	3.68
47	5.20	4.54	4.15	3.77
48	5.34	4.64	4.24	3.85
49	5.46	4.74	4.34	3.93
50	5.58	4.83	4.42	4.00
51	5.69	4.93	4.50	4.07
52	5.79	5.01	4.57	4.13
53	5.88	5.07	4.63	4.19
54	5.97	5.14	4.69	4.23
55	6.04	5.19	4.73	4.27
56	5.69	4.88	4.44	4.00
57	5.30	4.54	4.13	3.72
58	4.89	4.17	3.79	3.41
59	4.44	3.78	3.44	3.09
60	3.97	3.37	3.06	2.74

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Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with 3% COLA and Basic Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.94	0.74	0.68	0.60
26	0.94	0.74	0.68	0.60
27	0.94	0.75	0.68	0.62
28	0.95	0.77	0.70	0.62
29	0.95	0.78	0.71	0.64
30	0.97	0.80	0.73	0.66
31	0.99	0.83	0.75	0.67
32	1.02	0.85	0.77	0.69
33	1.05	0.87	0.79	0.71
34	1.08	0.90	0.81	0.73
35	1.10	0.92	0.84	0.75
36	1.16	0.97	0.88	0.79
37	1.21	1.01	0.92	0.83
38	1.26	1.06	0.96	0.86
39	1.32	1.11	1.01	0.90
40	1.38	1.16	1.05	0.94
41	1.44	1.22	1.10	0.99
42	1.51	1.27	1.16	1.03
43	1.56	1.33	1.20	1.08
44	1.63	1.38	1.25	1.12
45	1.69	1.44	1.31	1.18
46	1.79	1.51	1.38	1.24
47	1.86	1.59	1.44	1.29
48	1.96	1.67	1.51	1.36
49	2.05	1.76	1.59	1.43
50	2.15	1.84	1.67	1.50
51	2.26	1.93	1.76	1.57
52	2.37	2.03	1.84	1.65
53	2.49	2.13	1.93	1.73
54	2.61	2.23	2.02	1.82
55	2.73	2.33	2.11	1.90
56	2.90	2.48	2.25	2.02
57	3.09	2.63	2.38	2.13
58	3.28	2.78	2.52	2.26
59	3.48	2.96	2.67	2.39
60	3.70	3.13	2.84	2.54

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Individual Disability Income Policy and AMB Rider  
with 3% COLA and Basic Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.78	2.42	2.24	2.05
26	2.79	2.42	2.24	2.06
27	2.79	2.43	2.25	2.07
28	2.80	2.43	2.26	2.08
29	2.86	2.50	2.31	2.13
30	2.96	2.58	2.38	2.19
31	3.06	2.68	2.48	2.26
32	3.19	2.79	2.57	2.36
33	3.33	2.93	2.70	2.47
34	3.48	3.06	2.81	2.57
35	3.64	3.19	2.94	2.68
36	3.80	3.33	3.07	2.80
37	3.95	3.46	3.19	2.91
38	4.11	3.59	3.31	3.02
39	4.25	3.72	3.43	3.12
40	4.39	3.84	3.53	3.21
41	4.52	3.95	3.63	3.30
42	4.65	4.06	3.72	3.38
43	4.77	4.15	3.80	3.46
44	4.86	4.23	3.87	3.52
45	4.96	4.30	3.95	3.58
46	5.04	4.37	4.00	3.63
47	5.12	4.43	4.06	3.68
48	5.19	4.49	4.10	3.72
49	5.26	4.54	4.14	3.75
50	5.32	4.58	4.18	3.78
51	5.38	4.62	4.21	3.81
52	5.45	4.66	4.24	3.84
53	5.50	4.69	4.27	3.85
54	5.56	4.74	4.31	3.89
55	5.63	4.78	4.35	3.91
56	5.30	4.49	4.08	3.67
57	4.97	4.20	3.82	3.43
58	4.62	3.89	3.53	3.17
59	4.24	3.58	3.24	2.90
60	3.70	3.13	2.84	2.54

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Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with 3% COLA and Basic Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.90	2.52	2.33	2.14
26	2.94	2.57	2.37	2.19
27	3.00	2.62	2.42	2.23
28	3.07	2.69	2.49	2.29
29	3.17	2.78	2.57	2.37
30	3.26	2.87	2.65	2.43
31	3.38	2.98	2.74	2.52
32	3.49	3.07	2.84	2.61
33	3.63	3.19	2.95	2.70
34	3.76	3.31	3.06	2.80
35	3.91	3.45	3.18	2.91
36	4.06	3.58	3.30	3.01
37	4.21	3.71	3.42	3.12
38	4.37	3.85	3.54	3.24
39	4.54	3.99	3.67	3.35
40	4.70	4.13	3.79	3.46
41	4.88	4.28	3.93	3.58
42	5.04	4.41	4.06	3.69
43	5.20	4.56	4.19	3.81
44	5.36	4.69	4.30	3.91
45	5.53	4.83	4.42	4.02
46	5.68	4.95	4.54	4.13
47	5.82	5.08	4.65	4.23
48	5.98	5.20	4.76	4.32
49	6.12	5.30	4.86	4.40
50	6.24	5.41	4.95	4.48
51	6.37	5.52	5.04	4.56
52	6.48	5.60	5.12	4.63
53	6.58	5.68	5.18	4.69
54	6.68	5.75	5.25	4.73
55	6.76	5.82	5.30	4.78
56	6.36	5.47	4.97	4.48
57	5.94	5.08	4.63	4.17
58	5.47	4.67	4.24	3.82
59	4.97	4.24	3.85	3.46
60	4.44	3.78	3.43	3.07

Berkshire Life Insurance Company of America  
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Individual Disability Income Policy and AMB Rider  
with 3% COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.96	0.75	0.68	0.62
26	0.96	0.75	0.68	0.62
27	0.96	0.77	0.70	0.62
28	0.97	0.78	0.71	0.63
29	0.97	0.79	0.72	0.64
30	0.98	0.81	0.73	0.67
31	1.01	0.84	0.76	0.68
32	1.03	0.86	0.78	0.70
33	1.07	0.88	0.81	0.72
34	1.09	0.91	0.83	0.73
35	1.12	0.94	0.85	0.76
36	1.18	0.98	0.89	0.80
37	1.23	1.03	0.93	0.84
38	1.29	1.08	0.98	0.88
39	1.35	1.14	1.03	0.92
40	1.40	1.18	1.08	0.97
41	1.47	1.24	1.12	1.01
42	1.53	1.29	1.18	1.05
43	1.59	1.35	1.22	1.09
44	1.66	1.41	1.27	1.14
45	1.72	1.47	1.33	1.20
46	1.81	1.54	1.40	1.25
47	1.89	1.61	1.46	1.31
48	1.99	1.70	1.53	1.38
49	2.08	1.78	1.61	1.44
50	2.19	1.87	1.70	1.52
51	2.30	1.96	1.78	1.60
52	2.41	2.05	1.87	1.67
53	2.52	2.15	1.95	1.75
54	2.63	2.26	2.04	1.83
55	2.76	2.35	2.13	1.91
56	2.93	2.50	2.27	2.03
57	3.11	2.65	2.40	2.15
58	3.31	2.81	2.55	2.28
59	3.51	2.98	2.70	2.41
60	3.72	3.16	2.86	2.55

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Individual Disability Income Policy and AMB Rider  
with 3% COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.91	2.52	2.33	2.15
26	2.91	2.53	2.34	2.15
27	2.91	2.54	2.35	2.16
28	2.92	2.55	2.35	2.17
29	2.99	2.61	2.42	2.22
30	3.08	2.70	2.49	2.29
31	3.19	2.80	2.59	2.37
32	3.32	2.91	2.69	2.46
33	3.48	3.05	2.81	2.57
34	3.64	3.19	2.94	2.68
35	3.80	3.33	3.07	2.81
36	3.97	3.48	3.20	2.92
37	4.13	3.61	3.33	3.04
38	4.30	3.76	3.46	3.15
39	4.44	3.89	3.58	3.26
40	4.59	4.01	3.69	3.35
41	4.72	4.13	3.78	3.45
42	4.86	4.23	3.89	3.54
43	4.98	4.34	3.97	3.61
44	5.08	4.42	4.05	3.68
45	5.18	4.49	4.12	3.74
46	5.25	4.55	4.17	3.78
47	5.32	4.60	4.21	3.82
48	5.37	4.64	4.24	3.84
49	5.41	4.67	4.26	3.86
50	5.47	4.69	4.28	3.87
51	5.51	4.73	4.30	3.89
52	5.54	4.75	4.33	3.91
53	5.59	4.77	4.35	3.92
54	5.64	4.80	4.37	3.94
55	5.68	4.83	4.39	3.95
56	5.35	4.53	4.11	3.70
57	5.01	4.24	3.84	3.45
58	4.65	3.93	3.56	3.19
59	4.28	3.60	3.26	2.93
60	3.72	3.16	2.86	2.55

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Individual Disability Income Policy and AMB Rider  
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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.02	2.63	2.43	2.24
26	3.07	2.68	2.48	2.28
27	3.13	2.74	2.54	2.33
28	3.22	2.81	2.61	2.40
29	3.31	2.90	2.68	2.46
30	3.41	3.00	2.77	2.54
31	3.53	3.11	2.87	2.63
32	3.65	3.21	2.96	2.72
33	3.79	3.34	3.08	2.82
34	3.93	3.46	3.19	2.93
35	4.08	3.60	3.31	3.03
36	4.24	3.72	3.43	3.14
37	4.41	3.88	3.57	3.26
38	4.58	4.02	3.71	3.38
39	4.75	4.17	3.84	3.50
40	4.91	4.31	3.96	3.61
41	5.09	4.47	4.10	3.74
42	5.26	4.61	4.23	3.85
43	5.43	4.76	4.37	3.98
44	5.60	4.90	4.49	4.09
45	5.77	5.04	4.62	4.19
46	5.91	5.15	4.73	4.29
47	6.05	5.27	4.83	4.38
48	6.18	5.37	4.92	4.47
49	6.29	5.47	5.01	4.54
50	6.41	5.56	5.08	4.60
51	6.52	5.65	5.15	4.67
52	6.62	5.71	5.22	4.72
53	6.70	5.77	5.27	4.76
54	6.77	5.82	5.31	4.80
55	6.82	5.86	5.34	4.83
56	6.42	5.51	5.01	4.52
57	5.99	5.13	4.67	4.21
58	5.52	4.71	4.28	3.85
59	5.02	4.28	3.89	3.49
60	4.48	3.81	3.46	3.10

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Individual Disability Income Policy and AMB Rider  
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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.86	0.69	0.63	0.57
26	0.88	0.70	0.64	0.58
27	0.88	0.72	0.66	0.59
28	0.90	0.73	0.67	0.60
29	0.90	0.74	0.68	0.62
30	0.91	0.76	0.70	0.63
31	0.93	0.79	0.72	0.64
32	0.96	0.80	0.73	0.66
33	0.98	0.83	0.75	0.68
34	1.01	0.85	0.77	0.70
35	1.03	0.87	0.79	0.72
36	1.08	0.91	0.83	0.75
37	1.12	0.95	0.86	0.78
38	1.18	0.99	0.91	0.82
39	1.23	1.04	0.95	0.85
40	1.28	1.09	0.99	0.90
41	1.34	1.14	1.03	0.94
42	1.40	1.19	1.09	0.98
43	1.45	1.24	1.13	1.02
44	1.51	1.29	1.18	1.06
45	1.57	1.35	1.22	1.11
46	1.66	1.42	1.29	1.16
47	1.74	1.50	1.37	1.23
48	1.83	1.57	1.43	1.29
49	1.92	1.65	1.50	1.36
50	2.01	1.73	1.57	1.42
51	2.11	1.81	1.66	1.50
52	2.21	1.90	1.73	1.56
53	2.31	1.99	1.81	1.64
54	2.42	2.08	1.90	1.72
55	2.54	2.18	1.98	1.79
56	2.69	2.31	2.11	1.90
57	2.86	2.45	2.23	2.01
58	3.03	2.59	2.36	2.13
59	3.21	2.74	2.49	2.24
60	3.40	2.90	2.63	2.37

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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.04	2.71	2.55	2.39
26	3.04	2.72	2.55	2.39
27	3.04	2.72	2.55	2.40
28	3.05	2.72	2.56	2.41
29	3.11	2.78	2.61	2.44
30	3.19	2.85	2.68	2.50
31	3.29	2.95	2.77	2.58
32	3.40	3.05	2.85	2.67
33	3.52	3.15	2.95	2.74
34	3.65	3.26	3.05	2.83
35	3.78	3.37	3.15	2.93
36	3.91	3.49	3.25	3.02
37	4.05	3.61	3.37	3.12
38	4.19	3.73	3.48	3.21
39	4.32	3.84	3.58	3.31
40	4.44	3.95	3.67	3.39
41	4.56	4.05	3.76	3.46
42	4.65	4.13	3.83	3.53
43	4.75	4.20	3.89	3.59
44	4.84	4.27	3.95	3.64
45	4.91	4.32	4.00	3.67
46	4.97	4.37	4.04	3.71
47	5.02	4.41	4.07	3.73
48	5.07	4.44	4.10	3.75
49	5.11	4.46	4.11	3.76
50	5.14	4.48	4.12	3.76
51	5.18	4.49	4.13	3.77
52	5.21	4.50	4.13	3.77
53	5.23	4.51	4.13	3.76
54	5.27	4.53	4.15	3.77
55	5.30	4.54	4.15	3.77
56	4.97	4.24	3.87	3.51
57	4.63	3.95	3.60	3.25
58	4.28	3.63	3.31	2.98
59	3.92	3.32	3.02	2.72
60	3.40	2.90	2.63	2.37

