

Provider Choice

Individual Disability Income Insurance

Specimen Contract - Policy Form I8GI



Individual disability insurance Policy Form I8GI underwritten and issued by Berkshire Life Insurance Company of America, (BLICOA) Pittsfield, MA. BLICOA is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America New York, NY. Product provisions and availability may vary by state. In New York: This policy provides disability insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio is 60%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy form.

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This is a sample policy, subject to modification in certain states.

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

Disability Income Policy
Non-Participating

This Policy, issued by Berkshire Life Insurance Company of America, provides insurance to the extent set out in the Policy. All of the provisions on this page and pages that follow are part of the Policy.

Sam D. Quinn
Secretary

Condon J. Quinn Jr.
President

Premiums cannot change and the policy cannot be canceled until age 65 or 67 as long as premiums are paid on a timely basis.

NONCANCELLABLE AND GUARANTEED RENEWABLE TO THE EXPIRATION DATE

The Policyowner 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.

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

After the Expiration Date, the Policyowner may conditionally renew the Policy on each Policy Anniversary, if You are not Disabled, You are Gainfully Employed Full Time for at least ten months each year, the premium is paid on time, and the Policy is in force up to the Expiration Date.

The premium at each renewal will be based on Our premium rates in effect for Your Age, Class of Risk, Occupation Class, any special class rating under the Policy, and other factors We are using on a class basis at that time. 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 the Policyowner and Us. The Policy may be returned to Us or to the representative through whom it was bought within ten days from the date the Policy was received. Immediately upon such delivery or mailing, the Policy will be void from the beginning, and any premium paid for it will be refunded.

Conditionally renewable after age 65 or 67, if you are gainfully employed and not disabled.



This is a sample policy, subject to modification in certain states.

Class of Risk is determined by Company Underwriters.

Occupation class is determined by Company Underwriters based on your occupation and job duties. "M" designates a health care professional. "D" designates a dental professional.

Policy discounts will be displayed here.

Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page [1a/1b/1c/1d/1e/1f/1g]

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

Policy Specifications for the Insured

Class of Risk: [Standard/Select] Gender: [Male/Female]
 Occupation Class: [6/6M/5/5M/4/4M/4D/3/3M/3D/2/2M/1/1M] Premium Term: [Annual/Semiannual/Quarterly/Monthly]

Disability Income Insurance Policy Coverage and Premium Summary

<u>Coverage</u>	<u>Benefit Amount</u>	<u>Annual Premium</u>
Disability Income Insurance Policy	[\$99,999]	[\$99,999.99]
[Enhanced Partial/Basic Partial /Short-Term Residual Disability Benefit Rider]		[\$99,999.99]
[3% Compound/6% Maximum/Four-Year Delayed Cost of Living Adjustment Rider]		[\$99,999.99]
[Basic/Enhanced Catastrophic Disability Benefit Rider]	[\$99,999]	[\$99,999.99]
[Retirement Protection Plus Disability Benefit Rider]	[\$99,999]	[\$99,999.99]
[Student Loan Protection Rider: Student Loan Protection Maximum Monthly Benefit]	[\$99,999]	[\$99,999.99]
[Supplemental Benefit Term Rider: Supplemental Monthly Benefit]	[\$99,999]	[\$99,999.99]
[Unemployment Waiver of Premium Rider]		[\$99,999.99]
[Occupational Rehabilitation, Modification and Access Benefits Endorsement]		[No Charge]

Annual premium before [discounts and] policy fee	[\$99,999]	[\$99,999.99]
[###%] Extra Annual Premium		\$99,999.99]

[Applicable Policy Discount]	<u>Discount Percent</u>	
[Employee Multi-Life Discount:	5.00%/10.00%/15.00%/20.00%/25.00%/ 30.00%/35.00%/40.00%/45.00%/50.00%]	
[24 Month Mental and/or Substance-Related Disorders Benefit Limitation Discount:	11.00%/12.00%/13.00%]	
[6 Month Mental and/or Substance-Related Disorders Benefit Limitation Discount:	10.00%/14.00%/15.00%/17.00%]	
[Select Risk Class Discount:	25.00%]	
[Discounted Annual Premium before policy fee:		\$99,999.99]
Annual Policy Fee:		[\$15.00/\$30.00]
Annual Premium after [discounts and] including policy fee:		[\$99,999.99]

This Schedule Page replaces any previously issued Schedule Page.

18GI Schedule Page Date: [##/##/####]

This is a sample policy, subject to modification in certain states.

Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page [1a/1b/1c/1d/1e/1f/1g]

Insured: [ABCDEFGHIJKLMN0PQRSTUVWXYZ123456789] Policy Number: [Z1234567]
 Policyowner: [ABCDEFGHIJKLMN0PQRSTUVWXYZ123456789] Policy Date: [##/##/####]
 Loss Payee: [ABCDEFGHIJKLMN0PQRSTUVWXYZ123456789]

The Policy is issued with the level premium payment option. The level premium period will be to Age [67/65].

The Policy is issued with a [True Own Occupation/Two-Year True Own Occupation (Modified Occupation Thereafter)/Modified Own Occupation/Two-Year Modified Own Occupation (Any Occupation Thereafter)] definition of Total Disability.

About the Premiums

The premiums for the Policy are based on unisex rates.

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

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

For a Semiannual Premium Term:

A premium of [\$99,999.99] must be paid every 6 months. This means an additional [\$99,999.99] or [##.##%] will be paid per year, or a total annualized premium of [\$99,999.99].

For a Quarterly Premium Term:

A premium of [\$99,999.99] must be paid every 3 months. This means an additional [\$99,999.99] or [##.##%] will be paid per year, or a total annualized premium of [\$99,999.99].

For a Monthly Premium Term:

A premium of [\$99,999.99] must be paid every month. This means an additional [\$99,999.99] or [##.##%] will be paid per year, or a total annualized premium of [\$99,999.99].

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

A premium of [\$99,999.99] must be paid every month. There is no additional charge for paying premiums on a monthly basis using Guard-O-Matic versus paying them on an annual basis.

The additional charge, if any, that is added for paying premium more frequently than on an annual basis will remain the same until the end of the level premium period.

About the Policy Coverage

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

This Schedule Page replaces any previously issued Schedule Page.

18GI Schedule Page Date: [##/##/####]

Some riders may be added after the policy is in force. If this occurs the rider name, issue age, and effective date will show.

This is a sample policy, subject to modification in certain states.

Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page [1a/1b/1c/1d/1e/1f/1g]

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

[Basic/Enhanced] Catastrophic Disability Benefit Rider Coverage Summary

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

[Retirement Protection Plus (RPP) Disability Benefit Rider Coverage Summary]

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

[Student Loan Protection Rider Coverage Summary]

Issue Age	Rider Effective Date	Student Loan Protection Maximum Monthly Benefit	Student Loan Protection Elimination Period	Student Loan Protection Accumulation Period	Student Loan Protection Termination Date	Annual Premium
[##]	[##/##/####]	[\$99,999]	[##] days	[##] days	[##/##/####]	[\$99,999.99]

[Supplemental Benefit Term Rider Coverage Summary]

Issue Age	Rider Effective Date	Supplemental Benefit Monthly Benefit	Supplemental Benefit Elimination Period	Supplemental Benefit Accumulation Period	Supplemental Benefit Termination Date	Annual Premium
[##]	[##/##/####]	[\$99,999]	[##] days	[##] days	[##/##/####]	[\$99,999.99]

[Basic/Partial/Enhanced/Partial/Short-Term/Residual] Disability Benefit Rider Coverage Summary

Issue Age	Rider Effective Date	Annual Premium
[##]	[##/##/####]	[\$9,999.99]

This Schedule Page replaces any previously issued Schedule Page.

18GI Schedule Page Date: [##/##/####]

This is a sample policy, subject to modification in certain states.

There is no Mental and/or Substance-Related Disorders Benefit Limitation in Vermont.

A limitation may be required for certain occupations or states.

Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page [1a/1b/1c/1d/1e/1f/1g]

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

[3% Compound/6% Maximum/Four-Year Delayed] Cost of Living Adjustment Rider Coverage Summary

Issue Age	Rider Effective Date	Annual Premium
[##]	[##/##/###]	[99,999.99]

Additional Exclusions and Limitations

[The Policy has exclusions and/or limitations in addition to those described in the Exclusions and Limitations provision of the Policy. Additional exclusion(s) and/or limitation(s) are attached to the Policy.]

[Under no circumstance will We pay benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder that We have excluded by name or description.]

Mental and/or Substance-Related Disorders Benefit Limitation

[Benefits We pay for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder are limited to [6 months/24 months] during Your lifetime.

After We have paid benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder for [3 months/24 months] during Your lifetime, We will not pay benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder unless You are:

- continuously confined in a Hospital for treatment of a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder; and
- under the regular care of a Physician.

Under no circumstance will We pay benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder that We have excluded by name or description.

[This limitation will not apply to Catastrophic Disability due to a Cognitive Impairment, as defined in the Basic Catastrophic Disability Benefit Rider or Enhanced Catastrophic Disability Benefit Rider, if attached to the Policy.]

About the Policy Benefit Period

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

For a [To Age 70/To Age 87/To Age 95/10 Year/5 Year/2 Year] Benefit Period:

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

This Schedule Page replaces any previously issued Schedule Page.

18GI Schedule Page Date: [##/##/####]

This is a sample policy, subject to modification in certain states.

