

Lifestyle Wage Protector Plan



Voluntary Short-term Disability

A more secure employee



Worksite products for your employee

Underwritten by



Providing the means for a more secure future.

Lifestyle Wage Protector Plan



Voluntary Short-term Disability

Plan Facts

- PORTABILITY** Coverage continues with no loss of benefits or increase of cost should your employee terminate employment after the first premium is paid.
- SHORT-TERM DISABILITY** Provides a weekly benefit for non-work related accidents or illnesses. (During the first 12 months of the policy, benefits are excluded for disabilities related to a pre-existing condition.)
- BENEFIT PREMIUMS** Premiums in this brochure are based on the monthly equivalent for the weekly benefit and can be purchased for a minimum of \$300 per month up to a maximum of 60% of your current monthly wage of \$6,500 per month, whichever is less.
- PART-TIME EMPLOYEES** Employees must meet your minimum hours work standards to qualify for this great benefit.
- STANDARD BENEFITS** Pregnancy treated the same as illness after the 10th month on the plan and waiver of premium.
- RENEWABLE TO AGE 70** Coverage cannot be cancelled by the company or the employer except for nonpayment of premium.
- SIMPLIFIED ISSUE** No medical examination, blood profiles, or other medical requirements.
- PAYROLL DEDUCTION** This feature makes this insurance convenient.
- AFFORDABLE PREMIUMS** Premiums are based on age and occupation classification at time of issue, issuable to age 69. Once issued, premiums are locked-in to age 70 as long as premium is paid.
- RESIDENCY** All insured individuals must legally reside within the United States.

Occupational Class Rates

All charts represent a monthly premium per \$100 monthly benefit¹ - Employee and Spouse

OCCUPATIONAL CLASS I											
OCC Type	Waiting Period		Ages	Benefit Period							
	Accident	Sickness		13 Weeks		26 Weeks		52 Weeks		104 Weeks	
				Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
I	7 days	7 days	18-49	\$2.08	\$2.40	\$2.68	\$3.09	\$3.33	\$3.83	\$4.16	\$4.80
			50-69	\$2.63	\$3.05	\$3.65	\$4.20	\$4.90	\$5.64	\$6.79	\$7.85
I	0 days	7 days	18-49	\$2.26	\$2.63	\$2.96	\$3.42	\$3.65	\$4.20	\$4.57	\$5.27
			50-69	\$2.86	\$3.33	\$3.97	\$4.57	\$5.36	\$6.19	\$7.48	\$8.64
I	14 days	14 days	18-49	\$1.48	\$1.71	\$1.99	\$2.31	\$2.49	\$2.91	\$3.23	\$3.74
			50-69	\$2.12	\$2.45	\$3.00	\$3.46	\$4.20	\$4.85	\$6.01	\$6.93
I	0 days	14 days	18-49	\$1.76	\$2.03	\$2.31	\$2.68	\$2.96	\$3.42	\$3.79	\$4.39
			50-69	\$2.45	\$2.82	\$3.56	\$4.11	\$4.94	\$5.73	\$7.07	\$8.13
I	30 days	30 days	18-49	\$0.74	\$0.88	\$1.02	\$1.20	\$1.39	\$1.62	\$1.85	\$2.12
			50-69	\$1.29	\$1.52	\$1.89	\$2.22	\$2.73	\$3.14	\$4.02	\$4.67
I	0 days	30 days	18-49	\$1.02	\$1.20	\$1.43	\$1.66	\$1.89	\$2.22	\$2.54	\$2.96
			50-69	\$1.80	\$2.08	\$2.63	\$3.05	\$3.79	\$4.39	\$5.64	\$6.51

Occupational Class Rates (continued)

All charts represent a monthly premium per \$100 monthly benefit¹ - Employee and Spouse