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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.19	2.84	2.67	2.51
26	3.22	2.89	2.72	2.55
27	3.27	2.93	2.76	2.58
28	3.34	3.00	2.81	2.64
29	3.41	3.07	2.88	2.69
30	3.49	3.14	2.94	2.75
31	3.59	3.23	3.02	2.82
32	3.70	3.33	3.11	2.90
33	3.82	3.43	3.21	2.99
34	3.95	3.54	3.31	3.08
35	4.08	3.66	3.42	3.18
36	4.22	3.78	3.54	3.28
37	4.36	3.91	3.65	3.38
38	4.50	4.04	3.76	3.48
39	4.65	4.16	3.87	3.59
40	4.80	4.29	3.99	3.69
41	4.95	4.42	4.11	3.80
42	5.10	4.54	4.22	3.89
43	5.24	4.66	4.33	4.00
44	5.38	4.78	4.43	4.08
45	5.52	4.89	4.54	4.17
46	5.65	5.01	4.63	4.26
47	5.77	5.10	4.72	4.34
48	5.89	5.19	4.80	4.41
49	6.00	5.28	4.88	4.48
50	6.10	5.36	4.95	4.53
51	6.19	5.43	5.01	4.58
52	6.28	5.49	5.06	4.62
53	6.35	5.54	5.10	4.65
54	6.41	5.58	5.12	4.67
55	6.45	5.60	5.14	4.69
56	6.05	5.24	4.80	4.36
57	5.61	4.85	4.44	4.03
58	5.14	4.43	4.05	3.67
59	4.65	3.99	3.65	3.30
60	4.13	3.54	3.22	2.91

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Individual Disability Income Policy and AMB Rider  
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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.97	0.78	0.71	0.64
26	0.98	0.79	0.72	0.65
27	0.99	0.80	0.73	0.66
28	1.00	0.82	0.75	0.68
29	1.00	0.83	0.76	0.69
30	1.03	0.85	0.78	0.71
31	1.04	0.88	0.80	0.72
32	1.07	0.90	0.82	0.74
33	1.10	0.92	0.85	0.76
34	1.13	0.95	0.86	0.78
35	1.15	0.98	0.89	0.80
36	1.20	1.02	0.92	0.84
37	1.26	1.06	0.97	0.87
38	1.32	1.11	1.01	0.92
39	1.38	1.16	1.06	0.96
40	1.44	1.22	1.11	1.00
41	1.50	1.27	1.16	1.05
42	1.57	1.33	1.22	1.09
43	1.63	1.39	1.26	1.14
44	1.69	1.45	1.32	1.19
45	1.76	1.51	1.37	1.24
46	1.85	1.59	1.44	1.31
47	1.94	1.67	1.52	1.38
48	2.05	1.76	1.61	1.44
49	2.15	1.85	1.68	1.52
50	2.25	1.93	1.76	1.59
51	2.37	2.03	1.85	1.67
52	2.48	2.13	1.94	1.75
53	2.59	2.22	2.03	1.83
54	2.72	2.33	2.13	1.92
55	2.84	2.44	2.22	2.01
56	3.02	2.59	2.36	2.13
57	3.20	2.74	2.50	2.25
58	3.39	2.90	2.64	2.38
59	3.60	3.07	2.79	2.51
60	3.81	3.25	2.95	2.65

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Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.41	3.04	2.85	2.67
26	3.41	3.04	2.86	2.68
27	3.41	3.05	2.87	2.68
28	3.42	3.06	2.87	2.70
29	3.48	3.12	2.93	2.74
30	3.58	3.20	3.00	2.81
31	3.69	3.31	3.10	2.89
32	3.81	3.42	3.20	2.98
33	3.95	3.54	3.31	3.07
34	4.08	3.66	3.42	3.17
35	4.23	3.78	3.54	3.28
36	4.37	3.91	3.65	3.37
37	4.54	4.05	3.78	3.49
38	4.69	4.18	3.89	3.60
39	4.83	4.30	4.00	3.70
40	4.97	4.42	4.11	3.79
41	5.10	4.54	4.21	3.88
42	5.21	4.62	4.28	3.95
43	5.32	4.71	4.36	4.02
44	5.42	4.78	4.43	4.08
45	5.50	4.84	4.48	4.11
46	5.57	4.89	4.53	4.15
47	5.63	4.94	4.56	4.19
48	5.68	4.97	4.59	4.20
49	5.71	4.99	4.60	4.21
50	5.77	5.01	4.62	4.22
51	5.80	5.03	4.63	4.23
52	5.83	5.05	4.63	4.22
53	5.86	5.06	4.63	4.21
54	5.90	5.07	4.65	4.22
55	5.94	5.10	4.65	4.23
56	5.56	4.76	4.34	3.93
57	5.18	4.42	4.03	3.64
58	4.79	4.07	3.71	3.34
59	4.39	3.72	3.38	3.04
60	3.81	3.25	2.95	2.65

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Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.56	3.19	3.00	2.81
26	3.60	3.23	3.04	2.85
27	3.66	3.28	3.08	2.89
28	3.74	3.35	3.15	2.96
29	3.82	3.43	3.22	3.02
30	3.91	3.52	3.30	3.07
31	4.02	3.62	3.39	3.16
32	4.14	3.72	3.48	3.25
33	4.28	3.84	3.60	3.35
34	4.42	3.97	3.71	3.45
35	4.57	4.11	3.84	3.56
36	4.73	4.24	3.96	3.67
37	4.88	4.37	4.08	3.78
38	5.04	4.52	4.21	3.90
39	5.21	4.66	4.34	4.02
40	5.38	4.80	4.47	4.13
41	5.54	4.95	4.60	4.25
42	5.71	5.08	4.73	4.36
43	5.87	5.23	4.85	4.48
44	6.02	5.36	4.96	4.58
45	6.18	5.48	5.08	4.67
46	6.33	5.60	5.19	4.77
47	6.46	5.71	5.29	4.86
48	6.60	5.82	5.38	4.95
49	6.72	5.92	5.47	5.01
50	6.83	6.00	5.54	5.07
51	6.94	6.08	5.60	5.13
52	7.03	6.14	5.66	5.17
53	7.11	6.21	5.71	5.21
54	7.18	6.25	5.75	5.23
55	7.23	6.28	5.76	5.25
56	6.77	5.88	5.38	4.89
57	6.29	5.43	4.97	4.51
58	5.77	4.96	4.54	4.11
59	5.20	4.47	4.08	3.69
60	4.62	3.95	3.61	3.25

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Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.99	0.79	0.72	0.65
26	1.00	0.80	0.73	0.66
27	1.01	0.81	0.74	0.68
28	1.02	0.83	0.76	0.68
29	1.02	0.85	0.77	0.70
30	1.03	0.86	0.79	0.72
31	1.06	0.89	0.81	0.73
32	1.09	0.91	0.83	0.75
33	1.12	0.94	0.86	0.77
34	1.14	0.97	0.88	0.79
35	1.17	0.99	0.91	0.81
36	1.22	1.03	0.94	0.85
37	1.27	1.08	0.98	0.88
38	1.35	1.14	1.03	0.94
39	1.40	1.19	1.09	0.98
40	1.46	1.24	1.14	1.03
41	1.53	1.30	1.18	1.07
42	1.59	1.35	1.24	1.11
43	1.66	1.41	1.29	1.16
44	1.72	1.48	1.34	1.20
45	1.79	1.54	1.40	1.26
46	1.89	1.61	1.48	1.33
47	1.98	1.70	1.55	1.40
48	2.08	1.79	1.62	1.46
49	2.18	1.87	1.71	1.54
50	2.28	1.96	1.79	1.61
51	2.40	2.06	1.88	1.70
52	2.50	2.15	1.96	1.77
53	2.62	2.26	2.05	1.85
54	2.74	2.36	2.15	1.94
55	2.87	2.46	2.24	2.02
56	3.04	2.61	2.38	2.14
57	3.23	2.77	2.52	2.26
58	3.43	2.93	2.67	2.40
59	3.63	3.10	2.81	2.53
60	3.84	3.27	2.97	2.67

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with 6% COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.55	3.17	2.98	2.79
26	3.56	3.17	2.98	2.80
27	3.56	3.18	2.99	2.80
28	3.56	3.19	3.00	2.81
29	3.63	3.26	3.06	2.86
30	3.72	3.34	3.13	2.93
31	3.84	3.45	3.24	3.02
32	3.97	3.56	3.34	3.11
33	4.12	3.69	3.45	3.20
34	4.26	3.82	3.56	3.31
35	4.41	3.95	3.69	3.43
36	4.57	4.08	3.80	3.52
37	4.74	4.23	3.95	3.65
38	4.90	4.37	4.07	3.76
39	5.05	4.50	4.19	3.87
40	5.19	4.62	4.30	3.96
41	5.33	4.74	4.39	4.06
42	5.45	4.83	4.48	4.13
43	5.56	4.91	4.55	4.19
44	5.66	5.00	4.63	4.26
45	5.74	5.06	4.68	4.30
46	5.80	5.10	4.71	4.32
47	5.84	5.12	4.73	4.34
48	5.88	5.14	4.75	4.35
49	5.89	5.14	4.74	4.34
50	5.92	5.14	4.73	4.32
51	5.94	5.15	4.73	4.32
52	5.94	5.14	4.73	4.30
53	5.95	5.13	4.71	4.28
54	5.97	5.13	4.71	4.27
55	5.99	5.14	4.70	4.26
56	5.61	4.79	4.37	3.96
57	5.23	4.45	4.06	3.67
58	4.83	4.10	3.73	3.37
59	4.43	3.75	3.41	3.07
60	3.84	3.27	2.97	2.67

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1202  
Extended Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
with 6% COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	3.72	3.33	3.13	2.94
26	3.77	3.37	3.18	2.98
27	3.84	3.43	3.23	3.02
28	3.91	3.50	3.30	3.09
29	3.99	3.59	3.37	3.15
30	4.09	3.68	3.45	3.22
31	4.20	3.78	3.54	3.30
32	4.32	3.89	3.64	3.39
33	4.47	4.02	3.76	3.50
34	4.62	4.15	3.87	3.61
35	4.77	4.28	4.00	3.72
36	4.94	4.43	4.13	3.84
37	5.10	4.58	4.26	3.95
38	5.27	4.72	4.40	4.08
39	5.45	4.87	4.54	4.20
40	5.62	5.02	4.67	4.32
41	5.79	5.17	4.80	4.44
42	5.96	5.31	4.93	4.56
43	6.13	5.45	5.06	4.67
44	6.29	5.59	5.18	4.78
45	6.45	5.72	5.30	4.88
46	6.58	5.83	5.41	4.97
47	6.70	5.93	5.49	5.04
48	6.82	6.01	5.56	5.11
49	6.93	6.10	5.64	5.17
50	7.01	6.16	5.69	5.21
51	7.10	6.23	5.73	5.25
52	7.17	6.27	5.77	5.28
53	7.23	6.31	5.80	5.30
54	7.27	6.32	5.81	5.30
55	7.29	6.33	5.81	5.30
56	6.83	5.92	5.42	4.93
57	6.34	5.48	5.02	4.56
58	5.81	5.01	4.58	4.15
59	5.25	4.50	4.12	3.72
60	4.67	4.00	3.65	3.29

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.55	0.40	0.32	0.28
26	0.55	0.41	0.32	0.29
27	0.56	0.41	0.33	0.29
28	0.57	0.42	0.34	0.30
29	0.58	0.43	0.34	0.31
30	0.59	0.44	0.35	0.31
31	0.59	0.45	0.36	0.32
32	0.59	0.46	0.37	0.32
33	0.66	0.51	0.41	0.36
34	0.72	0.57	0.45	0.40
35	0.79	0.62	0.50	0.43
36	0.86	0.68	0.54	0.48
37	0.93	0.74	0.59	0.51
38	0.99	0.79	0.63	0.56
39	1.06	0.85	0.68	0.59
40	1.13	0.90	0.72	0.63
41	1.19	0.95	0.77	0.67
42	1.24	1.00	0.80	0.70
43	1.31	1.05	0.85	0.74
44	1.36	1.10	0.88	0.77
45	1.42	1.15	0.92	0.80
46	1.48	1.20	0.96	0.85
47	1.55	1.25	1.02	0.89
48	1.61	1.31	1.07	0.94
49	1.69	1.38	1.13	0.99
50	1.77	1.45	1.20	1.05
51	1.88	1.54	1.28	1.13
52	2.00	1.64	1.37	1.21
53	2.13	1.76	1.47	1.30
54	2.30	1.89	1.59	1.40
55	2.48	2.04	1.74	1.53
56	2.70	2.23	1.92	1.69
57	2.96	2.45	2.12	1.88
58	3.26	2.70	2.38	2.11
59	3.60	2.99	2.66	2.36
60	4.01	3.32	2.99	2.66
61	4.46	3.70	3.33	2.96
62	4.99	4.14	3.73	3.31
63	5.58	4.64	4.17	3.71
64	6.26	5.19	4.68	4.16