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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. Please call Berkshire Life Insurance Company of America at 1-800-819-2468 with any questions about the Policy.

This is a sample policy, subject to modification in certain states.

Defined terms are capitalized throughout the policy.

Different periods of disability can count toward satisfying the elimination period. The days on which you are disabled need not be consecutive.

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

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

Class of Risk
Class of Risk means the classification We select based on certain risk factors. It is shown in the Schedule Page.

Coverage
Coverage means the benefits available under the Policy.

Disability or Disabled
Disability means Total Disability. Disabled means Totally Disabled.

Effective Date
Effective Date means the date the Policy, or a rider, takes effect, in accordance with the Representations of the Proposed Insured and Owner section in the application.

Elimination Period
Elimination Period is the number of days You must be Disabled before benefits begin to accrue and starts on the first day that You are Disabled. 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. The Elimination Period is shown in the Schedule Page.

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

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 nurses.

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

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

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This is a sample policy, subject to modification in certain states.

Income that is received for services performed prior to disability is not included in current income.

Income

Income means:

- the compensation that You receive, or which is attributable to You, for work or personal services; and
- the income that You receive, or which is attributable to You, from a privately held business in which You have an ownership interest. This amount is determined after deduction of normal and customary unreimbursable Business Expenses, but before any other deductions, including, but not limited to, any deduction of Your personal income taxes.

Income includes, but is not limited to, salaries, wages, fees, commissions, bonuses, pension and/or profit sharing contributions, other payments for work or personal services, and business profits. Income also includes Unearned Income if the Unearned Income is the result of Your work or personal services. In all other cases, Income does not include Unearned Income.

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 for each month during a period of Disability. Current Income does not include income received for work or personal services provided prior to the start of Disability. For the purpose of determining Current Income, Business Expenses may not exceed Prior Business Expenses.

Business Expenses means the normal and customary business expenses that may be deducted from gross earned income for federal tax purposes for the period in which 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

Loss Payee, named in the Schedule Page, is the person or entity to whom We will pay benefits.

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, infection, 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 Benefit

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

This is a sample policy, subject to modification in certain states.

Occupation Class
Occupation Class means the classification We select based on occupational risk. It is shown in the Schedule Page.

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 and/or the Policyowner; or
- anyone related to You and/or the Policyowner by blood or marriage; or
- a member of Your and/or the Policyowner's household; or
- Your and/or the Policyowner's business or professional partner, employee or employer; or
- any person who has a financial affiliation or business interest with You and/or the Policyowner.

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

Policyowner
Policyowner is the person or entity named as Policyowner in the Schedule Page. The Policyowner has the right to renew the Policy, to request a change in Coverage, to change the Loss Payee, and to make other Policy changes.

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

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

Pre-existing Condition
Pre-existing Condition means a physical or mental condition:

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

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

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

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An endorsement is used to replace this definition in policies issued as Guaranteed Standard Issue.

This is a sample policy, subject to modification in certain states.

The policy will contain one definition of total disability. This definition provides two years of "own occupation" coverage - You can receive total disability benefits as long as you are not working. After two years, the definition becomes "any occupation" coverage.

[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.

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

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. Your Occupation does not mean a specific job title, designation, industry, or job with a certain employer.]

This is a sample policy, subject to modification in certain states.

This definition of total disability provides two years of "true own occupation" coverage - You can receive total disability benefits even if you are working in another occupation. After two years, the definition becomes "own occupation" and not working.

[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. You will be Totally Disabled even if You are Gainfully Employed in another occupation so long as, solely due to Injury or Sickness, You are not able to work in Your Occupation.

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 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.

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. Your Occupation does not mean a specific job title, designation, industry, or job with a certain employer.]

This is a sample policy, subject to modification in certain states.

This definition of total disability provides "true own occupation" coverage - You can receive total disability benefits even if you are working in another occupation.

[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 another occupation so long as, solely due to Injury or Sickness, 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.

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.

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. Your Occupation does not mean a specific job title, designation, industry, or job with a certain employer.]

This is a sample policy, subject to modification in certain states.

This definition provides "true own occupation" coverage - You can receive total disability benefits even if you are working in another occupation.

[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 another occupation so long as, solely due to Injury or Sickness, 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.

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. Your Occupation does not mean a specific job title, designation, industry, or job with a certain employer.

If You have limited Your Occupation to the performance of the material and substantial duties of a single medical specialty or to a single dental specialty, We will deem that specialty to be Your Occupation.]

This definition also includes "specialty language" for physicians and dentists.

This is a sample policy, subject to modification in certain states.

This definition provides "true own occupation" coverage - You can receive total disability benefits even if you are working in another occupation.

[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 another occupation so long as, solely due to Injury or Sickness, You are not able to work in Your Occupation.

If Your Occupation is limited to a Medical Doctor or Doctor of Osteopathy and more than 50% of Income is earned from Hands-on Patient Care, We will consider You to be Totally Disabled even if You are Gainfully Employed in Your practice or another occupation so long as, solely due to Injury or Sickness, You are not able to provide Hands-on Patient Care.

Hands-on Patient Care means meeting with a patient in a clinical setting for the purposes of providing medical advice, evaluation, diagnosis, or treatment, that You regularly and personally provide, during the 12 months prior to Your Disability.

If Your Occupation is limited to a Medical Doctor or Doctor of Osteopathy and more than 50% of Income is earned from performing Surgical Procedures, We will consider You to be Totally Disabled even if You are Gainfully Employed in Your practice or another occupation so long as, solely due to Injury or Sickness, You are not able to perform Surgical Procedures.

Surgical Procedures means the medical interventions involving an incision with instruments performed by You in a clinical or hospital setting normally involving anesthesia and/or respiratory assistance, that You regularly perform, during the 12 months prior to Your Disability. These procedures can be performed on either an inpatient or outpatient basis. Providing hypodermic injections, in itself, is not a Surgical Procedure.

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. Your Occupation does not mean a specific job title, designation, industry, or job with a certain employer.]

This definition also includes an enhanced definition for a Medical Doctor or Doctor of Osteopathy.

This is a sample policy, subject to modification in certain states.

A monthly benefit is provided for total disability.

No new elimination period if a disability from the same cause(s) occurs within 12 months of a previous period of disability.

You do not need to be irrecoverably disabled to qualify for the presumptive total disability benefit.

PROVISIONS RELATING TO BENEFITS

Total Disability Benefit
 When You are Totally Disabled, the Monthly Benefit is paid 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, the Monthly Benefit will be payable at the end of each month while You remain Totally Disabled.
- The Monthly Benefit will stop at the end of the Benefit Period or on the date You are no longer Totally Disabled, if earlier.

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

Medical Care Requirement
 We will neither pay benefits nor waive premium under the Policy for any period of Disability during which You are not under a Physician's regular care that is appropriate, according to prevailing medical standards, for the conditions causing Disability. Appropriate care includes a plan between You and Your Physician that addresses Your goals for treatment and recovery, coordinates care among all Physicians involved in the treatment of the conditions causing Disability, and addresses Your functional status. The medical care must be provided by Physicians whose specialties are appropriate for Your Injury or Sickness causing Disability. You have the responsibility to obtain, and reasonably participate in, Your appropriate medical plan of care.

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 any of Our rights under the Policy.

Presumptive Total Disability Benefit
 We will consider You to be Totally Disabled even if You are Gainfully Employed if, while the Policy is in force, Injury or Sickness results in Your total and complete loss of:

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

We will then waive the unexpired portion of the Elimination Period and benefits will start to accrue from the date of Your Total Disability. The Monthly Benefit will be paid for as long as Your Total Disability continues, but not longer than the Benefit Period.

Fractional Month
 If You are Disabled for less than a full month, We will pay 1/30 of the monthly benefit payable under the Policy for each day You are Disabled.

Concurrent Disability
 A concurrent Disability is a Disability that is caused by more than one Injury and/or Sickness. Once a period of Disability begins, We will consider it to be one continuous period of Disability no matter what Injury or Sickness, or combination thereof, caused the Disability or caused it to continue. We will pay benefits for a concurrent Disability as if there were only one Injury or Sickness. In all cases, the amount and duration of benefits for a concurrent Disability will not be more than the maximum for any one Disability.

Recurrent Disability
 A recurrent Disability is a Disability that is determined to be a continuation of a previous Disability. If We determine Your Disability to be a recurrent Disability, Your prior claim for Disability will resume and no new Elimination Period will be required. All terms and conditions of the Policy must be satisfied. We will deem Your Disability to be a recurrent Disability, if:

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

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This is a sample policy, subject to modification in certain states.

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

If a Disability is determined not to be a recurrent Disability, then it will be considered a new and separate Disability.

New Benefit Period
 If the Benefit Period is 2 Years, 5 Years, or 10 Years, and You continue to be Disabled after the Benefit Period has ended, You will not be eligible for a new 2 Years, 5 Years, or 10 Years Benefit Period unless:

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

Waiver of Elimination Period
 We will waive the Elimination Period if:

- You become Disabled within five years after the end of a previous Disability; and
- the previous Disability lasted more than six months; and
- We paid benefits under the Policy for the previous Disability; and
- You remain continuously Disabled for at least for 30 days.

Transplant and Cosmetic Surgery
 We will deem You to be Totally Disabled as a result of Sickness if You become Totally Disabled due to:

- the transplant of a part of Your body to another person more than six months after the Effective Date, or
- complications due to elective cosmetic surgery to improve Your appearance or correct a disfigurement, if the surgery occurs more than six months after the Effective Date.

