

Questions? Call our National Service Center at 1-800-888-2461.

Home Healthcare Doublor

As part of the GLWB Rider, the Home Healthcare Doublor can double the Lifetime Withdrawal Rate if proof is submitted that you (single coverage) or your spouse/partner (joint coverage) is unable to perform at least two of the basic activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) during this period. A two contract year waiting period, from the time of contract issue, applies before the Home Healthcare Doublor may be requested and it may only be elected once. A request for the Home Healthcare Doublor must be made on this form.

Instructions

This form must accompany any request for the Home Healthcare Doublor and be fully completed and signed by both the owner and authorized physician.

If you are requesting the Home Healthcare Doublor on a date other than your contract anniversary, your first contract year (or income year) payment may be less than the full amount, unless you elect a lump sum payment. This is because the Home Healthcare Doublor benefit begins as of the contract anniversary that occurred prior to your initial request. You should carefully consider the timing of your request and your payment options:

- Lump sum payment (allows for a full first contract or income year payment; if you elect a lump sum payment in the first contract or income year, you may elect a different payment frequency in subsequent contract or income years)
- Monthly payment (first contract or income year payment may be less than the full amount, unless the request is made within 30 days after your contract anniversary)
- Quarterly payment (first contract or income year payment may be less than the full amount, unless the request is made within 90 days after your contract anniversary)

1. Provide Requested Information

Contract Number _____

Social Security Number/Tax I.D. Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Daytime Phone Number _____ **Home Phone Number** _____

By signing below you authorize a Security Benefit representative to contact the authorized physician to confirm eligibility, and acknowledge you meet the qualifications for Home Healthcare Doublor.

X _____
Owner's Signature Date (mm/dd/yyyy)

X _____
Joint Owner's Signature Date (mm/dd/yyyy)

If this form is signed by someone other than the owner, documentation of this person's authority is also required.



2. Physician's Statement

Physician's Name _____
First MI Last License Number

Physician's Address _____
Street Address City State Zip Code

Physician's Phone Number _____

As a duly licensed physician, I hereby certify that _____
Patient's Name

is unable to perform at least two of the basic Activities of Daily Living (ADL). Security Benefit reserves the right to contact this physician for verification.

- My signature below certifies that the Patient named above is unable to perform the basic activities of daily living I have marked (bathing, continence, dressing, eating, toileting, and transferring) at this time.

Additional comments: _____

X _____
Physician's Signature Date (mm/dd/yyyy)

Mail to:
Security Benefit
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1772
Visit us online at SecurityBenefit.com



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Definition of Terms

For the purpose of the Home Healthcare Doubler Certification Form, the following definitions shall apply:

Activities of Daily Living

1. Bathing, which means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
 2. Continence, which means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
 3. Dressing, which means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
 4. Eating, which means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
 5. Toileting, which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
 6. Transferring, which means moving into or out of a bed, chair or wheelchair.
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Additional Disclosures

Lifetime Withdrawal Rate

The Lifetime Withdrawal Rate is a percentage that is based upon (i) whether you elect the GLWB Rider for you (single coverage) or for you and your spouse or, if required, your domestic partner (joint coverage), and (ii) if single coverage, your age or, if joint coverage, the youngest age of you or your spouse/domestic partner, at the time Lifetime Annual Income begins.

Qualification for Home Healthcare Doubler

This Home Healthcare Doubler Certification Form will require statements by an attending physician certifying that at least two of the basic activities of the daily living (bathing, continence, dressing, eating, toileting, and transferring) cannot be performed. We require the completed form to be submitted each contract year during which the increase to the Lifetime Withdrawal Rate is sought. The Home Healthcare Doubler is not available in the following products for the states listed:

RateTrack Plus Annuity – California

Secure Income Annuity – California, Connecticut, Maryland, Minnesota, Missouri, New Jersey, and Washington.

Select Benefit Annuity – California and Massachusetts

Total Value Annuity – California, Connecticut, Maryland, Missouri, New Hampshire, and Washington.

The Home Healthcare Doubler can double the Lifetime Withdrawal Rate for the following terms:

RateTrack Plus Annuity – up to 3 income years.

Secure Income Annuity – up to 5 contract years.

Select Benefit Annuity – up to 3 income years.

Total Value Annuity – up to 5 contract years.

All information submitted must be satisfactory to Security Benefit Life Insurance (SBL) to qualify for the Home Healthcare Doubler. SBL reserves the right to have the Covered Person or as it may apply, the Joint Covered Person, examined by a doctor of SBL's choice and at SBL's expense to decide if the rules of the Home Healthcare Doubler have been met.



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