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.91	1.49	1.34	1.19
26	1.90	1.50	1.35	1.21
27	1.92	1.53	1.38	1.22
28	1.96	1.58	1.42	1.26
29	2.02	1.64	1.47	1.31
30	2.09	1.70	1.53	1.36
31	2.17	1.77	1.59	1.42
32	2.26	1.85	1.67	1.49
33	2.36	1.94	1.75	1.56
34	2.47	2.03	1.84	1.63
35	2.58	2.13	1.92	1.71
36	2.73	2.26	2.03	1.81
37	2.88	2.39	2.15	1.92
38	3.04	2.53	2.28	2.03
39	3.21	2.67	2.41	2.14
40	3.39	2.83	2.55	2.26
41	3.57	2.99	2.69	2.39
42	3.76	3.15	2.84	2.52
43	3.96	3.32	2.99	2.66
44	4.17	3.50	3.15	2.80
45	4.37	3.68	3.31	2.94
46	4.63	3.90	3.51	3.11
47	4.90	4.12	3.71	3.30
48	5.18	4.37	3.92	3.49
49	5.46	4.62	4.16	3.69
50	5.77	4.88	4.39	3.91
51	6.10	5.16	4.64	4.13
52	6.44	5.45	4.91	4.37
53	6.81	5.76	5.18	4.61
54	7.20	6.09	5.48	4.88
55	7.61	6.44	5.80	5.15
56	8.11	6.85	6.17	5.48
57	8.63	7.29	6.56	5.83
58	9.20	7.76	6.98	6.20
59	9.80	8.25	7.43	6.60
60	10.44	8.78	7.90	7.02
61	10.09	8.47	7.62	6.78
62	9.66	8.09	7.28	6.47
63	9.12	7.61	6.86	6.09
64	8.04	6.70	6.03	5.36

Berkshire Life Insurance Company of America  
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Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	4.29	3.56	3.20	2.84
26	4.31	3.58	3.22	2.84
27	4.34	3.61	3.25	2.84
28	4.36	3.65	3.28	2.92
29	4.51	3.78	3.40	3.02
30	4.71	3.96	3.56	3.17
31	4.95	4.18	3.76	3.34
32	5.22	4.42	3.98	3.53
33	5.51	4.67	4.20	3.74
34	5.82	4.95	4.46	3.96
35	6.15	5.23	4.71	4.19
36	6.48	5.52	4.97	4.41
37	6.81	5.81	5.22	4.64
38	7.15	6.08	5.48	4.87
39	7.47	6.36	5.73	5.09
40	7.79	6.63	5.98	5.31
41	8.11	6.90	6.21	5.52
42	8.41	7.16	6.44	5.72
43	8.70	7.40	6.66	5.91
44	8.98	7.63	6.87	6.10
45	9.26	7.85	7.07	6.28
46	9.52	8.06	7.26	6.45
47	9.77	8.27	7.44	6.62
48	10.03	8.48	7.62	6.78
49	10.28	8.68	7.80	6.94
50	10.52	8.87	7.98	7.09
51	10.77	9.06	8.16	7.25
52	11.03	9.27	8.34	7.42
53	11.30	9.48	8.53	7.59
54	11.57	9.70	8.73	7.76
55	11.87	9.94	8.95	7.95
56	11.70	9.78	8.80	7.83
57	11.52	9.62	8.66	7.70
58	11.33	9.45	8.51	7.56
59	11.12	9.28	8.35	7.43
60	10.44	8.78	7.90	7.02
61	10.09	8.47	7.62	6.78
62	9.66	8.09	7.28	6.47
63	9.12	7.61	6.86	6.09
64	8.04	6.70	6.03	5.36

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	4.43	3.67	3.30	2.93
26	4.53	3.78	3.40	3.02
27	4.66	3.91	3.51	3.12
28	4.82	4.05	3.65	3.24
29	5.00	4.21	3.80	3.38
30	5.20	4.40	3.96	3.52
31	5.43	4.61	4.14	3.68
32	5.68	4.82	4.34	3.86
33	5.94	5.06	4.55	4.05
34	6.23	5.31	4.78	4.25
35	6.53	5.57	5.01	4.46
36	6.85	5.85	5.27	4.68
37	7.18	6.13	5.52	4.91
38	7.52	6.43	5.79	5.14
39	7.88	6.73	6.06	5.38
40	8.24	7.04	6.34	5.63
41	8.62	7.36	6.62	5.89
42	9.00	7.69	6.91	6.15
43	9.39	8.01	7.21	6.41
44	9.78	8.33	7.51	6.67
45	10.18	8.67	7.80	6.94
46	10.58	9.00	8.10	7.20
47	10.97	9.33	8.40	7.46
48	11.37	9.66	8.69	7.73
49	11.76	9.99	8.99	7.99
50	12.15	10.31	9.28	8.24
51	12.54	10.63	9.57	8.51
52	12.92	10.94	9.85	8.75
53	13.28	11.24	10.12	8.99
54	13.64	11.54	10.39	9.23
55	14.00	11.83	10.64	9.46
56	13.76	11.61	10.45	9.29
57	13.47	11.36	10.22	9.08
58	13.13	11.05	9.95	8.85
59	12.74	10.71	9.64	8.57
60	12.29	10.32	9.29	8.26
61	11.46	9.61	8.65	7.69
62	10.34	8.66	7.79	6.93
63	9.23	7.70	6.93	6.17
64	8.08	6.73	6.06	5.39

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.61	0.44	0.35	0.31
26	0.61	0.45	0.36	0.32
27	0.62	0.47	0.37	0.32
28	0.64	0.48	0.39	0.33
29	0.65	0.49	0.39	0.34
30	0.66	0.50	0.40	0.34
31	0.67	0.50	0.41	0.35
32	0.67	0.51	0.41	0.36
33	0.74	0.58	0.45	0.41
34	0.81	0.64	0.50	0.44
35	0.89	0.69	0.56	0.49
36	0.95	0.76	0.60	0.53
37	1.04	0.83	0.66	0.58
38	1.11	0.89	0.70	0.62
39	1.19	0.95	0.76	0.67
40	1.26	1.01	0.81	0.70
41	1.33	1.07	0.86	0.75
42	1.40	1.12	0.90	0.78
43	1.46	1.18	0.95	0.83
44	1.52	1.23	0.99	0.86
45	1.59	1.29	1.03	0.90
46	1.66	1.34	1.08	0.95
47	1.74	1.40	1.14	1.00
48	1.81	1.48	1.20	1.05
49	1.90	1.54	1.27	1.11
50	1.99	1.62	1.34	1.18
51	2.11	1.72	1.43	1.26
52	2.24	1.84	1.53	1.35
53	2.39	1.96	1.65	1.45
54	2.57	2.12	1.78	1.58
55	2.78	2.29	1.94	1.71
56	3.02	2.50	2.15	1.90
57	3.31	2.75	2.38	2.11
58	3.65	3.02	2.66	2.36
59	4.03	3.35	2.97	2.64
60	4.48	3.72	3.35	2.97
61	5.00	4.14	3.73	3.31
62	5.59	4.64	4.18	3.71
63	6.25	5.20	4.67	4.16
64	7.01	5.81	5.24	4.66

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Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.13	1.67	1.50	1.33
26	2.12	1.68	1.51	1.35
27	2.15	1.71	1.54	1.37
28	2.20	1.76	1.59	1.41
29	2.26	1.84	1.65	1.46
30	2.34	1.91	1.71	1.52
31	2.43	1.99	1.78	1.59
32	2.53	2.08	1.87	1.67
33	2.64	2.18	1.95	1.75
34	2.76	2.28	2.05	1.83
35	2.89	2.39	2.15	1.92
36	3.05	2.53	2.28	2.03
37	3.22	2.68	2.41	2.15
38	3.41	2.84	2.55	2.27
39	3.60	3.00	2.70	2.40
40	3.80	3.17	2.85	2.53
41	4.01	3.35	3.02	2.67
42	4.21	3.53	3.18	2.83
43	4.44	3.72	3.35	2.97
44	4.67	3.92	3.53	3.13
45	4.90	4.12	3.71	3.29
46	5.18	4.37	3.93	3.49
47	5.48	4.62	4.15	3.70
48	5.80	4.89	4.39	3.92
49	6.12	5.18	4.65	4.13
50	6.46	5.46	4.92	4.37
51	6.83	5.78	5.20	4.63
52	7.22	6.11	5.49	4.89
53	7.63	6.45	5.81	5.16
54	8.06	6.82	6.14	5.46
55	8.53	7.21	6.49	5.77
56	9.08	7.67	6.90	6.14
57	9.67	8.16	7.34	6.53
58	10.31	8.69	7.81	6.95
59	10.98	9.24	8.32	7.39
60	11.69	9.84	8.85	7.87
61	11.30	9.49	8.53	7.59
62	10.82	9.06	8.15	7.25
63	10.21	8.52	7.68	6.82
64	9.01	7.50	6.75	6.00

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Individual Disability Income Policy and AMB Rider with Basic  
Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	4.81	3.98	3.59	3.19
26	4.82	4.01	3.61	3.19
27	4.85	4.03	3.64	3.19
28	4.88	4.09	3.67	3.27
29	5.05	4.23	3.81	3.38
30	5.27	4.44	4.00	3.55
31	5.54	4.68	4.21	3.74
32	5.85	4.95	4.46	3.95
33	6.17	5.23	4.71	4.19
34	6.53	5.54	4.99	4.44
35	6.89	5.86	5.27	4.69
36	7.25	6.18	5.56	4.94
37	7.63	6.50	5.85	5.20
38	8.00	6.81	6.14	5.45
39	8.37	7.13	6.42	5.71
40	8.73	7.43	6.70	5.95
41	9.08	7.73	6.96	6.18
42	9.41	8.01	7.21	6.41
43	9.75	8.29	7.46	6.62
44	10.06	8.55	7.70	6.83
45	10.37	8.79	7.91	7.04
46	10.67	9.04	8.14	7.23
47	10.94	9.26	8.33	7.41
48	11.23	9.50	8.54	7.59
49	11.51	9.72	8.74	7.78
50	11.78	9.93	8.94	7.95
51	12.07	10.15	9.14	8.13
52	12.36	10.39	9.34	8.31
53	12.65	10.61	9.56	8.50
54	12.96	10.86	9.77	8.69
55	13.29	11.13	10.02	8.90
56	13.10	10.95	9.86	8.77
57	12.91	10.77	9.69	8.62
58	12.69	10.58	9.52	8.47
59	12.46	10.40	9.35	8.32
60	11.69	9.84	8.85	7.87
61	11.30	9.49	8.53	7.59
62	10.82	9.06	8.15	7.25
63	10.21	8.52	7.68	6.82
64	9.01	7.50	6.75	6.00

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True Own Occupation Rider on  
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Residual Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	4.96	4.11	3.70	3.29
26	5.07	4.23	3.81	3.38
27	5.22	4.37	3.93	3.50
28	5.39	4.54	4.09	3.63
29	5.60	4.72	4.26	3.78
30	5.82	4.93	4.44	3.94
31	6.08	5.16	4.64	4.12
32	6.36	5.40	4.86	4.32
33	6.65	5.66	5.10	4.54
34	6.98	5.95	5.36	4.76
35	7.32	6.24	5.62	4.99
36	7.67	6.55	5.90	5.24
37	8.05	6.87	6.18	5.49
38	8.42	7.20	6.48	5.76
39	8.83	7.54	6.79	6.03
40	9.23	7.88	7.09	6.31
41	9.66	8.24	7.42	6.59
42	10.08	8.60	7.74	6.89
43	10.51	8.97	8.07	7.17
44	10.95	9.33	8.41	7.47
45	11.40	9.71	8.74	7.77
46	11.84	10.08	9.07	8.06
47	12.29	10.45	9.41	8.36
48	12.74	10.82	9.74	8.66
49	13.18	11.19	10.07	8.96
50	13.61	11.54	10.40	9.23
51	14.04	11.91	10.72	9.52
52	14.46	12.25	11.03	9.80
53	14.88	12.59	11.33	10.07
54	15.28	12.92	11.63	10.33
55	15.68	13.25	11.92	10.59
56	15.41	13.01	11.70	10.40
57	15.09	12.72	11.44	10.17
58	14.71	12.38	11.14	9.91
59	14.27	12.00	10.80	9.59
60	13.76	11.57	10.40	9.25
61	12.84	10.76	9.69	8.61
62	11.58	9.70	8.73	7.76
63	10.34	8.62	7.76	6.91
64	9.05	7.54	6.79	6.04

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Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.62	0.45	0.36	0.32
26	0.62	0.46	0.37	0.32
27	0.63	0.47	0.38	0.32
28	0.64	0.48	0.39	0.33
29	0.65	0.49	0.39	0.34
30	0.66	0.50	0.40	0.34
31	0.68	0.51	0.41	0.35
32	0.68	0.52	0.41	0.36
33	0.74	0.58	0.46	0.41
34	0.81	0.64	0.51	0.45
35	0.89	0.70	0.56	0.49
36	0.96	0.77	0.61	0.54
37	1.04	0.84	0.66	0.58
38	1.12	0.89	0.71	0.63
39	1.20	0.95	0.77	0.68
40	1.27	1.02	0.81	0.71
41	1.34	1.08	0.86	0.76
42	1.40	1.13	0.91	0.79
43	1.48	1.19	0.95	0.84
44	1.54	1.24	1.00	0.87
45	1.61	1.31	1.04	0.91
46	1.67	1.35	1.09	0.95
47	1.75	1.41	1.15	1.01
48	1.82	1.49	1.21	1.06
49	1.91	1.56	1.28	1.12
50	2.01	1.64	1.35	1.19
51	2.12	1.74	1.44	1.27
52	2.26	1.85	1.55	1.36
53	2.41	1.98	1.66	1.47
54	2.59	2.13	1.80	1.58
55	2.81	2.31	1.96	1.73
56	3.05	2.52	2.17	1.91
57	3.35	2.76	2.40	2.12
58	3.68	3.05	2.68	2.38
59	4.07	3.38	3.00	2.66
60	4.53	3.75	3.38	3.00
61	5.04	4.18	3.76	3.34
62	5.64	4.68	4.21	3.74
63	6.31	5.24	4.71	4.19
64	7.07	5.86	5.29	4.70