We will not pay benefits for any Disability caused by, contributed to by, or which results from, such transplant or complications due to elective cosmetic surgery that occurs during the first six months after the Effective Date.

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 that applies to the period of Disability beginning with the date that You were first Disabled in the same claim.
- We will then waive any later premium that is due while You are continuously Disabled in the same claim and receiving benefits for the Disability.

We will continue to waive premium if You remain continuously Disabled after the end of the Benefit Period and before the Expiration Date. You must notify Us within six months of the date Your Disability ends. The pro rata portion of the premium for the remainder of the current Premium Term must be paid, and all premiums due thereafter must be paid, in order to keep the Policy in force. The Policy will terminate if You fail to notify Us within six months of the date Your Disability ends.

We will continue to waive premium for the six-month period after Your Disability ends. At the end of the six-month period, the pro rata portion of the premium for the remainder of the current Premium Term must be paid, and all premium 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.

If the Expiration Date occurs while premiums are being waived, the Policy will terminate.

This can mean first-day coverage for periods of disability beginning within five years after full recovery, regardless of cause.

Premiums are refunded that apply to the period of disability, even if they were paid before the disability began.

Coverage for total disability resulting from transplant surgery or complications due to cosmetic surgery is available.

This is a sample policy, subject to modification in certain states.

If you are under a physician-ordered plan of care for hospice services we will waive any unexpired portion of the elimination period and benefits accrue from the date the plan of care is initiated.

Hospice Care Benefit

We will consider You to be Totally Disabled if, due to an Injury or Sickness, You are:

- under a Physician-ordered plan of care for hospice services; and
- receiving hospice services through a member of the National Hospice and Palliative Care Organization.

We will then waive the unexpired portion of the Elimination Period and benefits will start to accrue from the date a Physician-ordered plan of care is initiated for hospice services. The Monthly Benefit will be paid for as long as Your Total Disability continues, but not longer than the Benefit Period.

PROVISIONS RELATING TO SUSPENSION

Suspension for Active Military Service

The Policy will be suspended 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. 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 premium must be paid to the date it is suspended. 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. Acceptance of premium by Us while You are on active duty will not waive the suspension of the Policy. Any premium paid that applies on or after the date it is suspended will be refunded.

While the Policy is suspended:

- We will neither require premium nor pay benefits under the Policy; and
- the Policy will not cover losses that result from Injury or Sickness that occurs or begins while the Policy is suspended; and
- no privileges or options under the Policy or any attached riders may be exercised.

The suspension of the Policy ends when You are no longer on active duty. On the date We receive a written request to place the Policy back in force and the required pro rata premium, the Policy will be placed back in force. We will not require evidence of insurability. Any such request and premium payment must be received by Us within 90 days after the date Your active duty ends. The Grace Period does not apply. The Policy will terminate if the premium for the Policy remains unpaid for more than 90 days after the suspension ends.

If the Policy is placed back in force following a suspension:

- premium will be at the same rate that it would have been had the Policy not been suspended.
- the Policy will cover only losses that result from Injury that occurs after the date the Policy is placed back in force or Sickness that first manifests itself more than ten days after such date.

In all other respects, the Policyowner and We will have the same rights under the Policy as before it was suspended.

If the Expiration Date occurs while the Policy is suspended, the Policy will terminate.

Suspension During Unemployment

A suspension of the Policy may be requested if:

- You become unemployed; and
- You have received at least eight weeks of governmental unemployment benefits; and
- the Policy has been in force for at least one year from the Effective Date; and
- the Unemployment Waiver of Premium rider is not attached to the Policy.

The suspension of the Policy starts on the date We receive:

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

The Policy must be in force and premium must be paid to the date it is suspended. Any premium paid that applies on or after the date it is suspended will be refunded.

If you are unemployed and have received eight weeks of governmental unemployment benefits, you can choose to suspend the policy for up to 12 months. After you return to work, no evidence of medical insurability or income is needed to put your coverage back in force.

This is a sample policy, subject to modification in certain states.

While the Policy is suspended:

- We will neither require premium nor pay benefits under the Policy; and
- the Policy will not cover losses that result from Injury or Sickness that occurs or begins while the Policy is suspended; and
- no privileges or options under the Policy or any attached riders may be exercised.

The suspension will end at the earlier of:

- the date We receive a written request to end the suspension of the Policy, subject to proof that You are Gainfully Employed; or
- 12 months after the date on which the Policy is suspended.

When the suspension of the Policy ends, We will require pro rata premium to place the Policy back in force. The Grace Period does not apply. The Policy will terminate if the premium for the Policy remains unpaid for more than 90 days after the suspension ends.

If the Policy is placed back in force following a suspension:

- premium will be at the same rate that it would have been had the Policy not been suspended.
- the Policy will cover only losses that result from Injury that occurs after the date the Policy is placed back in force or Sickness that first manifests itself more than ten days after such date.

In all other respects, the Policyowner and We will have the same rights under the Policy as before it was suspended.

If the Policy has been suspended by reason of unemployment, the Policy may not be suspended by reason of unemployment again until 48 months have elapsed from the end of the last suspension by reason of unemployment.

If the Expiration Date occurs while the Policy is suspended, the Policy will terminate.

ENHANCED PORTABILITY OPTION

For purposes of the Enhanced Portability Option, if You are the Policyowner and You are no longer employed by 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 then be underwritten based on Our underwriting guidelines 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, with 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 must provide evidence of Your Income, Occupation, employment, and all other disability insurance with any insurer that is in force, that You have applied for, or for which You are eligible. We may require additional evidence of financial insurability. You do not have to provide evidence of Your medical insurability.

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.

We may add the additional disability insurance either to the Policy or on a separate policy form then being used by Us for new applicants on a regular basis in the place where You live. For purposes of this provision, new applicants are individuals who do not have any coverage in force with Us at the time of application.

If you leave your employer where you purchased this coverage, this one-time option allows you an opportunity to purchase additional coverage without evidence of medical insurability.

This is a sample policy, subject to modification in certain states.

The premium for the additional disability insurance will be based on Our premium rates in effect on the date of issue of the additional disability insurance, which may vary by state. The premium may also be based on, but not limited to, the following:

- the additional disability insurance amount and any rider that is attached; and
- Your age on the date of issue; and
- the state and policy form; and
- the Class of Risk and Occupation Class under the Policy.

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 a military auxiliary unit, either active or reserve, or working for contracted military services; or
- for any period of time in which You are incarcerated or under court-ordered home confinement; or
- 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; or
- caused by, contributed to by, or which results from, Your being engaged in an illegal occupation or professional misconduct; or
- caused by, contributed to by, or which results from, any suspension, revocation, restriction, inactivation, surrender, or the like, of Your professional or occupational license or certification; or
- 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 description.

Limitation While Outside the United States or Canada

Benefits for Disability will be limited to a total of twelve months during Your lifetime unless You are living full time in the United States or Canada for at least six consecutive months in each calendar year. United States refers to the 50 states that comprise the United States of America and the District of Columbia.

If benefits under the Policy have ceased because of this limitation and You return to the United States or Canada, benefits may resume under the Policy if all terms and conditions of the Policy are satisfied.

If You continue to reside outside of the United States or Canada, premiums will become due beginning three months after benefits under the Policy have ceased.

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 Benefit Limitation

If the Policy includes a Mental and/or Substance-Related Disorders Benefit Limitation, it is shown in the Schedule Page. Under this limitation, benefits We pay for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder are limited during Your lifetime to the number of months specified in the Schedule Page.

After We have paid benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder for the number of months specified in the Schedule Page, We will not pay benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder unless You are:

- continuously confined in a Hospital for treatment of a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder; and
- under the regular care of a Physician.

Under no circumstance will We pay benefits for a Disability caused by, contributed to by, or which results from, a Mental and/or Substance-Related Disorder that We have excluded by name or description.

This limitation will not apply to Catastrophic Disability due to a Cognitive Impairment, as defined in the Basic Catastrophic Disability Benefit Rider or Enhanced Catastrophic Disability Benefit Rider, if attached to the Policy.

There are exclusions and limitations in the policy, subject to state variations.

This provision is replaced in an endorsement for policies issued as Guaranteed Standard Issue.

The policy may have no limitation, a 6-month limitation, or a 24-month limitation for mental and /or substance related disorders. If the policy has a limitation, it will be shown in the Schedule Page.

This is a sample policy, subject to modification in certain states.

These important provisions of the policy outline how to file a claim for benefits, what information may be required for our evaluation of the claim and how benefits are paid.

PROVISIONS RELATING TO CLAIMS

Authorization

We will require an authorization, without alterations, signed by You, or Your duly authorized legal representative, for Us to obtain information, as often as is reasonably necessary.

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 provided 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 any loss within 90 days after the end of each monthly period for which benefits are claimed. 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 Income 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.

Payment of Claim

All terms and conditions of the Policy must be satisfied in order for benefits to become payable. After all required proof of loss is provided and the claim is approved by Us, benefits due under the Policy will be paid to the Loss Payee.

If any benefit of the Policy becomes payable to a person not competent to give a release, We may pay such benefit, up to \$5,000, to a relative by blood or marriage of such person We deem appropriate. Any payment made in good faith under this provision will fully discharge Us to the extent of such payment.

The Policy, and all Coverage, terminates upon Your death. Any accrued benefits that are unpaid will be paid to Your estate.