OCCUPATIONAL CLASS II											
OCC Type	Waiting Period		Ages	Benefit Period							
	Accident	Sickness		13 Weeks		26 Weeks		52 Weeks		104 Weeks	
				Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
I	7 days	7 days	18-49	\$2.26	\$2.63	\$2.96	\$3.42	\$3.65	\$4.20	\$4.53	\$5.22
			50-69	\$2.73	\$3.14	\$3.79	\$4.39	\$5.08	\$5.87	\$7.11	\$8.22
I	0 days	7 days	18-49	\$2.49	\$2.91	\$3.23	\$3.74	\$4.02	\$4.67	\$4.99	\$5.77
			50-69	\$3.00	\$3.46	\$4.16	\$4.80	\$5.59	\$6.47	\$7.81	\$9.01
I	14 days	14 days	18-49	\$1.71	\$1.99	\$2.26	\$2.63	\$2.91	\$3.37	\$3.70	\$4.25
			50-69	\$2.17	\$2.54	\$3.14	\$3.65	\$4.34	\$5.03	\$6.19	\$7.16
I	0 days	14 days	18-49	\$1.99	\$2.31	\$2.68	\$3.09	\$3.37	\$3.88	\$4.34	\$5.03
			50-69	\$2.54	\$2.96	\$3.65	\$4.20	\$5.08	\$5.87	\$7.25	\$8.36
I	30 days	30 days	18-49	\$0.92	\$1.06	\$1.29	\$1.52	\$1.71	\$1.99	\$2.31	\$2.68
			50-69	\$1.48	\$1.71	\$2.12	\$2.45	\$3.05	\$3.51	\$4.53	\$5.22
I	0 days	30 days	18-49	\$1.29	\$1.52	\$1.80	\$2.08	\$2.40	\$2.77	\$3.19	\$3.70
			50-69	\$2.03	\$2.36	\$2.96	\$3.42	\$4.25	\$4.90	\$6.28	\$7.25

OCCUPATIONAL CLASS III											
OCC Type	Waiting Period		Ages	Benefit Period							
	Accident	Sickness		13 Weeks		26 Weeks		52 Weeks		104 Weeks	
				Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
I	7 days	7 days	18-49	\$2.36	\$2.73	\$3.09	\$3.60	\$3.83	\$4.43	\$4.76	\$5.20
			50-69	\$2.82	\$3.28	\$3.93	\$4.53	\$5.31	\$6.14	\$7.39	\$8.50
I	0 days	7 days	18-49	\$2.59	\$3.00	\$3.42	\$3.97	\$4.20	\$4.85	\$5.22	\$6.01
			50-69	\$3.09	\$3.60	\$4.34	\$5.03	\$5.82	\$6.70	\$8.13	\$9.38
I	14 days	14 days	18-49	\$1.94	\$2.26	\$2.59	\$3.00	\$3.28	\$3.79	\$4.20	\$4.85
			50-69	\$2.40	\$2.77	\$3.42	\$3.97	\$4.76	\$5.50	\$6.84	\$7.90
I	0 days	14 days	18-49	\$2.26	\$2.63	\$3.05	\$3.51	\$3.83	\$4.43	\$4.90	\$5.64
			50-69	\$2.82	\$3.28	\$4.02	\$4.67	\$5.59	\$6.47	\$8.04	\$9.28
I	30 days	30 days	18-49	\$1.15	\$1.34	\$1.62	\$1.89	\$2.17	\$2.54	\$2.86	\$3.33
			50-69	\$1.76	\$2.03	\$2.54	\$2.96	\$3.65	\$4.20	\$5.40	\$6.24
I	0 days	30 days	18-49	\$1.62	\$1.89	\$2.26	\$2.63	\$3.00	\$3.46	\$4.02	\$4.67
			50-69	\$2.45	\$2.82	\$3.56	\$4.11	\$5.13	\$5.91	\$7.58	\$8.73

OCCUPATIONAL CLASS IV											
OCC Type	Waiting Period		Ages	Benefit Period							
	Accident	Sickness		13 Weeks		26 Weeks		52 Weeks		104 Weeks	
				Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
I	7 days	7 days	18-49	\$3.51	\$4.06	\$4.57	\$5.27	\$5.64	\$6.51	\$7.02	\$8.08
			50-69	\$4.20	\$4.85	\$5.87	\$6.79	\$7.95	\$9.15	\$11.09	\$12.75
I	0 days	7 days	18-49	\$3.83	\$4.43	\$5.03	\$5.82	\$6.19	\$7.16	\$7.76	\$8.96
			50-69	\$4.62	\$5.31	\$6.47	\$7.44	\$8.73	\$10.07	\$12.19	\$14.04
I	14 days	14 days	18-49	\$2.82	\$3.28	\$3.79	\$4.39	\$4.80	\$5.54	\$6.14	\$7.07
			50-69	\$3.51	\$4.06	\$5.08	\$5.87	\$7.02	\$8.08	\$10.07	\$11.59
I	0 days	14 days	18-49	\$3.33	\$3.83	\$4.43	\$5.13	\$5.64	\$6.51	\$7.21	\$8.31
			50-69	\$4.11	\$4.76	\$5.96	\$6.88	\$8.27	\$9.52	\$11.83	\$11.63
I	30 days	30 days	18-49	\$1.71	\$1.99	\$2.36	\$2.73	\$3.14	\$3.65	\$4.20	\$4.85
			50-69	\$2.54	\$2.96	\$3.74	\$4.34	\$5.36	\$6.19	\$7.90	\$9.10
I	0 days	30 days	18-49	\$2.36	\$2.73	\$3.33	\$3.83	\$4.39	\$5.08	\$5.87	\$6.79
			50-69	\$3.56	\$4.11	\$5.22	\$6.01	\$7.48	\$8.64	\$11.04	\$12.70