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Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.18	1.69	1.53	1.35
26	2.17	1.71	1.54	1.38
27	2.19	1.75	1.57	1.40
28	2.23	1.80	1.62	1.44
29	2.30	1.86	1.67	1.49
30	2.38	1.94	1.75	1.55
31	2.48	2.03	1.82	1.62
32	2.57	2.12	1.91	1.69
33	2.69	2.21	1.99	1.77
34	2.81	2.32	2.10	1.85
35	2.94	2.43	2.19	1.95
36	3.11	2.57	2.32	2.06
37	3.29	2.73	2.45	2.19
38	3.47	2.88	2.59	2.31
39	3.66	3.05	2.75	2.44
40	3.87	3.22	2.91	2.57
41	4.08	3.40	3.07	2.72
42	4.29	3.59	3.23	2.87
43	4.52	3.79	3.40	3.02
44	4.75	3.99	3.59	3.20
45	4.99	4.19	3.78	3.36
46	5.27	4.44	4.00	3.55
47	5.57	4.69	4.22	3.76
48	5.89	4.96	4.46	3.97
49	6.21	5.25	4.73	4.19
50	6.55	5.54	4.99	4.44
51	6.92	5.85	5.27	4.68
52	7.30	6.18	5.56	4.94
53	7.71	6.53	5.87	5.22
54	8.15	6.89	6.20	5.52
55	8.60	7.27	6.55	5.81
56	9.16	7.74	6.97	6.19
57	9.76	8.24	7.42	6.59
58	10.40	8.77	7.88	7.01
59	11.08	9.32	8.39	7.45
60	11.80	9.93	8.93	7.93
61	11.40	9.57	8.61	7.66
62	10.92	9.14	8.23	7.31
63	10.31	8.60	7.75	6.88
64	9.09	7.57	6.81	6.06

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Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	5.02	4.16	3.74	3.33
26	5.04	4.19	3.76	3.33
27	5.07	4.21	3.79	3.33
28	5.09	4.27	3.83	3.41
29	5.27	4.42	3.98	3.54
30	5.51	4.64	4.17	3.71
31	5.79	4.89	4.40	3.91
32	6.11	5.17	4.65	4.13
33	6.44	5.46	4.91	4.38
34	6.81	5.79	5.21	4.64
35	7.19	6.12	5.51	4.90
36	7.58	6.45	5.81	5.16
37	7.97	6.80	6.11	5.44
38	8.36	7.12	6.41	5.70
39	8.74	7.44	6.71	5.96
40	9.12	7.76	6.99	6.21
41	9.49	8.07	7.26	6.45
42	9.84	8.37	7.53	6.70
43	10.18	8.66	7.79	6.92
44	10.51	8.93	8.04	7.14
45	10.84	9.18	8.26	7.35
46	11.11	9.41	8.47	7.52
47	11.36	9.61	8.65	7.69
48	11.61	9.82	8.83	7.85
49	11.86	10.01	9.01	8.01
50	12.10	10.20	9.18	8.15
51	12.35	10.39	9.35	8.32
52	12.60	10.58	9.53	8.47
53	12.85	10.78	9.71	8.63
54	13.12	11.00	9.90	8.80
55	13.42	11.23	10.11	8.98
56	13.22	11.05	9.95	8.85
57	13.01	10.87	9.78	8.69
58	12.81	10.68	9.61	8.54
59	12.57	10.49	9.44	8.39
60	11.80	9.93	8.93	7.93
61	11.40	9.57	8.61	7.66
62	10.92	9.14	8.23	7.31
63	10.31	8.60	7.75	6.88
64	9.09	7.57	6.81	6.06

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Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	5.18	4.29	3.86	3.44
26	5.30	4.42	3.98	3.54
27	5.45	4.57	4.10	3.65
28	5.63	4.73	4.27	3.79
29	5.84	4.93	4.45	3.95
30	6.08	5.15	4.64	4.12
31	6.35	5.39	4.84	4.31
32	6.64	5.64	5.08	4.52
33	6.95	5.92	5.33	4.73
34	7.29	6.21	5.59	4.97
35	7.64	6.52	5.87	5.21
36	8.01	6.84	6.16	5.47
37	8.41	7.17	6.45	5.74
38	8.80	7.52	6.77	6.01
39	9.23	7.88	7.08	6.30
40	9.65	8.24	7.42	6.59
41	10.09	8.61	7.75	6.89
42	10.53	8.99	8.09	7.19
43	10.98	9.37	8.43	7.50
44	11.45	9.75	8.78	7.80
45	11.91	10.14	9.13	8.12
46	12.33	10.49	9.44	8.40
47	12.74	10.85	9.76	8.67
48	13.17	11.19	10.07	8.96
49	13.57	11.53	10.38	9.23
50	13.97	11.85	10.67	9.48
51	14.36	12.18	10.96	9.75
52	14.75	12.49	11.24	9.99
53	15.12	12.79	11.51	10.23
54	15.47	13.09	11.78	10.46
55	15.81	13.37	12.02	10.69
56	15.55	13.12	11.81	10.49
57	15.23	12.83	11.55	10.26
58	14.84	12.49	11.24	10.00
59	14.39	12.11	10.89	9.68
60	13.88	11.66	10.49	9.33
61	12.95	10.86	9.77	8.69
62	11.68	9.79	8.80	7.83
63	10.43	8.70	7.83	6.97
64	9.13	7.60	6.85	6.09

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COLA Rider Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.02	1.59	1.45	1.30
26	2.02	1.62	1.47	1.32
27	2.04	1.66	1.50	1.35
28	2.10	1.71	1.56	1.40
29	2.15	1.77	1.60	1.44
30	2.23	1.85	1.67	1.50
31	2.31	1.92	1.74	1.57
32	2.40	2.00	1.82	1.63
33	2.50	2.09	1.89	1.70
34	2.62	2.19	1.99	1.78
35	2.74	2.29	2.07	1.86
36	2.89	2.42	2.20	1.97
37	3.04	2.56	2.31	2.08
38	3.21	2.70	2.45	2.20
39	3.39	2.85	2.59	2.32
40	3.59	3.02	2.75	2.46
41	3.78	3.20	2.90	2.59
42	3.98	3.37	3.05	2.74
43	4.19	3.56	3.22	2.89
44	4.42	3.75	3.40	3.05
45	4.64	3.94	3.57	3.20
46	4.91	4.18	3.79	3.39
47	5.19	4.42	4.01	3.60
48	5.49	4.68	4.24	3.81
49	5.81	4.96	4.50	4.03
50	6.13	5.24	4.75	4.27
51	6.47	5.53	5.01	4.50
52	6.83	5.84	5.29	4.75
53	7.22	6.17	5.59	5.01
54	7.61	6.51	5.90	5.29
55	8.04	6.86	6.22	5.57
56	8.55	7.29	6.61	5.92
57	9.07	7.73	7.00	6.27
58	9.65	8.21	7.43	6.65
59	10.25	8.70	7.88	7.05
60	10.88	9.23	8.34	7.46

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Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	5.53	4.79	4.44	4.08
26	5.54	4.82	4.46	4.08
27	5.57	4.84	4.48	4.08
28	5.60	4.89	4.52	4.16
29	5.75	5.02	4.64	4.27
30	5.95	5.20	4.81	4.41
31	6.19	5.42	5.00	4.58
32	6.49	5.69	5.25	4.80
33	6.80	5.97	5.50	5.04
34	7.15	6.27	5.78	5.28
35	7.50	6.58	6.06	5.54
36	7.86	6.89	6.35	5.79
37	8.22	7.21	6.62	6.05
38	8.57	7.51	6.90	6.29
39	8.91	7.80	7.17	6.53
40	9.25	8.09	7.43	6.77
41	9.58	8.37	7.68	6.98
42	9.87	8.62	7.90	7.19
43	10.17	8.87	8.13	7.38
44	10.44	9.09	8.33	7.56
45	10.70	9.29	8.51	7.72
46	10.94	9.49	8.69	7.88
47	11.17	9.67	8.84	8.01
48	11.39	9.85	8.99	8.15
49	11.61	10.01	9.14	8.27
50	11.81	10.15	9.27	8.38
51	12.02	10.31	9.41	8.50
52	12.22	10.46	9.53	8.60
53	12.42	10.60	9.66	8.71
54	12.65	10.77	9.80	8.83
55	12.88	10.94	9.95	8.96
56	12.57	10.66	9.68	8.70
57	12.28	10.38	9.41	8.45
58	11.97	10.09	9.14	8.20
59	11.66	9.82	8.89	7.97
60	10.88	9.23	8.34	7.46

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Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	5.74	4.99	4.62	4.25
26	5.85	5.10	4.73	4.35
27	6.00	5.25	4.85	4.46
28	6.17	5.41	5.00	4.60
29	6.37	5.59	5.18	4.75
30	6.60	5.80	5.36	4.91
31	6.85	6.03	5.56	5.10
32	7.12	6.26	5.78	5.30
33	7.41	6.53	6.02	5.52
34	7.72	6.80	6.27	5.74
35	8.06	7.09	6.53	5.98
36	8.40	7.40	6.81	6.23
37	8.77	7.71	7.10	6.49
38	9.14	8.04	7.40	6.75
39	9.52	8.37	7.70	7.02
40	9.90	8.69	7.99	7.29
41	10.31	9.05	8.31	7.57
42	10.70	9.39	8.61	7.85
43	11.11	9.73	8.93	8.13
44	11.51	10.06	9.23	8.40
45	11.93	10.41	9.55	8.69
46	12.32	10.75	9.85	8.95
47	12.72	11.08	10.14	9.21
48	13.10	11.39	10.43	9.47
49	13.49	11.72	10.72	9.72
50	13.86	12.02	10.99	9.95
51	14.22	12.31	11.25	10.19
52	14.56	12.58	11.49	10.40
53	14.89	12.84	11.72	10.59
54	15.19	13.09	11.93	10.77
55	15.48	13.31	12.12	10.94
56	15.11	12.96	11.80	10.64
57	14.69	12.57	11.43	10.30
58	14.21	12.13	11.03	9.93
59	13.67	11.65	10.58	9.50
60	13.08	11.12	10.08	9.05

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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.25	1.78	1.62	1.45
26	2.26	1.82	1.65	1.49
27	2.30	1.85	1.68	1.51
28	2.35	1.92	1.75	1.57
29	2.41	1.99	1.80	1.61
30	2.50	2.07	1.87	1.68
31	2.59	2.15	1.94	1.76
32	2.69	2.24	2.03	1.83
33	2.80	2.34	2.12	1.91
34	2.93	2.45	2.22	2.00
35	3.06	2.56	2.32	2.09
36	3.23	2.71	2.46	2.21
37	3.40	2.86	2.59	2.33
38	3.60	3.02	2.74	2.46
39	3.80	3.20	2.90	2.60
40	4.02	3.39	3.08	2.75
41	4.24	3.58	3.25	2.91
42	4.46	3.77	3.42	3.07
43	4.70	3.98	3.61	3.23
44	4.95	4.20	3.81	3.41
45	5.19	4.42	4.01	3.59
46	5.50	4.68	4.25	3.81
47	5.81	4.95	4.48	4.03
48	6.15	5.24	4.74	4.27
49	6.51	5.56	5.04	4.52
50	6.87	5.87	5.33	4.78
51	7.25	6.19	5.62	5.04
52	7.65	6.54	5.92	5.32
53	8.08	6.90	6.26	5.61
54	8.53	7.29	6.61	5.93
55	9.01	7.69	6.97	6.25
56	9.58	8.16	7.40	6.63
57	10.16	8.66	7.84	7.03
58	10.81	9.19	8.32	7.45
59	11.48	9.75	8.82	7.89
60	12.19	10.33	9.34	8.36

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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.18	5.36	4.97	4.56
26	6.20	5.38	4.99	4.56
27	6.23	5.41	5.01	4.56
28	6.26	5.47	5.06	4.65
29	6.44	5.62	5.19	4.77
30	6.66	5.82	5.38	4.93
31	6.94	6.08	5.61	5.14
32	7.27	6.37	5.88	5.37
33	7.61	6.68	6.16	5.64
34	8.01	7.03	6.47	5.92
35	8.40	7.37	6.79	6.20
36	8.79	7.72	7.10	6.48
37	9.21	8.07	7.43	6.78
38	9.59	8.41	7.73	7.05
39	9.98	8.74	8.03	7.32
40	10.36	9.05	8.33	7.58
41	10.73	9.38	8.60	7.83
42	11.06	9.66	8.86	8.06
43	11.39	9.94	9.11	8.27
44	11.69	10.18	9.32	8.46
45	11.98	10.40	9.52	8.65
46	12.26	10.63	9.73	8.82
47	12.51	10.83	9.90	8.97
48	12.76	11.03	10.07	9.12
49	13.01	11.21	10.23	9.27
50	13.22	11.37	10.38	9.39
51	13.46	11.55	10.54	9.52
52	13.69	11.72	10.67	9.64
53	13.91	11.87	10.82	9.76
54	14.16	12.06	10.97	9.88
55	14.42	12.26	11.14	10.03
56	14.09	11.93	10.84	9.75
57	13.75	11.62	10.54	9.47
58	13.41	11.30	10.24	9.19
59	13.06	11.00	9.95	8.92
60	12.19	10.33	9.34	8.36