Overpayment of Benefits

In the event that an overpayment of benefits occurs, We have the right to either recoup the overpayment from future claim benefits or require reimbursement within 60 days of notification of overpayment.

Time of Claim Payment

Subject to satisfactory written proof of loss and upon Our determination that benefits are payable under the Policy, We will pay all accrued benefits that are due for Disability and other specified losses. Benefits will be payable at the end of each month for which benefits are due while You are Disabled. Any amounts due that are unpaid when You are no longer Disabled will be paid promptly after We receive satisfactory written proof of loss.

Examinations

We have the right to have You examined at Our expense and as often as We reasonably require to determine Your eligibility for benefits under the Policy as part of the Proof of Loss provision. We will select the examiner and the examination conditions. 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, psychological examinations, neuropsychological examinations, vocational evaluations,

This is a sample policy, subject to modification in certain states.

rehabilitation evaluations, and occupational analyses. Such examinations may include any related tests that are reasonably necessary to the performance of the examination. We may deny or suspend benefits under the Policy if You fail to attend an examination, fail to cooperate with the examiner, or fail to comply with Our selected examination conditions.

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 business, financial and operational records, including, but not limited to, Your personal, business and corporate federal and state tax returns, as often as We 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 that were in effect immediately preceding the start of Your Disability.

Responsibility to Cooperate and Obtain Appropriate Medical Care

You have the responsibility to cooperate with Us concerning all matters relating to the Policy including, but not limited to, any claims under the Policy. You have the responsibility to obtain, and reasonably participate in, all appropriate medical care for the condition for which benefits are claimed.

PROVISIONS RELATING TO PREMIUM AND RENEWAL

Premium

Premiums are due on the first day of each Premium Term. If You die, any premium paid that applies to the period after Your date of death will be refunded to the Policyowner or the Policyowner's estate.

Grace Period

Except for the first premium, if the premium has not been paid by the premium due date, 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 by the end of the grace period, the Policy will lapse.

Premium Term Changes

The Policyowner may submit a written request to Our home office to change the Premium Term. On request, and subject to Our approval, premiums may be paid annually or on a periodic basis. As shown in the Schedule Page, the Premium Terms available are annual, semiannual, quarterly, or monthly. Any change to the Premium Term will begin with the next premium due date. We will not allow any change that would result in any premium not being due on a Policy Anniversary.

Conditional Renewal After The Expiration Date

After the Expiration Date, the Policy may be conditionally renewed on each Policy Anniversary, if:

- 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; and
- the Policy is in force up to the Expiration Date.

If the Policyowner renews the Policy 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. Upon Our approval, We will issue a new Schedule Page.

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

The premium at each renewal will be based on Our premium rates in effect for Your Age, Class of Risk, Occupation Class, any special class rating under the Policy, and other factors We are adding on a class basis at that time. 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.

You have a 31-day grace period from the due date to pay any unpaid premium.

Coverage may continue after the policy expires if certain conditions are met. Only coverage for total disability will continue.

This is a sample policy, subject to modification in certain states.

Reinstatement

If the Policy has lapsed at the end of the grace period, the Policyowner can apply to reinstate the Policy by completing an application for reinstatement and paying all overdue premium. We must receive the application within six months of the date the Policy lapsed.

We may require satisfactory evidence of insurability to reinstate the Policy. If We approve the application, the Policy will be placed back in force on the date of such approval. If We refuse to reinstate the Policy, We will refund the overdue premium. If We have neither approved nor refused the application in writing within 45 days after receipt of such application and overdue premium, the Policy will be reinstated on that 45th day.

The Policy will be reinstated as of the date We accept a premium if We do not require 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, the Policyowner and We will have the same rights under the Policy as before it lapsed, subject to any provisions endorsed on or attached to the Policy in connection with reinstatement.

GENERAL CONTRACT PROVISIONS

Consideration

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

When the Policy is Effective

The Policy takes effect at 12:01 a.m. on the Effective Date and terminates at 11:59 p.m. on the date on which the Policy terminates.

The Contract

The Policy with any application(s), 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 during Your lifetime following the date the Policy was reinstated, excluding any period during which You are Disabled.

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

This provision may vary by state.

This is a sample policy, subject to modification in certain states.

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 for active military service or a suspension for unemployment; or
- Our receipt of the Policyowner's written request to terminate the Policy; or
- the Expiration Date, unless the Policy is conditionally renewed; or
- Your death.

Conformity with State Laws

Any provision of the Policy that, 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, as required by the Proof of Loss provision under the Policy, has been furnished. In no case can an action be brought against Us more than three years after written proof of loss must be furnished.

Misstatements of Age

If Your age is misstated on the application, Coverage will be what the premium paid would have purchased based on the correct age.

If We would not have issued the Policy at Your correct age, there will be no insurance and We will refund all premiums paid for the period not covered by the Policy.

Assignment

We will be bound by an assignment of the Policy for any claim only if We receive a written assignment from the Policyowner 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 any right under the terms of the Policy will not be deemed a waiver of that right.

This is a sample policy, subject to modification in certain states.

Not all disabilities are total. This rider provides benefits for partial disabilities.

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

ENHANCED PARTIAL 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 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 yearly anniversary of the Original Index Month immediately preceding each Review Date.

Disability or Disabled

Disability or Disabled is amended to also include Partial Disability or Partially Disabled.

Enhanced Initial Monthly Benefit

The Enhanced Initial Monthly Benefit is the amount We will pay each month for the first 12 months that You are eligible for a Partial Disability benefit in the same claim.

Monthly Partial Benefit

Monthly Partial Benefit means the amount We will pay each month if You continue to be Partially Disabled in the same claim after the Enhanced Initial Monthly Benefit has been paid for 12 months. It is a percentage of the Monthly Benefit.

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.

Partial Disability or Partially Disabled

Partial Disability or Partially Disabled means You are Gainfully Employed and You are not Totally Disabled under the terms of the Policy but, solely due to Injury or Sickness, Your Loss of Income is at least 15% of Your Prior Income.

Review Date

Review Date means the yearly anniversary of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO PARTIAL DISABILITY

Partial Disability Benefit

When You are Partially Disabled, We will pay a Partial Disability benefit as follows:

- You must become Disabled while the rider is in force.
- You must satisfy the Elimination Period.
- After You have satisfied the Elimination Period, a Partial Disability benefit will be payable at the end of each month while You are Partially Disabled.

For each month of the first 12 months that You are eligible for a Partial Disability benefit in the same claim, We will pay an Enhanced Initial Monthly Benefit. The Enhanced Initial Monthly Benefit is equal to Your Loss of Income

No loss of time or duties is required. You only need to demonstrate a 15% loss of income due to sickness or injury.

For the first 12 months of partial disability, you are eligible for an Enhanced Initial monthly benefit. The Enhanced Initial monthly benefit will not be less than 50% of the monthly benefit.

No prior period of total disability is required.

EPGI

1

This is a sample policy, subject to modification in certain states.

less any individual disability insurance benefits You are receiving, or that You are eligible to receive, from Us and all other insurance companies, on policies that are in force on or before the Effective Date of this rider. The Enhanced Initial Monthly Benefit will not be less than 50% of the Monthly Benefit. In no event will the Enhanced Initial Monthly Benefit exceed the Monthly Benefit.

If You continue to be Partially Disabled in the same claim after the Enhanced Initial Monthly Benefit has been paid for 12 months, We will pay a Monthly Partial Benefit.

The Monthly Partial 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 Partially Disabled; and
 (b) is Your Prior Income; and
 (c) is the Monthly Benefit.

If Your Loss of Income is more than 75% of Prior Income in any month of Partial Disability while the Monthly Partial Benefit is payable, We will deem such loss to be 100%.

We will not increase the Partial Disability benefit because You are Disabled from more than one cause at the same time.

Recovery

We will continue to consider You Partially Disabled, even if You have recovered from the Injury or Sickness that caused Partial Disability, so long as Your Loss of Income is still at least 15% of Your Prior Income and such Loss of Income is solely due to the Injury or Sickness that caused Your Partial Disability.

Adjustment of Prior Income and Prior Business Expenses

On the Review Date while benefits are payable, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months based on changes in cost of living, as reflected in the CPI-U, since the start of claim. We will adjust the 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, while a Partial Disability benefit is payable, until the first of the following occurs:

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

Proof of Loss

In addition to any proof of loss required by the Policy, You must provide Us with written proof of loss necessary to establish that Your Loss of Income is solely the result of Your Injury or Sickness.

Premium and Renewal

The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date of the Policy.

TRG1

2

You may be eligible for a recovery benefit to help you in your return to gainful employment.

An income loss of more than 75% will be considered a 100% loss while a partial disability benefit is payable.

There is an annual adjustment of prior income and prior business expenses.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of the Partial Disability Benefit

Benefits for Partial Disability will no longer be payable when the first of the following occurs:

- You are no longer Partially Disabled; or
- Your Loss of Income is no longer solely the result of Injury or Sickness; or
- the first month in which Your Loss of Income is less than 15% of Your Prior Income; or
- You become Totally Disabled; or
- the Benefit Period ends; or
- this rider terminates.

Termination of Enhanced Partial Disability Benefit Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit Period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

This is a sample policy, subject to modification in certain states.

Not all disabilities are total. This rider provides benefits for partial disabilities.

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

BASIC PARTIAL 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 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 yearly anniversary of the Original Index Month immediately preceding each Review Date.

