Assurity®

Individual Disability Insurance

Long-Term | Income Protection+

Occupation Playbook

Registered Nurse (RN) Occupation Class 4A

≈3.4 million jobs*

$93,600/year median pay*

Market Note: Large addressable market; employer benefits are common—success is coordination + clean supplementation.

Target Clients

Registered Nurse (Hospital)

- **Age & Gender:** 32, F
- **Employment:** W-2
- **Income:** $95,000
- **Background:** RN with employer-provided STD/LTD

Registered Nurse (Charge Duties)

- **Age & Gender:** 40, M
- **Employment:** W-2
- **Income:** $120,000
- **Background:** RN seeking stronger individual contract

Recommended Income Protection+ Case Design

Policy Foundation

- **Maximum Benefit Period:** To Age 65
- **Elimination Period:** 180 Days (commonly aligns with employer STD)
- **Renewal Type:** Guaranteed Renewable
- **Policy Type:** Accident & Sickness
- **Total Disability Definition:** Own Occupation and Not Working for the entire benefit period

Suggested Riders

- Residual Disability Rider

Other Riders to Consider:

- Catastrophic Disability Benefit Rider
- Cost-of-Living Adjustment (COLA) Rider (3% or 5%)
- Benefit Increase Rider (no cost)

Why This Design Works

- **Own Occupation and Not Working** aligns to clinical duties and realistic claim scenarios.
- **Residual Disability Rider** protects partial loss situations (repetitive strain, back/neck limitations).
- **180-day Elimination Period** reduces overlap with employer plans and keeps the case clean and affordable.

Placement Assistance

Underwrites Cleanly When:

- Confirming employer STD/LTD and design as a supplement (avoid over-insuring)
- Documenting duties (hands-on vs admin) and work setting (hospital vs clinic)
- Keeping rider set focused; avoid stacking optional riders unless clearly needed

Triggers Friction When:

- Ignoring employer coverage and designing as if no group benefits exist
- Overstating admin duties when the role is primarily hands-on
- Designing to maximum benefit with heavy overtime assumptions

Talk Track

"For RNs, the win is clean coordination with employer benefits. We design a supplement that underwrites smoothly, then use Residual to protect the partial-loss claims that actually happen in clinical careers."

Target Premiums

Registered Nurse (Hospital) | 32, F

Monthly Benefit Amount

$4,000

- Residual Disability Rider

$116.03/mo

Registered Nurse (Charge Duties) | 40, M

Monthly Benefit Amount

$5,000

- Residual Disability Rider

$119.54/mo

Quoted rates are based on non-tobacco.

Pre-Underwriting Checklist

Before You Quote

- ☐ Confirm occupation duties (time-split) align with the intended occupation class; do not rely on title alone.
- ☐ Confirm employment type: W-2, 1099, business owner, or multiple income sources.
- ☐ Confirm tobacco status and basic health history flags (height/weight, meds, recent treatments) to avoid re-quoting.
- ☐ Confirm existing employer benefits (STD/LTD), especially for teachers and hospital-employed professionals.

Before You Design

- ☐ Select the most appropriate Total Disability Definition option for the occupation and protection goal.
- ☐ Set a conservative base Monthly Benefit that fits financial underwriting guidelines; use the Benefit Increase Rider (no cost) for growth.
- ☐ Choose Elimination Period to coordinate with employer STD or client savings strategy (commonly 90 or 180 days).
- ☐ Select riders that match the occupation's risk and client's need.

Before You Submit

- ☐ Ensure the application, occupational duties, and illustration match (inconsistency triggers underwriting follow-up).
- ☐ Be ready with financial documentation if the case is 1099/self-employed or if benefits are being pushed higher.
- ☐ Avoid post-submission redesign unless underwriting requires it; frequent changes slow the case and can impact pricing.
- ☐ Set expectations with the client on underwriting steps and timeline up front.

* U.S. Market Snapshot (BLS), May 2024