New Employer Group Options

TAKEOVER

Employees covered by the former carrier will be offered the benefit option they choose on a guaranteed issue basis, as well as pre-existing condition and pregnancy limitation credit.

GUARANTEED ISSUE

Available for all employees of larger employer groups when participation requirement is met. The pre-existing condition limitation, however, will only be waived for employees whose existing coverage is being taken over.



¹ The Policy provides benefits on a weekly basis. The Monthly Benefit amount shown is a monthly equivalent of the weekly benefits payable under the policy.

Application at a Glance



Leaders Life Insurance Company
 P.O. Box 35768, Tulsa, OK 74153
 1-800-725-5433

WAGE PROTECTOR APPLICATION

Employee of Employer/Sponsor _____ SS No. _____
 (Last) (First) (MI)

Proposed Insured _____ SS No. _____
 (Last) (First) (MI)

Address _____ Home Phone # _____
 Street City State Zip

Employer/Sponsor _____ Work Phone # _____

1. Date of Hire ____/____/____	Occupation & Job Title: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please Provide Green Card/Visa No. _____
2. Date of Birth ____/____/____	Current Age _____	State of Birth _____	3. Height Weight ____ ft ____ in ____ lbs	4. Monthly Salary \$ _____
				Proposed Insured is Spouse of Employee <input type="checkbox"/> Yes <input type="checkbox"/> No

The Policy provides benefits on a weekly basis.
 The Monthly Benefit amount shown below is a monthly equivalent of the weekly benefits payable under the Policy.

5. Policy Information	Elimination Period (Injury/Illness):	Benefit Period (Weeks):	Monthly Benefit: \$ _____	Benefit Level: _____ %	Premium Monthly	Home Office Use
	<input type="checkbox"/> 0/7 <input type="checkbox"/> 7/7 <input type="checkbox"/> 0/14 <input type="checkbox"/> 14/14 <input type="checkbox"/> 0/30 <input type="checkbox"/> 30/30	<input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 104				
6. Premium Mode: Payroll Deduction <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (List Bill or EFT only) <input type="checkbox"/> Bank Draft <input type="checkbox"/>					Total Monthly	

HOME OFFICE USE:

7. MEDICAL EVIDENCE OF INSURABILITY		Yes	No
A.	Have you consulted a Physician, received medical treatment of any kind or been disabled or hospitalized in the past three years?		
B.	Have you ever been medically diagnosed or treated as having "AIDS" (Acquired Immune Deficiency Syndrome), AIDS Related Complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV) or Human T-lymphotrophic Virus Type III (HTLV) prior to today?		
C.	Have you ever been treated by the following:	Yes	No
	1. Disorder of stomach, intestines, liver or gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Disorder of kidney, bladder or genitourinary organs?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Diabetes, thyroid disorder, tumor, cancer or Hernia?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Disorder of muscles, bones, spine, back or joints?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Are you currently taking medication?	<input type="checkbox"/>	<input type="checkbox"/>
	6. Heart disease, heart attack, chest pain, hypertension, high cholesterol, murmur, palpitations or any other disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
	7. Alcoholism, drug abuse, mental or physical disorders not listed?	<input type="checkbox"/>	<input type="checkbox"/>
D.	During the past six months, have you been limited in performing normal activity in a job for 24 hours or more per week?		
E.	Within the last 90 days, have you been told by your medical provider that you are pregnant?		
F.	Within the past two years, have you engaged in any type of racing, parachuting or scuba diving activities?		
G.	Within the past two years, have you had a driver's license suspended or revoked? If yes, provide license # _____ State of Issue _____		

8. Details for Item A through C answered "YES"				Physician/Hospital/Address
Question item	Medication, Disease & Injury	Date (Mo/Yr)	Details	
9. Details for Item D through G answered "YES"				

LL-VSDI APP-Emp/Spouse (07/13)

Providing the means for a more secure future.

Offered by



Underwritten by