Disability or Disabled
 Disability or Disabled is amended to also include Partial Disability or Partially Disabled.

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

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.

Partial Disability or Partially Disabled
 Partial Disability or Partially Disabled means You are Gainfully Employed and You are not Totally Disabled under the terms of the Policy, 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 unable to perform one or more 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.

Review Date
 Review Date means the yearly anniversary of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO PARTIAL DISABILITY

Partial Disability Benefit
 When You are Partially Disabled, We will pay the Monthly Partial Benefit as follows:

- You must become Disabled while the rider is in force.
- You must satisfy the Elimination Period.
- After You have satisfied the Elimination Period, the Monthly Partial Benefit will be payable at the end of each month while You are Partially Disabled.

For each month benefits are payable under this rider, the Monthly Partial Benefit may never exceed Loss of Income, except as stated in the Enhancements to the Monthly Partial Benefit provision.

PTGI 1

You must satisfy a loss of time or duties in addition to at least a 20% loss of income.

This is a sample policy, subject to modification in certain states.

You receive a benefit proportionate to the loss of income. For the first 6 months, we will consider your loss of income to be 50% or the actual percentage of income loss, if greater.

You receive a lump sum recovery benefit of 2 times the monthly benefit if your disability ends within 12 months of the end of the elimination period and you are gainfully employed full time immediately after your partial disability. No loss of income is required to receive this recovery benefit.

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

Payment of Monthly Partial Benefit
 The Monthly Partial 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 Partially Disabled; and
 (b) is Your Prior Income; and
 (c) is the Monthly Benefit.

Enhancements to Monthly Partial Benefit
 During the first six months in which the Monthly Partial Benefit is payable, We will deem Your Loss of Income to be 50% of Your Prior Income or the actual percentage of loss, if greater.

If Your Loss of Income is more than 75% of Prior Income in any month of Partial Disability while the Monthly Partial Benefit is payable, We will deem such loss to be 100%.

Adjustment of Prior Income and Prior Business Expenses
 On the Review Date while the Monthly Partial Benefit is payable, We will adjust Your Prior Income and Prior Business Expenses for the next 12 months based on changes in cost of living, as reflected in the CPI-U, since the start of claim. We will adjust the 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. Your Prior Income or Prior Business Expenses will not be reduced below what they were at the start of claim.

We will adjust the Prior Income and Prior Business Expenses on each Review Date, while the Monthly Partial Benefit is payable, until the first of the following occurs:

- a recovery benefit is payable; or
- the Benefit Period ends; or
- this rider terminates.

Recovery Benefit
 We will pay a recovery benefit following a period of Partial Disability, if:
 • Your Disability ends within 12 months after You have satisfied the Elimination Period; and
 • You are Gainfully Employed Full Time immediately after Your Partial Disability ends.

The recovery benefit is a lump sum payment equal to the Monthly Benefit multiplied by two. If, after a recovery benefit has been paid, You become Disabled, and Your Disability is deemed a recurrent Disability, any benefits then paid will be reduced by the recovery benefit.

Only one recovery benefit will be paid in the same claim.

Proof of Loss
 In addition to any proof of loss required by the Policy, You must provide Us with written proof of loss necessary to establish that Your Loss of Income is solely the result of Your Injury or Sickness.

Premium and Renewal
 The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date of the Policy.

PTGI 2

There is an annual adjustment of prior income and prior business expenses.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of Monthly Partial Benefit

The Monthly Partial Benefit will no longer be payable when the first of the following occurs:

- You are no longer Partially Disabled; or
- Your Loss of Income is no longer solely the result of Injury or Sickness; or
- You become Totally Disabled; or
- the Benefit Period ends; or
- this rider terminates.

Termination of Basic Partial Disability Benefit Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit Period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

This is a sample policy, subject to modification in certain states.

Not all disabilities are total. This rider provides benefits for residual disabilities.

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

SHORT-TERM 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

Disability or Disabled
Disability or Disabled is amended to also include Residual Disability or Residually Disabled.

Residual Disability or Residually Disabled
Residual Disability or Residually Disabled means You are Gainfully Employed and You are not Totally Disabled under the terms of the Policy, but solely due to Injury or Sickness:

- You are unable to perform one or more of the material and substantial duties of Your Occupation; or
- You are unable to perform the material and substantial duties of Your Occupation for more than one-half of the time normally required.

Monthly Residual Benefit
Monthly Residual Benefit means the amount We will pay for each month of Residual Disability. It is one-half of the Monthly Benefit.

PROVISIONS RELATING TO RESIDUAL DISABILITY

Residual Disability Benefit
When You are Residually Disabled, We will pay the Monthly Residual Benefit as follows:

- You must become Totally Disabled while the rider is in force.
- You must remain Totally Disabled for the duration of the Elimination Period.
- After You have satisfied the Elimination Period, if You become Residually Disabled in the same claim before the end of the Benefit Period, the Monthly Residual Benefit will be payable at the end of each month while You are Residually Disabled.

We will pay up to six months of the Monthly Residual Benefit in the same claim. We will not increase the Monthly Residual Benefit because You are Residually Disabled from more than one cause at the same time.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date of the Policy.

SRGI 1

You must have been totally disabled during the full elimination period.

The Short-Term Residual disability benefit is payable for up to 6 months.

Loss of income is not required but you must be either unable to perform one or more of the material and substantial duties of your occupation or unable to perform them for the time they normally require.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of Monthly Residual Benefit

The Monthly Residual Benefit will no longer be payable when the first of the following occurs:

- You are no longer Residually Disabled; or
- the Monthly Residual Benefit has been paid for six months in the same claim; or
- the Benefit Period ends; or
- You become Totally Disabled; or
- this rider terminates.

Termination of Short-Term Residual Disability Benefit Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit Period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

This is a sample policy, subject to modification in certain states.

This rider provides a fixed 3% annual compounded indexing of the monthly benefit while benefits are payable.

There is no cap to the amount the monthly benefit may increase under this rider.

You may choose to continue increased monthly benefit after the expiration date at an additional premium.

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

3% COMPOUND 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
 The Cost of Living Adjustment Factor is 1.03.

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

Review Date
 Review Date means the yearly anniversary, in the same claim, of the date on which You were first Disabled.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Benefit
 On each Review Date while benefits are payable, We will adjust the Monthly Benefit on a compound basis as follows:

- On the first Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the Monthly Benefit by the Cost of Living Adjustment Factor.
- On each subsequent Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the adjusted Monthly Benefit in effect immediately prior to each Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Benefit by the Incremental Monthly Benefit, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Benefit is at least \$300.

There will be no premium charge for the Incremental Monthly Benefit until the Expiration Date. After the Expiration Date, there will be a premium charge for the Incremental Monthly Benefit.

Adjusted Monthly Benefit After the Expiration Date
 At the time of the first renewal of the Policy after the Expiration Date, the Policyowner may choose one of the following amounts of Monthly Benefit for any claim for Total Disability that begins after that date:

- the Monthly Benefit shown in the Schedule Page; or
- the adjusted Monthly Benefit, if any, last created by this rider.

We will base the premium after the Expiration Date on the amount of Monthly Benefit selected. All the conditions in the Policy for renewal after the Expiration Date must be satisfied.

Premium and Renewal
 The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date of the Policy.

3CGI 1

Adjustments are made on specified anniversaries of when you were first disabled in the same claim.

Should you recover, increases of at least \$300 created as a result of this rider will remain as coverage with no extra premium charge to age 65 or 67.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of Cost of Living Adjustment

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

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Termination of 3% Compound Cost of Living Adjustment Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit Period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

This is a sample policy, subject to modification in certain states.

This rider provides a fixed 3% annual compounded indexing of the monthly benefit while benefits are payable, starting on the 4th anniversary, in the same claim, of the date you first became disabled.

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

FOUR-YEAR DELAYED 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
 The Cost of Living Adjustment Factor is 1.03.

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

Review Date
 The first Review Date will be on the fourth anniversary, in the same claim, of the date on which You were first Disabled. Thereafter, the Review Date means the yearly anniversary, in the same claim, of the date on which You were first Disabled.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Benefit
 On each Review Date while benefits are payable, We will adjust the Monthly Benefit on a compound basis as follows:

- On the first Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the Monthly Benefit by the Cost of Living Adjustment Factor.
- On each subsequent Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the adjusted Monthly Benefit in effect immediately prior to each Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Benefit by the Incremental Monthly Benefit, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Benefit is at least \$300.

There will be no premium charge for the Incremental Monthly Benefit until the Expiration Date. After the Expiration Date, there will be a premium charge for the Incremental Monthly Benefit.

Adjusted Monthly Benefit After the Expiration Date
 At the time of the first renewal of the Policy after the Expiration Date, the Policyowner may choose one of the following amounts of Monthly Benefit for any claim for Total Disability that begins after that date:

- the Monthly Benefit shown in the Schedule Page; or
- the adjusted Monthly Benefit, if any, last created by this rider.

We will base the premium after the Expiration Date on the amount of Monthly Benefit selected. All the conditions in the Policy for renewal after the Expiration Date must be satisfied.

Premium and Renewal
 The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date of the Policy.

4CGI 1

There is no cap to the amount the monthly benefit may increase under this rider.

Should you recover, increases of at least \$300 created as a result of this rider will remain as coverage with no extra premium charge to age 65 or 67.

Adjustments are made on specified anniversaries of when you were first disabled in the same claim.