Berkshire Life Insurance Company of America  
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Policy Form 1203  
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Individual Disability Income Policy and AMB Rider with 3%  
COLA and Basic Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.44	5.59	5.18	4.76
26	6.55	5.72	5.29	4.87
27	6.72	5.88	5.44	5.00
28	6.91	6.06	5.61	5.15
29	7.14	6.26	5.80	5.32
30	7.39	6.50	6.00	5.51
31	7.67	6.75	6.23	5.72
32	7.97	7.01	6.47	5.93
33	8.30	7.31	6.75	6.18
34	8.65	7.62	7.03	6.44
35	9.02	7.94	7.32	6.69
36	9.41	8.29	7.63	6.98
37	9.82	8.64	7.96	7.26
38	10.22	9.00	8.28	7.56
39	10.67	9.38	8.62	7.87
40	11.09	9.74	8.95	8.16
41	11.54	10.13	9.30	8.47
42	11.99	10.51	9.65	8.79
43	12.44	10.90	10.00	9.10
44	12.89	11.27	10.34	9.41
45	13.36	11.66	10.69	9.72
46	13.80	12.03	11.03	10.02
47	14.24	12.40	11.36	10.31
48	14.68	12.76	11.68	10.60
49	15.11	13.12	12.01	10.89
50	15.53	13.46	12.31	11.15
51	15.92	13.79	12.60	11.40
52	16.31	14.09	12.87	11.65
53	16.67	14.38	13.12	11.86
54	17.02	14.66	13.37	12.07
55	17.34	14.91	13.58	12.26
56	16.92	14.52	13.21	11.92
57	16.45	14.08	12.80	11.53
58	15.91	13.58	12.35	11.12
59	15.31	13.04	11.84	10.64
60	14.65	12.46	11.30	10.14

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True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with 3%  
COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.30	1.82	1.66	1.48
26	2.30	1.85	1.67	1.51
27	2.33	1.89	1.71	1.54
28	2.39	1.95	1.77	1.59
29	2.45	2.02	1.83	1.64
30	2.54	2.10	1.91	1.71
31	2.64	2.19	1.98	1.78
32	2.74	2.28	2.07	1.85
33	2.85	2.38	2.15	1.94
34	2.98	2.49	2.27	2.03
35	3.11	2.60	2.36	2.12
36	3.29	2.75	2.50	2.24
37	3.47	2.92	2.64	2.38
38	3.66	3.08	2.79	2.51
39	3.87	3.26	2.95	2.65
40	4.10	3.45	3.13	2.80
41	4.31	3.64	3.30	2.95
42	4.54	3.83	3.47	3.11
43	4.79	4.06	3.67	3.29
44	5.04	4.28	3.88	3.48
45	5.28	4.49	4.08	3.65
46	5.58	4.75	4.31	3.86
47	5.91	5.03	4.56	4.10
48	6.25	5.32	4.82	4.33
49	6.60	5.63	5.11	4.58
50	6.96	5.94	5.39	4.84
51	7.34	6.27	5.69	5.10
52	7.74	6.62	6.00	5.38
53	8.17	6.98	6.33	5.68
54	8.61	7.36	6.67	5.99
55	9.08	7.75	7.03	6.29
56	9.66	8.24	7.46	6.69
57	10.25	8.73	7.91	7.08
58	10.90	9.27	8.39	7.52
59	11.58	9.83	8.89	7.96
60	12.29	10.42	9.42	8.42

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Individual Disability Income Policy and AMB Rider with 3%  
COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.46	5.60	5.18	4.77
26	6.48	5.63	5.20	4.77
27	6.51	5.65	5.23	4.77
28	6.54	5.72	5.28	4.86
29	6.72	5.87	5.43	4.99
30	6.96	6.08	5.62	5.16
31	7.24	6.34	5.85	5.36
32	7.60	6.65	6.14	5.62
33	7.96	6.98	6.43	5.90
34	8.36	7.34	6.76	6.18
35	8.77	7.70	7.08	6.47
36	9.19	8.06	7.43	6.77
37	9.61	8.43	7.75	7.07
38	10.03	8.78	8.07	7.36
39	10.42	9.13	8.39	7.64
40	10.82	9.46	8.69	7.91
41	11.21	9.79	8.98	8.17
42	11.56	10.09	9.25	8.42
43	11.90	10.38	9.51	8.64
44	12.22	10.64	9.75	8.85
45	12.52	10.86	9.95	9.04
46	12.76	11.06	10.13	9.18
47	12.98	11.23	10.27	9.31
48	13.19	11.40	10.41	9.43
49	13.40	11.55	10.55	9.55
50	13.57	11.67	10.66	9.63
51	13.77	11.81	10.77	9.74
52	13.96	11.94	10.89	9.83
53	14.13	12.06	10.99	9.91
54	14.34	12.21	11.12	10.02
55	14.56	12.38	11.25	10.13
56	14.21	12.04	10.94	9.84
57	13.87	11.73	10.64	9.55
58	13.53	11.40	10.33	9.26
59	13.19	11.10	10.05	9.00
60	12.29	10.42	9.42	8.42

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Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.72	5.83	5.40	4.98
26	6.85	5.97	5.53	5.09
27	7.02	6.14	5.67	5.22
28	7.23	6.33	5.86	5.38
29	7.45	6.54	6.06	5.56
30	7.71	6.78	6.26	5.75
31	8.02	7.06	6.51	5.98
32	8.33	7.33	6.76	6.20
33	8.67	7.64	7.05	6.45
34	9.04	7.96	7.34	6.71
35	9.42	8.30	7.65	6.99
36	9.82	8.65	7.97	7.28
37	10.26	9.03	8.31	7.60
38	10.68	9.40	8.65	7.89
39	11.14	9.79	9.00	8.22
40	11.58	10.17	9.35	8.52
41	12.06	10.58	9.72	8.86
42	12.52	10.98	10.08	9.18
43	12.99	11.38	10.44	9.50
44	13.47	11.77	10.81	9.83
45	13.95	12.19	11.17	10.16
46	14.36	12.53	11.48	10.43
47	14.77	12.87	11.78	10.69
48	15.18	13.20	12.09	10.97
49	15.57	13.53	12.38	11.22
50	15.93	13.82	12.64	11.44
51	16.29	14.10	12.89	11.67
52	16.63	14.37	13.12	11.87
53	16.95	14.62	13.34	12.06
54	17.23	14.84	13.54	12.21
55	17.49	15.04	13.70	12.37
56	17.08	14.65	13.34	12.02
57	16.61	14.21	12.92	11.64
58	16.07	13.72	12.47	11.22
59	15.45	13.17	11.95	10.75
60	14.77	12.56	11.39	10.22

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Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.10	1.67	1.53	1.38
26	2.12	1.72	1.57	1.42
27	2.15	1.76	1.61	1.46
28	2.21	1.82	1.67	1.50
29	2.27	1.89	1.72	1.56
30	2.35	1.96	1.79	1.62
31	2.43	2.03	1.85	1.68
32	2.52	2.12	1.94	1.75
33	2.62	2.21	2.01	1.82
34	2.74	2.30	2.11	1.90
35	2.85	2.40	2.19	1.98
36	3.01	2.54	2.31	2.09
37	3.17	2.68	2.44	2.21
38	3.34	2.83	2.57	2.32
39	3.53	2.99	2.73	2.46
40	3.73	3.16	2.88	2.59
41	3.92	3.34	3.04	2.74
42	4.14	3.53	3.21	2.90
43	4.37	3.73	3.39	3.06
44	4.59	3.92	3.57	3.22
45	4.83	4.14	3.77	3.40
46	5.11	4.38	4.00	3.60
47	5.42	4.64	4.23	3.83
48	5.73	4.92	4.48	4.05
49	6.05	5.20	4.74	4.28
50	6.39	5.50	5.01	4.53
51	6.76	5.81	5.30	4.79
52	7.13	6.14	5.59	5.05
53	7.52	6.47	5.90	5.32
54	7.94	6.83	6.22	5.62
55	8.37	7.19	6.55	5.90
56	8.88	7.62	6.94	6.26
57	9.41	8.07	7.34	6.62
58	9.99	8.55	7.77	6.99
59	10.59	9.05	8.22	7.39
60	11.21	9.56	8.68	7.79

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Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	6.75	6.01	5.66	5.30
26	6.77	6.04	5.68	5.30
27	6.80	6.07	5.71	5.30
28	6.81	6.10	5.73	5.37
29	6.97	6.24	5.86	5.48
30	7.16	6.42	6.02	5.63
31	7.41	6.63	6.22	5.80
32	7.68	6.88	6.44	5.99
33	7.97	7.13	6.66	6.20
34	8.32	7.44	6.95	6.45
35	8.69	7.77	7.25	6.72
36	9.05	8.09	7.54	6.98
37	9.42	8.42	7.83	7.25
38	9.79	8.73	8.13	7.52
39	10.13	9.03	8.40	7.76
40	10.48	9.32	8.66	7.99
41	10.79	9.59	8.89	8.20
42	11.09	9.84	9.12	8.41
43	11.37	10.06	9.32	8.58
44	11.62	10.27	9.50	8.74
45	11.86	10.45	9.67	8.88
46	12.08	10.62	9.82	9.01
47	12.27	10.76	9.94	9.11
48	12.46	10.91	10.05	9.21
49	12.63	11.03	10.15	9.29
50	12.78	11.12	10.24	9.35
51	12.93	11.22	10.32	9.41
52	13.09	11.32	10.40	9.47
53	13.24	11.42	10.48	9.53
54	13.40	11.53	10.56	9.59
55	13.57	11.64	10.65	9.65
56	13.19	11.28	10.30	9.32
57	12.82	10.92	9.95	8.99
58	12.44	10.56	9.61	8.67
59	12.06	10.22	9.29	8.36
60	11.21	9.56	8.68	7.79

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Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	7.07	6.31	5.94	5.57
26	7.16	6.42	6.04	5.66
27	7.30	6.54	6.15	5.76
28	7.46	6.70	6.29	5.89
29	7.66	6.88	6.46	6.04
30	7.89	7.09	6.65	6.21
31	8.15	7.34	6.87	6.41
32	8.44	7.59	7.10	6.62
33	8.74	7.86	7.35	6.85
34	9.06	8.15	7.61	7.08
35	9.41	8.45	7.89	7.34
36	9.77	8.78	8.19	7.61
37	10.14	9.09	8.48	7.87
38	10.53	9.43	8.79	8.15
39	10.93	9.77	9.10	8.42
40	11.32	10.12	9.41	8.71
41	11.73	10.47	9.73	8.99
42	12.13	10.82	10.04	9.28
43	12.54	11.16	10.36	9.56
44	12.94	11.49	10.67	9.83
45	13.34	11.83	10.96	10.10
46	13.73	12.15	11.25	10.35
47	14.10	12.47	11.53	10.59
48	14.47	12.76	11.80	10.84
49	14.83	13.06	12.06	11.06
50	15.17	13.32	12.29	11.26
51	15.49	13.58	12.52	11.46
52	15.79	13.81	12.72	11.62
53	16.07	14.02	12.90	11.77
54	16.32	14.21	13.06	11.90
55	16.54	14.37	13.19	12.01
56	16.07	13.92	12.76	11.60
57	15.54	13.43	12.29	11.15
58	14.96	12.88	11.77	10.67
59	14.31	12.29	11.21	10.14
60	13.61	11.65	10.61	9.59

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Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.34	1.87	1.71	1.54
26	2.37	1.93	1.76	1.59
27	2.41	1.97	1.80	1.63
28	2.47	2.03	1.86	1.68
29	2.54	2.12	1.93	1.74
30	2.63	2.20	2.00	1.81
31	2.72	2.28	2.07	1.88
32	2.82	2.37	2.16	1.95
33	2.93	2.48	2.25	2.04
34	3.07	2.58	2.36	2.13
35	3.20	2.69	2.46	2.22
36	3.37	2.84	2.59	2.34
37	3.55	3.01	2.74	2.48
38	3.74	3.17	2.88	2.60
39	3.95	3.35	3.05	2.75
40	4.17	3.54	3.22	2.90
41	4.40	3.74	3.41	3.07
42	4.64	3.95	3.60	3.25
43	4.89	4.17	3.80	3.42
44	5.15	4.40	4.01	3.61
45	5.41	4.64	4.22	3.81
46	5.72	4.91	4.47	4.03
47	6.07	5.20	4.73	4.28
48	6.42	5.51	5.01	4.54
49	6.78	5.83	5.31	4.79
50	7.16	6.16	5.62	5.07
51	7.57	6.52	5.94	5.36
52	7.98	6.88	6.26	5.65
53	8.42	7.25	6.60	5.95
54	8.89	7.65	6.97	6.29
55	9.38	8.06	7.34	6.62
56	9.95	8.53	7.77	7.00
57	10.54	9.04	8.22	7.41
58	11.20	9.58	8.70	7.84
59	11.87	10.13	9.21	8.28
60	12.56	10.70	9.71	8.73

