

# GROUP HIGH LIMIT DISABILITY

***Guaranteed Issue  
and  
Guaranteed to Issue  
Programs***

**Offered Exclusively by:  
eGlobalHealth Insurers Agency, LLC  
Broker # 26356  
Derek Patterson, Broker/Agent  
www.GlobalRiskBroker.com  
info@GlobalRiskBroker.com  
Direct: 417-882-1413  
Fax: 417-459-4623**

*A Plan for Supplemental Disability  
Insurance **Way Beyond** the Traditional  
Limits of Group LTD and Individual  
Disability Wraps*

*Now you can easily accommodate  
Excess high limits for group carve outs  
with available monthly benefits  
**as high as \$25,000 or more**  
in addition to their current coverage*



**PETERSEN INTERNATIONAL UNDERWRITERS**

*Lloyd's Correspondents*

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

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*Executive Groups  
Physician Groups  
Attorney Groups  
CPA Groups  
Most Groups Considered*



## GROUP HIGH LIMIT DISABILITY

Because so many highly compensated employees have been denied adequate and reasonable amounts of disability insurance, we have designed the "Group High Limit Disability Plan". It is designed to be used once the traditional markets have maxed out or may not wish to consider the risk for other reasons. Sound financial planning begins and ends with income planning. Proper income planning is impossible without adequate amounts of disability Insurance.

Most State insurance laws still provide for the segregation of classes of employees within an organization. Therefore it is possible to develop a basic Group LTD plan for the entire firm and supplemental coverage for the highly compensated employees. Typical LTD plans will cover 66% of income with a maximum cap of \$10,000 or perhaps \$15,000 per month. Group LTD plans typically do not cover bonus income or other compensation above salary. If the maximum cap is \$15,000 per month, then all those employees in the firm who earn more than \$275,000 annual income are being denied adequate disability income replacement coverage.

If a firm has more than 5 employees in a high income category, then a simplified approach to insuring these employees may be considered. Under 5 employees we are happy to consider on an individual basis. With Guaranteed To Issue available for firms with 5–9 eligible employees or Guaranteed Issue available for firms with 10 or more eligible employees, the complications of individual underwriting have been solved.



Benefits higher than the published guidelines can also be considered for the eligible group or individually carved out. For an example a firm may have 10 employees who are eligible for \$25,000 per month of additional supplemental disability coverage and then they may have another two employees who may be eligible for benefits beyond this level. We can look at those two employees with a few additional underwriting requirements and provide as much as an additional \$100,000 or more in monthly benefits.

*This is not intended to be a complete outline of coverage.  
Actual wording may change without notice.*



# GROUP HIGH LIMIT DISABILITY

## Guaranteed *To Issue* High Limit Disability Insurance *Or* Guaranteed Issue High Limit Disability Insurance

**Guaranteed To Issue:** Individuals may be rated or specific exclusions may be placed in the policy.

**Guaranteed Issue:** All individuals will be issued a standard policy.

	Guaranteed To Issue	Guaranteed Issue
Number of Participants Required to be considered	5 or more	10 or more
Participation Required	100% of specific Class	100% of specific class
Application Process	Short Form Application	Enrollment Form
Issue Ages	25 – 64	25 – 64
Policy Term	up to 3 years	up to 3 years
Monthly Benefits Issue Limits	\$25,000 per month	\$25,000 per month
Benefit Periods Available	12 – 60 months	12 – 60 months
Elimination Periods Available	90 or 180 days	90 or 180 days
Options Available	Residual & COLA	Residual & COLA
Lump Sum Benefit Issue Limit	\$1,000,000	\$1,000,000
Participation Limits	up to 75% of income	up to 75% of income
Premium Payor	Employer	Employer
Occupation Classes	most all considered	most all considered
Pre-Ex Clause*	included	included

\*Pre-existing Condition means a condition, disease or injury for which medical advise, diagnosis, care or treatment, including the use of prescription medication was recommended by or received from a licensed health care practitioner during the six months immediately preceding the effective date.

The above guidelines are subject to market support and underwriters prior approval of the group. These guidelines are subject to change without notice.

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# GROUP HIGH LIMIT DISABILITY

Please Return To:

**eGlobalHealth Insurers Agency, LLC**  
**info@GlobalRiskBroker.com Direct: 417-882-1413 Fax: 417-459-4623**  
*Underwritten by Certain Underwriters at Lloyd's*

## PROPOSAL REQUEST

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please attach a census with the following information for each person:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income: \_\_\_\_\_

Amount of disability insurance in force: \_\_\_\_\_

Please provide loss detail over the past five years. If this is a new group please state such: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please advise the level of benefits you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please advise the elimination period you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please advise the benefit period you seek: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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# PETERSEN INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard, Suite 215, Valencia, California 91355

(661) 254-0006 (800) 345-8816 Facsimile (661) 254-0604

Website: <http://www.piu.org> E-Mail: [piu@piu.org](mailto:piu@piu.org)

## **AUTHORIZATION TO RELEASE PERSONAL INFORMATION HIPAA Compliant**

**I AUTHORIZE** any physician, medical practitioner, hospital, clinic, health care facility, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, employer having information available as diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to provide to Petersen International Underwriters, Inc., or to any agency authorized by Petersen International Underwriters, Inc to collect any and all such information by means of U.S. Post , fax or e-mail.

**I AUTHORIZE** Petersen International Underwriters to communicate with me/us or our representative via mail, phone, fax or electronic mail regarding quotations, underwriting, claims, coverage administration, or additional coverages from Petersen International Underwriters.

**I UNDERSTAND** the purpose of this Authorization is to allow Petersen International Underwriters, Inc., to determine eligibility for life or health insurance or claim for benefits under a life or health policy. Any information obtained will not be released by Petersen International Underwriters, Inc., to any person or organization EXCEPT to those persons or organizations needing such information in performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

**I KNOW** that I may request to receive a copy of this Authorization.

**I UNDERSTAND** that I may revoke this Authorization, except to the extent that Petersen International Underwriters, Inc. has acted in reliance upon this Authorization. My revocation must be submitted in writing to Petersen International Underwriters Inc.. Any such revocation may also have an impact upon my Underwriting or claims processing.

**I UNDERSTAND** that I can obtain a complete copy of Petersen International Underwriters Inc. Privacy Policy either on Petersen International Underwriters, Inc. website or by contacting them directly and asking for a copy.

**I AGREE** that a photostatic copy of this Authorization shall be as valid as the original.

**I AGREE** this Authorization shall be valid for two years from the date shown below.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

# **Petersen International Underwriters Privacy Policy Statement**

## **Petersen International Underwriters**

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

### **Information We Collect**

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

### **Information We Disclose**

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

### **Confidentiality and Security**

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

### **Contacting Us**

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: [piu@piu.org](mailto:piu@piu.org)