You may choose to continue increased monthly benefit after the expiration date at an additional premium.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of Cost of Living Adjustment

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

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Termination of Four-Year Delayed Cost of Living Adjustment Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit Period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

This is a sample policy, subject to modification in certain states.

This rider provides annual compounded indexing of the monthly benefit while benefits are payable, tied to changes in the CPI-U that will never be less than 3% or more than 6%.

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

6% MAXIMUM 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 for each Review Date is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Prior Index Month. The Cost of Living Adjustment Factor will never be less than 1.03 or more than 1.06.

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 calendar month 90 days before each Review Date.

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

Prior Index Month
 Prior Index Month means, on each Review Date, the calendar month one calendar year prior to the Current Index Month.

Review Date
 Review Date means the yearly anniversary, in the same claim, of the date on which You were first Disabled.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Benefit
 On each Review Date while benefits are payable, We will adjust the Monthly Benefit on a compound basis based on changes in cost of living, as reflected in the CPI-U, as follows:

- On the first Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the Monthly Benefit by the Cost of Living Adjustment Factor.
- On each subsequent Review Date, We will determine the adjusted Monthly Benefit for the next 12 months by multiplying the adjusted Monthly Benefit in effect immediately prior to each Review Date by the Cost of Living Adjustment Factor.

Any adjustment to the Monthly Benefit may vary from year to year as the CPI-U rises or falls, but will never be less than 3% or more than 6%.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Benefit of the Policy by the Incremental Monthly Benefit, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Benefit is at least \$300.

There will be no premium charge for the Incremental Monthly Benefit until the Expiration Date. After the Expiration Date, there will be a premium charge for the Incremental Monthly Benefit.

eCGI 1

There is no cap to the amount the monthly benefit may increase under this rider.

Adjustments are made on the specified anniversaries of when you were first disabled in the same claim.

This is a sample policy, subject to modification in certain states.

You may choose to continue increased monthly benefit after the expiration date at an additional premium.

Adjusted Monthly Benefit After the Expiration Date

At the time of the first renewal of the Policy after the Expiration Date, the Policyowner may choose one of the following amounts of Monthly Benefit for any claim for Total Disability that begins after that date:

- the Monthly Benefit shown in the Schedule Page; or
- the adjusted Monthly Benefit, if any, last created by this rider.

We will base the premium after the Expiration Date on the amount of Monthly Benefit selected. All the conditions in the Policy for renewal after the Expiration Date must be satisfied.

Premium and Renewal

The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment

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

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Termination of 5% Maximum Cost of Living Adjustment Rider

This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy or the end of the Benefit period, whichever is later; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

Sean D. Quinn

Secretary

This is a sample policy, subject to modification in certain states.

This rider can provide a monthly benefit in addition to any other disability benefit payments under the policy if you are catastrophically disabled as defined in this rider.

This benefit has an accumulation period and an elimination period.

You are catastrophically disabled under this rider if you are either cognitively impaired or irrecoverably disabled.

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

BASIC 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

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

- Cognitively Impaired; or
- Irrecoverably Disabled.

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

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

Catastrophic Disability Elimination Period
 Catastrophic Disability Elimination Period is the number of days You must be Catastrophically Disabled before benefits begin to accrue and starts on the first day that You are Catastrophically Disabled. The days within this period need not be consecutive, but they must occur within the Catastrophic Disability Accumulation Period. Benefits will not accrue or be payable during the Catastrophic Disability Elimination Period. The Catastrophic Disability Elimination Period is shown in the Schedule Page.

Catastrophic Disability Benefit Period
 Catastrophic Disability Benefit Period means the longest period of time for which We will pay a Catastrophic Disability Benefit for a continuous Catastrophic Disability. It is shown in the Schedule Page.

Cognitive Impairment or Cognitively Impaired
 Cognitive Impairment or Cognitively Impaired means You have suffered a severe deterioration or loss in Your cognitive capacity that requires Substantial Supervision to protect You or others from threats to health or 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, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in:

- short term or long term memory; and
- 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.

306 1

This is a sample policy, subject to modification in certain states.

Waiver of premium also applies to catastrophic disability.

Coverage for catastrophic disability does not continue after the policy expires at age 65 or 67.

Irrecoverable Disability or Irrecoverably Disabled
 Irrecoverable Disability or Irrecoverably Disabled means that, even if You are Gainfully Employed, Injury or Sickness results in Your total, complete and irrecoverable loss of:

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

The Injury or Sickness must occur while this rider is in force.

PROVISIONS RELATING TO CATASTROPHIC DISABILITY BENEFIT

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

- You must become Catastrophically Disabled while the rider is in force.
- Benefits for Catastrophic Disability will stop at the end of the Catastrophic Disability Benefit Period or, if earlier, on the date You are no longer Catastrophically Disabled.

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

Catastrophic Disability Benefit due to Cognitive Impairment
 If You are Catastrophically Disabled due to Cognitive Impairment, We will pay the Catastrophic Disability Benefit as follows:

- You must satisfy the Catastrophic Disability Elimination Period.
- After You have satisfied the Catastrophic Disability Elimination Period, the Catastrophic Disability Benefit will be payable at the end of each month while You remain Catastrophically Disabled.

Catastrophic Disability Benefit due to Irrecoverable Disability
 If You are Irrecoverably Disabled, We will pay the Catastrophic Disability Benefit as follows:

- We will waive the unexpired portion of both the Elimination Period and the Catastrophic Disability Elimination Period, and benefits will start to accrue from the date of Your Irrecoverable Disability.
- The Catastrophic Disability Benefit will be payable at the end of each month while You remain Catastrophically Disabled.

Premium and Renewal
 The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date.

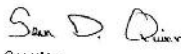
TERMINATION

Termination of Catastrophic Disability Benefit
 The Catastrophic Disability Benefit will no longer be payable when the first of the following occurs:

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

Termination of Basic Catastrophic Disability Benefit Rider
 This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

 Secretary

306 2

This is a sample policy, subject to modification in certain states.

This rider can provide a monthly benefit in addition to any other disability benefit payments under the policy if you are catastrophically disabled as defined by this rider.

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

ENHANCED 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

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; or
- Irrecoverably Disabled.

Catastrophic Disability Accumulation Period

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

Catastrophic Disability Adjustment Factor

Catastrophic Disability Adjustment Factor is equal to 1.03.

Catastrophic Disability Benefit

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

Catastrophic Disability Elimination Period

Catastrophic Disability Elimination Period is the number of days You must be Catastrophically Disabled before

You are catastrophically disabled under this rider if you are unable to perform two or more activities of daily living, or are cognitively impaired, or are irrecoverably disabled.

This is a sample policy, subject to modification in certain states.

Adjustments are made on the anniversary of when you were first catastrophically disabled in the same claim.

benefits begin to accrue and starts on the first day that You are Catastrophically Disabled. The days within this period need not be consecutive, but they must occur within the Catastrophic Disability Accumulation Period. Benefits will not accrue or be payable during the Catastrophic Disability Elimination Period. The Catastrophic Disability Elimination Period is shown in the Schedule Page.

Catastrophic Disability Benefit Period

Catastrophic Disability Benefit Period means the longest period of time for which We will pay a Catastrophic Disability Benefit for a continuous Catastrophic Disability. It is shown in the Schedule Page.

Catastrophic Disability Review Date

Catastrophic Disability Review Date means the yearly anniversary, in the same claim, of the date on which You were first Catastrophically Disabled.

Cognitive Impairment or Cognitively Impaired

Cognitive Impairment or Cognitively Impaired means You have suffered a severe deterioration or loss in Your cognitive capacity that requires Substantial Supervision to protect You or others from threats to health or 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, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in:

- short-term or long-term memory; and
- 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 also include Catastrophic Disability or Catastrophically Disabled.

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.

Irrecoverable Disability or Irrecoverably Disabled

Irrecoverable Disability or Irrecoverably Disabled means that, even if You are Gainfully Employed, Injury or Sickness results in Your total, complete, and irrecoverable loss of:

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

The Injury or Sickness must occur while this rider is in force.

Maximum Monthly Catastrophic Disability Benefit

Maximum Monthly Catastrophic Disability Benefit is equal to two times the Catastrophic Disability Benefit shown in the Schedule Page.

The catastrophic disability benefit will increase 3% each year while you remain catastrophically disabled, but increases may not exceed 2 times your original catastrophic disability benefit amount.

This is a sample policy, subject to modification in certain states.

Waiver of Premium also applies to catastrophic disability.

Benefit period for this rider is for the same duration as the benefit period for the base policy, but never continues beyond age 65 or 67.

PROVISIONS RELATING TO CATASTROPHIC DISABILITY BENEFIT

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

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

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

Cost of Living Adjustment of the Catastrophic Disability Benefit
 On each Catastrophic Disability Review Date while the Catastrophic Disability Benefit is payable, We will adjust the Catastrophic Disability Benefit on a compound basis as follows:

- On the first Catastrophic Disability Review Date, We will determine the adjusted Catastrophic Disability Benefit for the next 12 months by multiplying the Catastrophic Disability Benefit by the Catastrophic Disability Adjustment Factor.
- On each subsequent Catastrophic Disability Review Date, We will determine the adjusted Catastrophic Disability Benefit for the next 12 months by multiplying the adjusted Catastrophic Disability Benefit in effect immediately prior to each Catastrophic Disability Review Date by the Catastrophic Disability Adjustment Factor.