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Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	7.56	6.73	6.35	5.94
26	7.58	6.76	6.36	5.94
27	7.61	6.79	6.39	5.94
28	7.63	6.84	6.43	6.02
29	7.80	6.98	6.56	6.14
30	8.03	7.19	6.75	6.30
31	8.30	7.43	6.97	6.50
32	8.60	7.70	7.21	6.71
33	8.92	7.98	7.46	6.95
34	9.32	8.33	7.78	7.23
35	9.73	8.70	8.12	7.53
36	10.13	9.06	8.44	7.82
37	10.56	9.42	8.78	8.13
38	10.96	9.77	9.10	8.42
39	11.36	10.12	9.41	8.69
40	11.74	10.43	9.70	8.96
41	12.09	10.74	9.96	9.19
42	12.42	11.02	10.22	9.41
43	12.74	11.28	10.45	9.61
44	13.01	11.50	10.65	9.78
45	13.28	11.71	10.83	9.95
46	13.53	11.90	11.00	10.09
47	13.73	12.05	11.12	10.20
48	13.95	12.21	11.26	10.31
49	14.14	12.35	11.37	10.40
50	14.31	12.46	11.47	10.48
51	14.49	12.57	11.57	10.55
52	14.65	12.68	11.64	10.60
53	14.83	12.79	11.74	10.67
54	15.00	12.91	11.82	10.73
55	15.20	13.04	11.93	10.81
56	14.78	12.63	11.53	10.44
57	14.36	12.22	11.14	10.07
58	13.93	11.83	10.76	9.71
59	13.50	11.44	10.40	9.36
60	12.56	10.70	9.71	8.73

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Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	7.91	7.07	6.65	6.24
26	8.02	7.18	6.76	6.34
27	8.17	7.33	6.89	6.45
28	8.35	7.50	7.05	6.59
29	8.59	7.70	7.25	6.77
30	8.84	7.95	7.45	6.96
31	9.13	8.21	7.69	7.17
32	9.46	8.50	7.96	7.42
33	9.78	8.79	8.24	7.67
34	10.15	9.13	8.53	7.94
35	10.54	9.46	8.84	8.21
36	10.94	9.83	9.17	8.51
37	11.37	10.19	9.50	8.81
38	11.79	10.57	9.85	9.13
39	12.24	10.95	10.20	9.44
40	12.68	11.33	10.54	9.76
41	13.13	11.72	10.89	10.06
42	13.59	12.11	11.25	10.40
43	14.04	12.50	11.60	10.70
44	14.49	12.87	11.94	11.01
45	14.94	13.25	12.28	11.30
46	15.37	13.61	12.60	11.59
47	15.80	13.96	12.92	11.87
48	16.21	14.29	13.21	12.13
49	16.61	14.63	13.51	12.39
50	16.98	14.91	13.77	12.61
51	17.34	15.21	14.02	12.83
52	17.68	15.46	14.24	13.01
53	17.99	15.71	14.45	13.19
54	18.28	15.92	14.63	13.33
55	18.53	16.10	14.77	13.45
56	18.00	15.60	14.29	13.00
57	17.42	15.04	13.76	12.49
58	16.75	14.42	13.19	11.95
59	16.03	13.76	12.56	11.36
60	15.25	13.05	11.89	10.74

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with 6%  
COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.39	1.91	1.75	1.57
26	2.41	1.95	1.78	1.62
27	2.46	2.02	1.84	1.67
28	2.51	2.08	1.90	1.72
29	2.58	2.15	1.96	1.77
30	2.67	2.23	2.04	1.85
31	2.77	2.32	2.12	1.92
32	2.87	2.41	2.21	1.99
33	2.99	2.51	2.29	2.07
34	3.11	2.63	2.40	2.16
35	3.25	2.74	2.49	2.26
36	3.42	2.89	2.64	2.38
37	3.61	3.05	2.77	2.51
38	3.81	3.22	2.93	2.66
39	4.02	3.41	3.11	2.80
40	4.25	3.60	3.29	2.95
41	4.48	3.81	3.47	3.12
42	4.73	4.02	3.66	3.30
43	4.98	4.25	3.86	3.48
44	5.24	4.47	4.08	3.68
45	5.51	4.72	4.30	3.88
46	5.82	5.00	4.55	4.10
47	6.17	5.28	4.82	4.36
48	6.52	5.59	5.09	4.60
49	6.88	5.91	5.39	4.86
50	7.25	6.24	5.69	5.14
51	7.67	6.60	6.01	5.43
52	8.07	6.96	6.34	5.72
53	8.51	7.33	6.67	6.02
54	8.98	7.73	7.04	6.35
55	9.46	8.13	7.41	6.67
56	10.04	8.61	7.84	7.07
57	10.64	9.12	8.30	7.47
58	11.29	9.66	8.78	7.90
59	11.97	10.22	9.28	8.34
60	12.67	10.80	9.80	8.80

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with 6%  
COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	7.89	7.03	6.62	6.20
26	7.91	7.06	6.63	6.20
27	7.94	7.08	6.66	6.20
28	7.97	7.14	6.71	6.28
29	8.15	7.29	6.85	6.41
30	8.38	7.51	7.04	6.58
31	8.66	7.76	7.27	6.78
32	8.98	8.04	7.52	7.00
33	9.32	8.33	7.79	7.25
34	9.73	8.70	8.13	7.55
35	10.16	9.09	8.48	7.87
36	10.59	9.47	8.83	8.17
37	11.03	9.85	9.16	8.49
38	11.46	10.22	9.50	8.79
39	11.85	10.56	9.82	9.07
40	12.26	10.90	10.13	9.35
41	12.63	11.21	10.40	9.59
42	12.98	11.51	10.67	9.84
43	13.29	11.77	10.91	10.04
44	13.60	12.02	11.12	10.22
45	13.88	12.22	11.30	10.40
46	14.09	12.38	11.45	10.50
47	14.26	12.51	11.55	10.58
48	14.43	12.64	11.65	10.67
49	14.57	12.72	11.72	10.72
50	14.70	12.80	11.78	10.76
51	14.82	12.86	11.83	10.79
52	14.94	12.92	11.87	10.81
53	15.07	13.00	11.93	10.85
54	15.19	13.07	11.97	10.87
55	15.35	13.16	12.03	10.91
56	14.91	12.74	11.64	10.54
57	14.48	12.34	11.25	10.16
58	14.06	11.93	10.86	9.79
59	13.63	11.54	10.49	9.44
60	12.67	10.80	9.80	8.80

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1203  
True Own Occupation Rider on  
Individual Disability Income Policy and AMB Rider with 6%  
COLA and Enhanced Residual Riders Attached  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	8.27	7.38	6.95	6.53
26	8.39	7.51	7.07	6.62
27	8.54	7.66	7.19	6.74
28	8.73	7.83	7.36	6.89
29	8.96	8.05	7.56	7.07
30	9.23	8.30	7.79	7.27
31	9.54	8.58	8.03	7.50
32	9.87	8.87	8.31	7.75
33	10.22	9.20	8.60	8.01
34	10.61	9.53	8.91	8.29
35	11.01	9.88	9.23	8.58
36	11.43	10.26	9.58	8.89
37	11.87	10.64	9.92	9.21
38	12.32	11.03	10.29	9.53
39	12.78	11.43	10.64	9.86
40	13.25	11.84	11.02	10.19
41	13.73	12.25	11.39	10.52
42	14.19	12.65	11.75	10.85
43	14.66	13.05	12.11	11.18
44	15.15	13.45	12.48	11.50
45	15.61	13.84	12.83	11.82
46	16.00	14.17	13.11	12.07
47	16.38	14.48	13.39	12.30
48	16.77	14.79	13.67	12.56
49	17.11	15.07	13.91	12.76
50	17.43	15.32	14.14	12.94
51	17.75	15.56	14.35	13.13
52	18.03	15.77	14.52	13.27
53	18.29	15.96	14.68	13.40
54	18.50	16.12	14.81	13.49
55	18.69	16.25	14.90	13.57
56	18.16	15.73	14.42	13.10
57	17.57	15.17	13.89	12.60
58	16.90	14.55	13.30	12.06
59	16.17	13.89	12.67	11.47
60	15.37	13.16	11.99	10.83

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1205  
Catastrophic Rider on  
Individual Disability Income Policy  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 2 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	0.82	0.60	0.48	0.42
26	0.83	0.61	0.49	0.43
27	0.84	0.62	0.50	0.44
28	0.85	0.64	0.51	0.45
29	0.86	0.65	0.52	0.45
30	0.87	0.66	0.53	0.46
31	0.88	0.68	0.54	0.47
32	0.90	0.69	0.55	0.48
33	0.98	0.76	0.61	0.53
34	1.08	0.84	0.68	0.59
35	1.18	0.93	0.74	0.65
36	1.28	1.02	0.81	0.71
37	1.39	1.10	0.88	0.77
38	1.49	1.19	0.95	0.83
39	1.59	1.27	1.02	0.89
40	1.68	1.35	1.08	0.95
41	1.78	1.43	1.14	1.00
42	1.87	1.50	1.20	1.05
43	1.96	1.58	1.26	1.10
44	2.04	1.65	1.32	1.16
45	2.13	1.72	1.38	1.21
46	2.22	1.80	1.45	1.27
47	2.32	1.88	1.52	1.34
48	2.42	1.97	1.60	1.41
49	2.53	2.07	1.69	1.49
50	2.67	2.18	1.80	1.58
51	2.82	2.30	1.91	1.68
52	2.99	2.45	2.05	1.80
53	3.20	2.63	2.21	1.94
54	3.44	2.83	2.39	2.11
55	3.72	3.07	2.61	2.30
56	4.05	3.34	2.88	2.54
57	4.44	3.67	3.19	2.82
58	4.89	4.04	3.56	3.15
59	5.41	4.48	3.99	3.54
60	6.01	4.98	4.48	3.98

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1205  
Catastrophic Rider on  
Individual Disability Income Policy  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex 5 Year Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.04	0.81	0.73	0.65
26	1.06	0.83	0.75	0.67
27	1.09	0.87	0.78	0.69
28	1.13	0.91	0.82	0.73
29	1.18	0.96	0.87	0.77
30	1.25	1.02	0.92	0.82
31	1.33	1.09	0.98	0.87
32	1.41	1.16	1.04	0.93
33	1.51	1.24	1.12	0.99
34	1.61	1.33	1.20	1.06
35	1.72	1.42	1.28	1.14
36	1.84	1.52	1.37	1.22
37	1.96	1.63	1.47	1.30
38	2.10	1.75	1.57	1.40
39	2.24	1.87	1.68	1.49
40	2.39	2.00	1.80	1.60
41	2.55	2.13	1.92	1.71
42	2.72	2.28	2.05	1.82
43	2.90	2.43	2.19	1.94
44	3.08	2.59	2.33	2.07
45	3.28	2.76	2.49	2.21
46	3.49	2.94	2.65	2.35
47	3.72	3.13	2.82	2.51
48	3.95	3.34	3.00	2.67
49	4.20	3.55	3.19	2.84
50	4.47	3.78	3.40	3.02
51	4.75	4.02	3.62	3.22
52	5.06	4.28	3.85	3.42
53	5.38	4.55	4.10	3.64
54	5.72	4.84	4.36	3.87
55	6.09	5.15	4.64	4.12
56	6.48	5.48	4.93	4.38
57	6.91	5.83	5.25	4.66
58	7.36	6.20	5.58	4.96
59	7.84	6.60	5.94	5.28
60	8.35	7.02	6.32	5.62

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1205  
Catastrophic Rider on  
Individual Disability Income Policy  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 65 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	1.98	1.64	1.48	1.31
26	1.99	1.65	1.49	1.32
27	2.00	1.66	1.50	1.33
28	2.06	1.72	1.55	1.38
29	2.15	1.80	1.62	1.44
30	2.26	1.90	1.71	1.52
31	2.39	2.02	1.82	1.62
32	2.54	2.15	1.94	1.72
33	2.71	2.30	2.07	1.84
34	2.89	2.45	2.21	1.96
35	3.07	2.61	2.35	2.09
36	3.27	2.78	2.50	2.22
37	3.46	2.95	2.66	2.36
38	3.66	3.12	2.81	2.50
39	3.87	3.29	2.96	2.63
40	4.07	3.46	3.12	2.77
41	4.27	3.63	3.27	2.91
42	4.47	3.80	3.42	3.04
43	4.66	3.96	3.57	3.17
44	4.86	4.12	3.71	3.30
45	5.05	4.28	3.85	3.43
46	5.24	4.44	4.00	3.55
47	5.43	4.60	4.14	3.68
48	5.62	4.75	4.28	3.80
49	5.82	4.91	4.42	3.93
50	6.01	5.07	4.56	4.05
51	6.22	5.23	4.71	4.18
52	6.42	5.40	4.86	4.32
53	6.64	5.58	5.02	4.46
54	6.88	5.76	5.19	4.61
55	7.12	5.96	5.37	4.77
56	7.39	6.18	5.56	4.94
57	7.68	6.42	5.77	5.13
58	8.00	6.67	6.01	5.34
59	8.34	6.96	6.26	5.57
60	8.35	7.02	6.32	5.62

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1205  
Catastrophic Rider on  
Individual Disability Income Policy  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Unisex To Age 67 Benefit Period

Issue Age	Elimination Periods (Days)			
	90	180	360	720
18 - 25	2.04	1.70	1.53	1.36
26	2.11	1.76	1.58	1.41
27	2.18	1.83	1.65	1.46
28	2.27	1.91	1.72	1.53
29	2.38	2.01	1.81	1.61
30	2.50	2.11	1.90	1.69
31	2.63	2.23	2.00	1.78
32	2.77	2.35	2.12	1.88
33	2.92	2.49	2.24	1.99
34	3.09	2.63	2.37	2.11
35	3.26	2.79	2.51	2.23
36	3.45	2.95	2.65	2.36
37	3.65	3.12	2.81	2.49
38	3.86	3.30	2.97	2.64
39	4.08	3.48	3.13	2.79
40	4.30	3.67	3.31	2.94
41	4.54	3.87	3.49	3.10
42	4.78	4.08	3.67	3.26
43	5.03	4.29	3.86	3.43
44	5.29	4.51	4.06	3.61
45	5.55	4.73	4.26	3.78
46	5.82	4.95	4.46	3.96
47	6.09	5.18	4.67	4.15
48	6.37	5.42	4.88	4.33
49	6.66	5.65	5.09	4.52
50	6.94	5.89	5.30	4.71
51	7.23	6.13	5.52	4.90
52	7.52	6.37	5.73	5.10
53	7.81	6.61	5.95	5.29
54	8.11	6.85	6.17	5.48
55	8.40	7.09	6.38	5.68
56	8.69	7.33	6.60	5.87
57	8.98	7.57	6.81	6.06
58	9.27	7.80	7.02	6.24
59	9.55	8.03	7.23	6.43
60	9.83	8.26	7.43	6.61

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
3% COLA Rider  
on Catastrophic Disability Benefit Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.06	0.57	0.61
26	0.07	0.57	0.62
27	0.07	0.57	0.63
28	0.08	0.57	0.64
29	0.08	0.57	0.65
30	0.08	0.59	0.67
31	0.09	0.60	0.69
32	0.09	0.62	0.70
33	0.09	0.64	0.72
34	0.10	0.66	0.74
35	0.10	0.68	0.76
36	0.11	0.69	0.78
37	0.11	0.71	0.80
38	0.12	0.73	0.82
39	0.13	0.75	0.84
40	0.14	0.76	0.87
41	0.15	0.77	0.88
42	0.16	0.78	0.90
43	0.17	0.78	0.92
44	0.18	0.79	0.94
45	0.20	0.79	0.95
46	0.21	0.78	0.96
47	0.23	0.78	0.97
48	0.24	0.77	0.98
49	0.26	0.75	0.98
50	0.28	0.73	0.98
51	0.29	0.71	0.97
52	0.31	0.69	0.96
53	0.32	0.66	0.94
54	0.33	0.64	0.92
55	0.34	0.60	0.89
56	0.35	0.55	0.86
57	0.36	0.50	0.81
58	0.36	0.45	0.76
59	0.36	0.40	0.70
60	0.35	0.35	0.63

Berkshire Life Insurance Company of America  
Pittsfield, Massachusetts

Policy Form 1206  
6% COLA Rider  
on Catastrophic Disability Benefit Rider  
Non-Tobacco Annual Premiums per \$100 Monthly Benefit  
Occupation Class 5

Twelve Month COLA Elimination Period

Issue Age	Benefit Periods		
	5 Year	To Age 65	To Age 67
18 - 25	0.10	1.14	1.22
26	0.12	1.14	1.22
27	0.13	1.14	1.24
28	0.14	1.14	1.25
29	0.15	1.15	1.27
30	0.15	1.15	1.29
31	0.16	1.15	1.32
32	0.16	1.18	1.35
33	0.17	1.21	1.38
34	0.17	1.24	1.41
35	0.18	1.27	1.44
36	0.19	1.30	1.47
37	0.20	1.33	1.51
38	0.21	1.36	1.54
39	0.22	1.38	1.57
40	0.24	1.40	1.60
41	0.25	1.41	1.63
42	0.27	1.42	1.66
43	0.29	1.43	1.69
44	0.32	1.43	1.71
45	0.34	1.42	1.72
46	0.37	1.41	1.73
47	0.40	1.39	1.74
48	0.42	1.36	1.74
49	0.45	1.33	1.74
50	0.48	1.29	1.72
51	0.51	1.25	1.70
52	0.54	1.20	1.67
53	0.56	1.14	1.64
54	0.58	1.09	1.59
55	0.60	1.02	1.53
56	0.62	0.94	1.46
57	0.63	0.86	1.38
58	0.63	0.78	1.29
59	0.63	0.70	1.18
60	0.62	0.62	1.06

SERFF Tracking Number: GARD-126718528 State: Arkansas  
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 46566  
 Company Tracking Number: 1200  
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.007 Long Term - Related to marketing with employer or association groups  
 Product Name: 1200  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/14/2010
<b>Comments:</b>		
<b>Attachment:</b> FLESCH CERTIFICATION.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	09/14/2010
<b>Comments:</b> Application GSI (01/11) submitted for review in this filing.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	09/14/2010
<b>Comments:</b>		
<b>Attachment:</b> IPOC (01-11).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	09/14/2010
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Producer's Certification	Approved-Closed	09/14/2010
<b>Comments:</b>		

SERFF Tracking Number: GARD-126718528 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 46566  
Company Tracking Number: 1200  
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.007 Long Term - Related to marketing with employer or association groups  
Product Name: 1200  
Project Name/Number: /

Included for informational purposes only.

**Attachment:**

GSI AC 01-11.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> John Doe Application	Approved-Closed	09/14/2010
<b>Comments:</b>		
<b>Attachment:</b>		
GSI 01-11.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>Sentences</u>	<u>Words</u>	<u>Syllables</u>	<u>Flesch Score</u>
1200 (01/11)	284	7,405	11,262	51.7
GSI (01/11)	50	1,414	2,227	51.2

The following forms are scored in combination with Policy 1200 (01/11) since they are always used with this form:

1201 (01/11)	290	7,560	11,525	51.4
1201-A1 (01/11)	296	7,843	11,959	50.9
1201-A2 (01/11)	298	7,953	12,109	50.9
1202 (01/11)	290	7,556	11,485	51.8
1203 (01/11)	291	7,577	11,520	51.8
1205 (01/11)	316	8,240	12,700	50.1
1205-A (01/11)	320	8,394	12,962	50.6
1205-AMB-1 (01/11)	296	7,848	11,982	50.8
1205-AMB2 (01/11)	298	7,958	12,132	50.8
1206 (01/11)	319	8,448	12,926	50.5
1206-A (01/11)	323	8,601	13,179	50.2
1209 (01/11)	313	8,183	12,467	51.4
1209-A (01/11)	317	8,336	12,738	50.9
1210 (01/11)	312	8,203	12,444	51.8
1210-A (01/11)	316	8,356	12,720	51.2
1211 (01/11)	305	7,870	11,986	51.8
1211-A (01/11)	309	8,023	12,257	51.2
1211-AMB1 (01/11)	296	7,851	11,966	51.0
1211-AMB2 (01/11)	298	7,962	12,116	51.0
NOPREX (01/11)	289	7,619	11,609	51.2
PREX-3 (01/11)	293	7,880	11,955	51.2
PREX-6 (01/11)	293	7,880	11,955	51.2
PREX-12 (01/11)	293	7,880	11,955	51.2



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Donna K. Owens  
Director, Product Development  
Officer

July 19, 2010

**DISABILITY INCOME PROTECTION COVERAGE  
REQUIRED OUTLINE OF COVERAGE**

**Policy Form 1200**

1. **READ YOUR POLICY CAREFULLY** – This outline provides a very brief description of Your Policy. This is not the insurance contract and only the actual provisions of any Policy issued will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that YOU READ YOUR POLICY CAREFULLY.
2. **DISABILITY INCOME PROTECTION** – Policies of this category are designed to provide, to persons insured, Coverage for Disabilities resulting from a covered Injury or Sickness, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
3. **BENEFITS OF THE POLICY** – The Policy provides benefits for Total Disability, and provides benefits for Residual Disability if the Return-to-Work Incentive Period is other than zero (0) days.

\$\_\_\_\_\_ Monthly Indemnity will be paid each month while You are Totally Disabled.

Your Elimination Period is \_\_\_\_\_.

Your Benefit Period is \_\_\_\_\_.

Until We have paid benefits for two years in the same claim, Total Disability 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. Thereafter, Total Disability means that, solely due to Injury or Sickness, You are not able to perform the material and substantial duties of Any Occupation. Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

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 Disabled.

If You are Residually Disabled, You may be eligible for a Return-to-Work Incentive Benefit during the Return-to-Work Incentive Period.

The Return-to-Work Incentive Period is \_\_\_\_\_. It is the longest period of time for which We will pay the Return-to-Work Incentive Benefit for a Residual Disability in the same claim. The Return-to-Work Incentive Period begins on the first day of Residual Disability following the satisfaction of the Elimination Period.

Residual Disability means that You are Gainfully Employed and You are not Totally Disabled, but solely due to Injury or Sickness:

- You experience a Loss of Income that is at least 20% of Your Prior Income; and either
  - You are able to perform one or more, but not all, of the material and substantial duties of Your Occupation;
- or
- You are able to perform all of the material and substantial duties of Your Occupation but not for the length of time they normally require.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

OPTIONAL BENEFITS – You have applied for those optional benefits checked below. There is a separate premium charge for each added benefit.

Additional Monthly Benefit Rider 1201 (all occupation classes) – This rider provides an additional Monthly Indemnity.

\$\_\_\_\_\_ Monthly Indemnity will be paid at the end of each month while You are Totally Disabled.

Your Elimination Period is \_\_\_\_\_.

Your Benefit Period is \_\_\_\_\_.

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is \_\_\_\_\_.

Extended Own Occupation Rider 1202 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider amends the Policy by changing the definition of Total Disability under the Policy. Total Disability 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. Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

You may not renew this rider after the Expiration Date.

True Own Occupation Rider 1203 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider amends the Policy by changing the definition of Total Disability under the Policy. Total Disability means that, solely due to Injury or Sickness, You are not able to perform the material and substantial duties of Your Occupation. You will be Totally Disabled even if You are Gainfully Employed in some other capacity so long as You are not able to work in Your Occupation. Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

You may not renew this rider after the Expiration Date.

Catastrophic Disability Benefit Rider 1205 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides a Catastrophic Disability Benefit if You are Catastrophically Disabled.

Catastrophically Disabled means that due to Injury or Sickness You are unable to perform two or more of the Activities of Daily Living without Human Standby Assistance; or You are Cognitively Impaired. The Activities of Daily Living are Bathing, Dressing, Eating, Transferring, Toileting and Continence.

Cognitive Impairment means You have suffered a severe deterioration or loss in Your cognitive capacity which requires substantial supervision to protect You or others from threats to health and safety. Such supervision means the continual supervision by another person that may include physical assistance, cueing by verbal prompting, gestures or other similar demonstrations. The Cognitive Impairment must result from Injury, Sickness, Alzheimer’s Disease, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in short- or long-term memory; Your orientation as to person (such as who You are), place (such as Your location) and time (such as day, date and year); and deductive or abstract reasoning.

\$\_\_\_\_\_Catastrophic Disability Benefit will be paid at the end of each month while You are Catastrophically Disabled.

You may not renew this rider after the Expiration Date.

Cost of Living Adjustment Rider 1206 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider adjusts the Monthly Indemnity of the Policy at the end of each twelve months of a continuous claim to reflect any changes in the cost of living.

We will adjust Your Monthly Indemnity based on changes in the Consumer Price Index for All Urban Consumers (CPI-U) from the start of claim.

Your Monthly Indemnity may go up or down each year as the CPI-U rises or falls. But the adjusted indemnity will never be more than the amount We would pay if the CPI-U had risen each year exactly by \_\_\_\_\_% or less than the Monthly Indemnity shown in the Schedule Page.

Cost of Living Adjustment of Catastrophic Disability Indemnity

If a Catastrophic Disability Benefit Rider is a part of the Policy, We will adjust the Catastrophic Disability Indemnity on the recurrence each year of the date on which You were first Catastrophically Disabled in the same claim.

We will determine the adjusted Catastrophic Disability Indemnity for the next 12 months based on changes in the Consumer Price Index for All Urban Consumers (CPI-U) from the start of claim.

Your Catastrophic Disability Indemnity may go up or down each year as the CPI-U rises or falls. But the adjusted indemnity will never be more than the amount We would pay if the CPI-U had risen each year exactly by \_\_\_\_\_% or less than the Catastrophic Disability Indemnity shown in the Schedule Page.

The adjusted Catastrophic Disability Indemnity may not exceed two times the Catastrophic Disability Indemnity shown in the Schedule Page.

You may not renew this rider after the Expiration Date.

Basic Residual Disability Benefit Rider 1209 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides Residual Indemnity if You continue to be Residually Disabled after the expiration of the Return-to-Work Incentive Period.

Residual Indemnity is based on the following formula:

$$\text{Residual Indemnity} = \frac{\text{Loss of Income}}{\text{Prior Income}} \times \text{Monthly Indemnity}$$

We will deem a Loss of Income of more than 80% of Your Prior Income to be a 100% loss.

We will pay You a lump sum Recovery Benefit if, within 18 months after You have satisfied the Elimination Period, You are no longer Disabled and You are Gainfully Employed Full Time.