The adjusted Catastrophic Disability Benefit may not exceed the Maximum Monthly Catastrophic Disability Benefit. Benefits for a Catastrophic Disability are not subject to any other cost of living adjustments under the Policy.

Irrecoverable Disability Benefit
 If You are Irrecoverably Disabled, We will pay benefits as follows:

- We will waive the unexpired portion of both the Elimination Period and the Catastrophic Disability Elimination Period, and benefits will start to accrue from the date of Your Irrecoverable Disability.
- The Catastrophic Disability Benefit will be paid for as long as Your Irrecoverable Disability continues, but not longer than the Catastrophic Disability Benefit Period.

Premium and Renewal
 The premium for this rider is shown in the Schedule Page. This rider may not be renewed after the Expiration Date.


TERMINATION

Termination of the Catastrophic Disability Benefit
 The Catastrophic Disability Benefit will no longer be payable when the first of the following occurs:

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

Termination of Enhanced Catastrophic Disability Benefit Rider
 This rider terminates when the first of the following occurs:

- the Expiration Date of the Policy; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

 Secretary

TCG 3

This is a sample policy, subject to modification in certain states.

This rider provides an additional benefit in the event of a total disability. It is designed to continue retirement savings by helping replace contributions made by you and your employer to eligible retirement plans.

The RPP monthly benefit will be paid to the Trustee for you while you are totally disabled and not gainfully employed.

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 700 South Street
 Pittsfield, MA 01201

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 Accumulation Period
 RPP Accumulation Period is the uninterrupted period of consecutive days during which the RPP Elimination Period must be satisfied. The RPP Accumulation Period begins on the first day that You are Totally Disabled and not Gainfully Employed. It is shown in the Schedule Page.

RPP Elimination Period
 RPP Elimination Period is the number of days You must be Totally Disabled and not Gainfully Employed before benefits begin to accrue and starts on the first day that You are Totally Disabled and not Gainfully Employed. The days within this period need not be consecutive, but they must occur within the RPP Accumulation Period. Benefits will not accrue or be payable during the RPP Elimination Period. The RPP Elimination Period is shown in the Schedule Page.

RPP Expiration Date
 RPP Expiration Date means the date on which this rider expires, if it has not previously terminated. The RPP Expiration Date is shown in the Schedule Page.

RPP Benefit Period
 RPP Benefit Period is the longest period of time for which We will pay an RPP Monthly Benefit. RPP Benefit Period is shown in the Schedule Page.

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

Trust
 Trust means the irrevocable trust account established by the Policyowner, based on the agreement between the Policyowner and Trustee, into which the RPP Monthly Benefit will be paid. We are not a party to the Trust.

Trustee
 The Trustee is responsible for the administration of the Trust.

PROVISIONS RELATING TO THE RPP BENEFIT

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

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

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

RPGI 1

This is a sample policy, subject to modification in certain states.

Trust assets are paid to you at age 65. A distribution may be made before age 65 under special circumstances as outlined in the trust agreement.

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. This rider may not be renewed after the RPP Expiration Date.

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.

TERMINATION

Termination of the RPP Benefit
The RPP Monthly Benefit will no longer be payable when the first of the following occurs:

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

Termination of Retirement Protection Plus (RPP) Disability Benefit Rider
This rider terminates when the first of the following occurs:

- the RPP Expiration Date; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America
Sean D. Quinn
Secretary

-PG

2

This is a sample policy, subject to modification in certain states.

This rider provides a reimbursement for student loan payments should you become totally disabled. The rider provides coverage for a specific term from the Policy Date. When a qualifying total disability occurs, benefits are only payable during the remaining portion of the term that has not elapsed when the disability begins.

Only student loan debt will qualify for repayment. Student loans that have been restructured as non-student loan debt, such as into a mortgage or business loan, will not qualify.

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STUDENT LOAN PROTECTION 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

Reimbursable Student Loan Expense
Reimbursable Student Loan Expense means the monthly amount You incur and pay for a claimed month as a result of a Student Loan Obligation.

Student Loan Obligation
Student Loan Obligation means a legally binding loan agreement(s) that:

- includes the terms of Your financial obligation and establishes Your personal responsibility for loan repayment over a fixed period of time; and
- is signed by You as a borrower; and
- is established solely for the purpose of paying education-related expenses while You attend a degree-granting institution; and
- is secured from a chartered bank, lending institution and/or government program, or their lawful successor(s) or assigns; and
- is not commingled with obligations that are separate and distinct from Your obligation to pay education-related expenses.

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

Student Loan Protection Elimination Period
The Student Loan Protection Elimination Period is the number of days You must be Totally Disabled before benefits begin to accrue and starts on the first day that You are Totally Disabled. The days within this period need not be consecutive, but they must occur within the Student Loan Protection Accumulation Period. Benefits will not accrue or be payable during the Student Loan Protection Elimination Period. It is shown in the Schedule Page.

Student Loan Protection Maximum Monthly Benefit
Student Loan Protection Maximum Monthly Benefit is the maximum amount of monthly benefit We will pay under this rider. It is shown in the Schedule Page.

Student Loan Protection Monthly Benefit
Student Loan Protection Monthly Benefit is equal to the Reimbursable Student Loan Expense, not to exceed the Student Loan Protection Maximum Monthly Benefit.

Student Loan Protection Termination Date
Student Loan Protection Termination Date is the date on which coverage under this rider terminates, if it has not already terminated. It is shown in the Schedule Page.

SLGI 1

This is a reimbursable benefit paid directly to you once we receive proof that a payment to the financial obligation has been made.

This is a sample policy, subject to modification in certain states.

PROVISIONS RELATING TO STUDENT LOAN PROTECTION MONTHLY BENEFIT

While You are Totally Disabled, We will pay the Student Loan Protection Monthly Benefit if each of the following conditions is satisfied:

- You become Totally Disabled while this rider is in force; and
- You are personally responsible for and are making payments pursuant to the terms of a Student Loan Obligation; and
- You satisfy the Student Loan Protection Elimination Period; and
- You provide all required proof of loss.

The Student Loan Protection Monthly Benefit will no longer be payable when You are no longer Totally Disabled. Benefits will not be paid for Reimbursable Student Loan Expenses incurred after this rider terminates.

We will not increase the Student Loan Protection Monthly Benefit if You are Totally Disabled from more than one cause at a time.

Proof of Loss
Proof of loss is amended to also include proof pertaining to Your Student Loan Obligation and the Reimbursable Student Loan Expense.

Student Loan Protection Monthly Benefit Assignment
The Policyowner may assign the Student Loan Protection Monthly Benefit separately from other benefits under the Policy. We will not be bound by an assignment of any benefits payable under this rider 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.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. This rider will expire on the Student Loan Protection Termination Date or, if earlier, when You no longer have a Student Loan Obligation, and no further premium will be due for it.

If, prior to the Student Loan Protection Termination Date, You no longer have a Student Loan Obligation, We will refund any premium paid for this rider as of the date the Student Loan Obligation ended. We must receive proof at Our home office that the Student Loan Obligation has ended. However, in no case will We refund more than 12 months of premium paid for this rider.

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.

TERMINATION

Termination of the Student Loan Protection Monthly Benefit
The Student Loan Protection Monthly Benefit will no longer be payable when the first of the following occurs:

- You are no longer Totally Disabled; or
- this rider terminates.

Termination of Student Loan Protection Rider
This rider terminates when the first of the following occurs:

- the Student Loan Protection Termination Date; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- You no longer have a Student Loan Obligation; or
- the Policy terminates.

Berkshire Life Insurance Company of America

S. D. Q.
Secretary

18 GI 2

You must be totally disabled to receive benefits under this rider.

This rider is not renewable. The rider will expire either when no additional student loan debt exists or the rider termination date.

This is a sample policy, subject to modification in certain states.

This rider waives premiums for 12 months under certain circumstances when you become unemployed.

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UNEMPLOYMENT WAIVER OF PREMIUM 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

Unemployment Period

Unemployment Period means the 12-month period starting on Your first date of unemployment.

BENEFIT PROVISIONS

Unemployment Waiver of Premium Benefit

To receive the Unemployment Waiver of Premium Benefit, You must satisfy all of the following conditions:

- You must notify Us in writing within 90 days of the date on which You become unemployed.
- You must provide Us with a determination letter from the state or federal agency responsible for administering unemployment benefits. This letter must indicate that You qualify for state or federal unemployment compensation.
- You must provide proof that You have been receiving such unemployment compensation for at least 60 consecutive days.

If You are eligible for the Unemployment Waiver of Premium Benefit, We will:

- refund that portion of any premium paid that applies to the Unemployment Period; and
- then waive any later premium that is due during the Unemployment Period, even if You return to Gainful Employment.

If You become Disabled while premiums are being waived under this rider, You will remain eligible for benefits under the terms and conditions of the Policy.

When the Unemployment Period ends, We will require the pro rata portion of the premium for the remainder of the current Premium Term to be paid, and all premiums that become due thereafter.

Premiums may not be waived for a subsequent Unemployment Period until 48 months have elapsed from the end of the previous Unemployment Period.

Suspension During Unemployment

The Policy may not be suspended for unemployment while this rider is in force.

Premium

The premium for this rider is shown in the Schedule Page.

Premiums are waived during the applicable period even if you return to work.

This is a sample policy, subject to modification in certain states.

TERMINATION

Termination of Unemployment Waiver of Premium Rider

This rider terminates when the first of the following occurs:

- You attain Age 60; or
- the premium for this rider remains unpaid for more than 31 days; or
- Our receipt of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

Sean D. Quinn

Secretary

This is a sample policy, subject to modification in certain states.

This endorsement allows for automatic increases in coverage every year without medical evidence of insurability up to the maximum Guaranteed Standard Issue amount.

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AUTOMATIC BENEFIT INCREASE ENDORSEMENT

This endorsement is a part of the Policy to which it is attached. All provisions of the Policy apply to this endorsement and remain the same except where modified by this endorsement.

The Policy is hereby amended by adding the following:

Automatic Increase

Automatic Increase means the increase in Monthly Benefit that takes effect under the terms and conditions of this endorsement unless the Policyowner refuses it.

Periodic Automatic Increases

On a periodic basis, an Automatic Increase may be available, as determined by Us, based on the following:

- Our program with Your Employer; and
- information provided to Us by Your Employer; and
- whether You are Gainfully Employed Full Time with Your Employer; and
- whether You are Disabled; and
- Your Income from Your Employer.

If We determine that an Automatic Increase is available, We will notify the Policyowner in writing with the following information:

- the amount of the Automatic Increase; and
- the premium associated with the Automatic Increase; and
- the date the Automatic Increase takes effect.

Our notification will be at least 45 days prior to the date the Automatic Increase takes effect. Unless the Policyowner refuses it, the Automatic Increase will be added to the Policy. There will be additional premium for the Automatic Increase. The additional premium will be based on Our premium rates in effect as of the date the Automatic Increase takes effect, the Automatic Increase amount, Your Age, Class of Risk, and Occupation Class.

Refusal or Termination of an Automatic Increase

The Policyowner may refuse an Automatic Increase by submitting to Us a written refusal within 30 days of the date of Our notification.

The Policyowner may terminate an Automatic Increase at any time by providing Us with a written request. The termination will be effective upon Our receipt of the Policyowner's written request. Any premium paid that applies on or after the date an Automatic Increase is terminated will be refunded.

Terms and Conditions for an Automatic Increase to Take Effect

An Automatic Increase will only take effect if, on the date of Our notification, You satisfy all of the following:

- You are Gainfully Employed Full Time with Your Employer; and
- You are not Disabled; and
- Your Income from Your Employer qualifies You for the Automatic Increase.

If one or more of these conditions are not met, no Automatic Increase will take effect, and We will refund any premiums paid for such Automatic Increase.

Berkshire Life Insurance Company of America



Secretary

ABIE

1

This is a sample policy, subject to modification in certain states.

This endorsement provides additional benefits to help you return to gainful employment in your occupation. You may still receive the monthly benefit and there is no cap.

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

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

This endorsement is a part of the Policy to which it is attached. All provisions of the Policy apply to this endorsement and remain the same except where modified by this endorsement.

The Policy is hereby amended by adding the following:

Occupational Rehabilitation Benefit

If You are Disabled, You may be eligible for an Occupational Rehabilitation Benefit. We will pay for a program of occupational rehabilitation if:

- You and We agree in advance of beginning the occupational rehabilitation program; and
- the program is a formal plan that will help You return to Gainful Employment in Your Occupation; and
- the program is directed by an organization or individual licensed or accredited to provide occupational rehabilitation or education to persons who are disabled; and
- the program is documented in a signed written agreement.

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 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 a 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 return to Gainful Employment in Your Occupation.

Berkshire Life Insurance Company of America



Secretary

ORIM

1

This is a sample policy, subject to modification in certain states.

This endorsement enhances the definition of total disability in the policy to a modified own-occupation definition of total disability for the full benefit period.

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700 South Street
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TOTAL DISABILITY ENDORSEMENT

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

The definition of Total Disability or Totally Disabled on page numbered six in the Policy, to which this Endorsement is attached, is hereby deleted and replaced as follows:

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.

Berkshire Life Insurance Company of America
Sean D. Quinn
Secretary

WDBI 1

This is a sample policy, subject to modification in certain states.

This endorsement, or any one of the following PREX endorsements, may be issued on a policy in order to delete or replace both the preexisting condition definition and the preexisting condition limitation in the policy. This endorsement also deletes and replaces other definitions or provisions in the policy, as shown in the endorsement.

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 700 South Street
 Pittsfield, MA 01201

POLICY 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.

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:

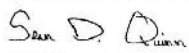
Sickness means an illness or disease that causes a Disability to begin on or after the Effective Date and while the Policy is in force.

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.

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 during Your lifetime following the date the Policy was reinstated, excluding any period during which You are Disabled.

In the event that any Coverage or rider is added to the Policy after the date the Policy takes effect, such Coverage or rider will be incontestable as to statements, except fraudulent statements, contained in the application for such Coverage or rider after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled.

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 Secretary

NCPR7X 1

This is a sample policy, subject to modification in certain states.

This endorsement may be issued on a policy in order to delete and replace both the preexisting condition definition and the preexisting condition limitation in the policy. This endorsement also deletes and replaces other definitions or provisions in the policy, as shown in the endorsement.

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 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 in 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:

- for which You received professional medical advice, diagnosis, or treatment; or
- for which You have undergone diagnostic procedures, including self-administered procedures; or
- for which You have taken medication or prescribed drugs; or
- that caused symptoms for which a prudent person would usually seek medical advice, diagnosis or treatment.

A Pre-existing Condition is limited to the 3-month period immediately prior to the Effective Date.

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

Pre-existing Condition Limitation
 We will only pay benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if, on the date of Your Disability or other loss, the Policy has been continuously in effect for at least 12 months since its Effective Date.

For any Coverage added to the Policy, We will only pay or adjust benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if the Coverage has been continuously in effect for at least 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.

PREX-3 1

This is a sample policy, subject to modification in certain states.

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 during Your lifetime following the date the Policy was reinstated, excluding any period during which You are Disabled.

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

Berkshire Life Insurance Company of America



Secretary

PR 18-3

2

This is a sample policy, subject to modification in certain states.

This endorsement may be issued on a policy in order to delete and replace both the preexisting condition definition and the preexisting condition limitation in the policy. This endorsement also deletes and replaces other definitions or provisions in the policy, as shown in the endorsement.

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 in 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:

- for which You received professional medical advice, diagnosis, or treatment; or
- for which You have undergone diagnostic procedures, including self-administered procedures; or
- for which You have taken medication or prescribed drugs; or
- that caused symptoms for which a prudent person would usually seek medical advice, diagnosis or treatment.

A Pre-existing Condition is limited to the 6-month period immediately prior to the Effective Date.

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

Pre-existing Condition Limitation
 We will only pay benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if, on the date of Your Disability or other loss, the Policy has been continuously in effect for at least 12 months since its Effective Date.

For any Coverage added to the Policy, We will only pay or adjust benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if the Coverage has been continuously in effect for at least 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.

PREX-6 1

This is a sample policy, subject to modification in certain states.

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 during Your lifetime following the date the Policy was reinstated, excluding any period during which You are Disabled.

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

Berkshire Life Insurance Company of America



Secretary

PR 12-0

2

This is a sample policy, subject to modification in certain states.

This endorsement may be issued on a policy in order to delete and replace both the preexisting condition definition and the preexisting condition limitation in the policy. This endorsement also deletes and replaces other definitions or provisions in the policy, as shown in the endorsement.

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 in 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:

- for which You received professional medical advice, diagnosis, or treatment; or
- for which You have undergone diagnostic procedures, including self-administered procedures; or
- for which You have taken medication or prescribed drugs; or
- that caused symptoms for which a prudent person would usually seek medical advice, diagnosis or treatment.

A Pre-existing Condition is limited to the 12-month period immediately prior to the Effective Date.

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

Pre-existing Condition Limitation
 We will only pay benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if, on the date of Your Disability or other loss, the Policy has been continuously in effect for at least 12 months since its Effective Date.

For any Coverage added to the Policy, We will only pay or adjust benefits for a Disability or other loss caused by, contributed to by, or resulting from, a Pre-existing Condition if the Coverage has been continuously in effect for at least 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.

PREX-12 1

This is a sample policy, subject to modification in certain states.

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 during Your lifetime following the date the Policy was reinstated, excluding any period during which You are Disabled.

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

Berkshire Life Insurance Company of America



Secretary

THIS IS NEITHER A CONTRACT NOR AN OFFER TO CONTRACT NOR AN APPLICATION FOR DISABILITY INSURANCE. If a disability insurance policy is issued to you, the Company's obligations will be determined by the provisions of the policy that is actually issued to you. Certain provisions in the policy that is actually issued to you may vary in certain respects from their presentation in this specimen as a result of state laws or regulations.

LIMIT OF AUTHORITY: Agents, brokers and insurance producers are not authorized to make, alter or discharge any contract in the name of the Company nor to incur any liability on behalf of the Company by any promise or statement. Agents, brokers and insurance producers have no authority to make statements, either verbal or written, which might be construed as binding the Company. The only statements that might be construed as binding the Company are the provisions as stated in a policy that is actually issued to you.

For more information about products and services from Guardian and its subsidiaries contact your local Guardian Disability Specialist.



Individual disability insurance Policy Form 18GI underwritten and issued by Berkshire Life Insurance Company of America, (BLICOA) Pittsfield, MA. BLICOA is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America New York, NY. Product provisions and availability may vary by state. In New York: This policy provides disability insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio is 60%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy form.