The Recovery Benefit is equal to two times the cumulative benefits You have been paid for Total Disability and Residual Disability, including Return-to-Work Incentive Benefits, divided by the number of months that benefits were paid.

You are eligible for only one Recovery Benefit for each continuous period of Disability in the same claim. Refer to the Recurrent Disability provision of the Policy.

You may not renew this rider after the Expiration Date.

Enhanced Residual Disability Benefit Rider 1210 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides the same benefits as described for the Basic Residual Disability Benefit rider with the following exceptions:

We will deem a Loss of Income of more than 75% of Your Prior Income to be a 100% loss.

We will pay You a Recovery Benefit if You are no longer Disabled and are Gainfully Employed Full Time in Your Occupation, and Your Loss of Income is at least 20% of Your Prior Income. Your Loss of Income must be solely due to the Injury or Sickness that caused Your Disability.

The Recovery Benefit payable will be a percentage of the Monthly Indemnity for the Policy and is determined as follows:

$$\text{Recovery Benefit} = \frac{\text{Loss of Income}}{\text{Prior Income}} \times \text{Monthly Indemnity}$$

You may not renew this rider after the Expiration Date.

Retirement Protection Plus (RPP) Disability Benefit Rider 1211 (Classes 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides an RPP Monthly Indemnity benefit payable to an irrevocable trust if You are Totally Disabled and not Gainfully Employed.

\$\_\_\_\_\_ RPP Monthly Indemnity will be paid at the end of each month while You are Totally Disabled and not Gainfully Employed.

Your Elimination Period is \_\_\_\_\_

Your Benefit Period is \_\_\_\_\_.

You may not renew this rider after Age 65.

4. EXCLUSIONS AND LIMITATIONS OF THE POLICY – We will not pay benefits for any 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;
- due to any loss We have excluded by name or specific description.

LIMITATION WHILE OUTSIDE THE UNITED STATES OR CANADA – Benefits for Disability will be limited to a total of twelve months during Your lifetime while You reside outside of the United States or Canada.

PRE-EXISTING CONDITION DEFINITION – The definition of Pre-existing Condition that applies to the Policy is checked below:

- Pre-existing Condition means a physical or mental condition that was misrepresented or not disclosed in Your application; and for which You received professional medical advice 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 or treatment.
- Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have consulted a Physician; or received medical advice, treatment or services; or undergone diagnostic procedures, including self-administered procedures; or taken medication or prescribed drugs at any time during the 3-month period immediately prior to the Effective Date.
- Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have consulted a Physician; or received medical advice, treatment or services; or undergone diagnostic procedures, including self-administered procedures; or taken medication or prescribed drugs at any time during the 6-month period immediately prior to the Effective Date.
- Pre-existing Condition means a physical or mental condition or symptoms of a physical or mental condition for which You or a reasonably prudent person would have consulted a Physician; or received medical advice, treatment or services; or undergone diagnostic procedures, including self-administered procedures; or taken medication or prescribed drugs at any time during the 12-month period immediately prior to the Effective Date.

PRE-EXISTING CONDITION LIMITATION – The Pre-existing Condition Limitation that applies to the Policy is checked below:

- We will not cover any loss that begins in the first two years after the Effective Date from a Pre-existing Condition.
- We will not pay benefits for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, the Policy has been continuously in effect for 12 months since its Effective Date.

For any rider added to the Policy after the Policy Date, We will not pay or adjust benefits under that rider for a Disability or other loss caused by, contributed to, or resulting from a Pre-existing Condition unless, on the date of Your Disability or other loss, that rider has been continuously in effect for 12 months since its Effective Date.

- There is no limitation for a Pre-existing Condition.

MENTAL AND/OR SUBSTANCE-RELATED DISORDERS LIMITATION – Benefits for any Disability due to a Mental and/or Substance-Related Disorder will be paid for a period not longer than the Maximum Benefit Period for Mental and/or Substance-Related Disorders as shown in the Schedule Page of the Policy.

After the Maximum Benefit Period for Mental and/or Substance-Related Disorders and subject to the Policy provisions, We will only pay benefits while You are continuously confined in a Hospital for treatment of a Disability due to a Mental and/or Substance-Related Disorder, and You are under the regular medical care of a Physician.

Under no circumstance will We pay benefits for any Disability due to a Mental and/or Substance-Related Disorder that We have excluded by name or specific description.

5. RENEWABILITY OF THE POLICY – You may renew the Policy at the end of each Premium Term until the Expiration Date. During that time, We cannot change the premium or cancel the Policy.

After the Expiration Date, You may renew the Policy at the end of each Premium Term as long as You are not Disabled and You are Gainfully Employed Full Time for at least ten months each year and the premium is paid on time.

The premium will be at Our rates then in effect for persons of Your Age, Class of Risk, Occupation Class, and any special class rating that applies to the Policy. We have the right to change such premiums on a class basis on any Policy Anniversary.

STATEMENT OF VARIABILITY- Policy 1200 (01/11)

<u>Variable Items</u>	<u>Options</u>
Insured	
Owner	
Loss Payee	
Policy Number	
Policy Date	
Class of Risk	Tobacco User, Non-Tobacco User
Occupational Class	6, 6M, 5, 5M, 4, 4M, 3, 3M, 2, 2M, 1 or 1M
Gender	Male or Female
Premium Term	Annual, Semiannual, Quarterly or Monthly
Disability Income Insurance Policy	Monthly Benefit - \$300 - \$16,000
Additional Monthly Benefit Rider	Monthly Benefit - \$250 - \$16,000
Own Occupation Rider	Extended, True
Catastrophic Disability Benefit Rider	Monthly Benefit - \$250 - \$8,000
Cost of Living Adjustment Rider	
Maximum Increase Percent	3%, 6%
Residual Disability Benefit Riders	Basic, Enhanced
Retirement Protection Plus Disability Benefit Rider	Monthly Benefit - \$300 - \$4,090 (applicants under age 50) \$4,550 (applicants over age 50)
Employer Sponsored Plan Discount	5.00%, 10.00%, 15.00%, 20.00%, 25.00%, 30.00%, or 35.00%
Level Premium Period	To Age 67 or To Age 65
Maximum Benefit Period for Mental and/or Substance Related Disorders	Length of the Benefit Period, 2 Years during your lifetime
Benefit Periods	To Age 67, To Age 65, 5 Years, 2 Years
Elimination Periods	90 days, 180 days, 360 days, 720 days

# Agent's Certification

This Agent's Certification is to be used with the application for insurance on:

Case Name \_\_\_\_\_

1. a. Do you have knowledge or reason to believe that this application involves a replacement as defined under applicable state law or Berkshire procedure?  Yes  No
- b. If "Yes," did you deliver appropriate Notice Regarding Replacement, where applicable?  Yes  No

Remarks (and additional instructions) \_\_\_\_\_

I represent that, to the best of my knowledge and belief, the information provided in this report by the Proposed Insured in the application is complete, accurate and correctly recorded, and there is nothing adversely affecting the insurability of the Proposed Insured other than as indicated in the application. I represent that I am duly licensed in the state in which this application was signed.

**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

\_\_\_\_\_  
 Type or Print Agent's Name

\_\_\_\_\_  
 Signature of Soliciting Agent

\_\_\_\_\_  
 Social Security Number of Soliciting Agent

\_\_\_\_\_  
 Soliciting Agent Code

I have reviewed this application and determined that all the required answers and statements have been made.

\_\_\_\_\_  
 Date Submitted Signed \_\_\_\_\_  
(Agency Personnel)

## Commissions

Producer's Name	Producer's Code	Servicing Agent (Check Only One)	Percentage	State(s)
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	
		<input type="checkbox"/>	%	



Individual Disability Income Insurance Application

1. Proposed Insured Information

a. Name (First, Middle Initial, Last): John C. Doe Suffix:

b. Gender: [X] Male [ ] Female c. Date of Birth (mm/dd/yyyy): 04/15/1970

d. Social Security Number: 123-45-6789 e. Email Address: jdoe@comcast.net

f. Home Address: 24 Sunnyside Drive
Dalton MA 01226
City State Zip

g. Home Phone: 413-684-2333

h. Are you a U.S. citizen? [X] Yes [ ] No If no, give visa type and duration:
Type: Duration:

2. Business Information

a. Name of Employer: Berkshire Life

b. Work Address: 700 South Street
Pittsfield MA 01226
City State Zip

c. Work Phone : 413-395-4333 d. Occupation: Underwriter

3. Financial Information

Table with 5 columns: Current Annual Income, Salary, Bonus, Fees & Commissions, Total. Row 1: \$100,000, \$10,000, \$10,000, \$120,000

b. Complete for Retirement Protection Plus:

Qualified retirement plan annual contribution (including employer contributions): \$

4. Premium Data

a. Premium payor for this policy: Employee 100 % Employer %

b. Portion, if any, of the premium to be paid by your employer as a bonus to you: %

c. The employee portion of the premium will be paid by payroll deduction: [X] Yes [ ] No

**5. Requested Insurance Coverage**

Please check the box of the option you are requesting. If only one option, please check that box.

<input checked="" type="checkbox"/> Option 1	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>	\$5,000	To Age 65	90 days
<b>Additional benefits:</b>			
None			

<input type="checkbox"/> Option 2	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>			
<b>Additional benefits:</b>			

<input type="checkbox"/> Option 3	Monthly Benefit	Benefit Period	Elimination Period
<b>Base Policy:</b>			
<b>Additional benefits:</b>			

**6. Health Information**

- a. Have you used tobacco in any form in the last 12 months? (Tobacco means cigarettes, cigars, pipe, snuff/dip/chew, or Nicotine Delivery Systems.)  Yes  No
- b. Have you been continuously at work full time (at least 30 hours per week) performing the duties of your occupation for the past 90 days without limitation due to injury or sickness? (Disregard vacation days, normal non-working days, and any absences that total less than seven days.)  Yes  No
- c. Are you currently disabled and/or collecting disability benefits?  Yes  No

If you answered "Yes" to Questions 6a or 6c or "No" to 6b, provide details below.

**7. Complete this Section if Applying for Catastrophic Disability Benefit Rider**

- a. Have you ever had an injury or sickness which caused a loss of sight in both eyes, hearing in both ears, speech, or the use of two arms or legs?  Yes  No  N/A
- b. 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 a chair to your bed)?  Yes  No  N/A
- c. Do you use any special medical equipment or appliances such as a wheelchair, pacemaker, oxygen tank, cane, catheter, or artificial limb?  Yes  No  N/A
- d. 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  N/A

If you answered "Yes" to Questions 7a – 7d, provide details below.

**8. Other Disability Insurance Coverage - If None, Check Here**

List all personal disability income insurance now in force, applied for, or eligible for within the next 12 months in all companies, including Guardian or Berkshire. In the "Category" column, indicate if insurance is Individual(I), Group(G) or Association(A).

Insurer:			
Category:			
Indicate: In Force/Applied For/Eligible For			
Monthly Benefit Amount:	\$	\$	\$
Does employer pay premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your benefit be taxable income to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insurance being applied for replacing this coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Replacement:			
Amount to be Replaced:	\$	\$	\$

**9. Amendments or Corrections (For Home Office Use Only)**

## 10. Declaration and Agreement

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It is understood and agreed as follows:

1. I have read this insurance application and any supplements to this application ("Application"), and agree that all of the statements are correctly recorded, and are complete and true to the best of my knowledge and belief.
2. This Application will form the basis for, and become part of and attached to, any policy issued.
3. No agent, broker or representative of Berkshire Life Insurance Company of America ("Berkshire") has any right to accept risks, make or change contracts, or to waive or modify any of Berkshire's rights or requirements. Only the President, a Vice President or the Secretary of Berkshire may make, modify, or discharge contracts or waive any of Berkshire's requirements, and then only in writing.
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 that is issued based on this Application.
5. The policy date is the date from which premiums are calculated and become due. No insurance shall take effect until the policy has been issued, delivered, and accepted, and the first premium has been paid to Berkshire, while all answers in this Application remain true and complete.
6. If payroll deduction is applicable to me, I acknowledge that my employer is acting on my behalf when remitting payment to Berkshire.
7. Changes or corrections made by Berkshire and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this Application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
8. I authorize the employer named in this Application to accept delivery of any policy issued on my behalf provided there are no changes or amendments made to this Application. I understand and agree that the employer named in this Application will then deliver the policy to me.
9. I have received a copy of Berkshire's notice of Insurance Information Practices.
10. I will permanently discontinue any group or individual policy(ies) shown to be discontinued in answer to Question 8 on or before the date(s) indicated. Berkshire will rely on such answers in determining the amount of, if any, insurance it will issue. Benefits under any policy issued based on this Application may be reduced by the amount payable under such existing policies.
11. 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.
12. I authorize Berkshire to annually contact the employer named in this Application to determine if my compensation qualifies me for an increase in insurance coverage without evidence of medical insurability. If it is determined that I am eligible, Berkshire will notify me in writing ninety (90) days prior to the effective date of the insurance increase advising me of the amount of the increase and its associated premium. I understand that I have the option to decline the increase and must notify Berkshire of this declination in writing within thirty (30) days of the date of the notice. I also understand that I may cancel the increase at any time by notifying Berkshire in writing. Cancellation will be effective upon Berkshire's receipt of my written notice.

**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.**

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Signed at Pittsfield, MA this 16th day of August, 2010  
City and State Day Month Year

John Doe  
Signature of Proposed Insured