

6591 Z1 Exhibit D Carryover Report

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AMERITAS LIFE INSURANCE CORP.
CARRYOVER BENEFIT SUMMARY

*IMG*010:350274:00000

PREPARED: 9/11/2021
AS-OF-DATE: 9/11/2021

NAME: STATE OF NEBRASKA

POLICY #: 350274
LOCATION: LINCOLN NE
POL EFF DT: 01/01/2002
SUB: 000

REPORTING BENEFIT PERIOD DATE: PLAN YEAR
START DT: 7/01/2021
THRU DT: 6/30/2022

AVAILABLE
CARRYOVER

----- NUMBER OF CLAIMANTS -----
ACTUAL CARRYOVER
(A) + (B) + (C) = (D)
EMP SPS CHD TOTAL
PROJECTED CARRYOVER
(E) (F) (G)
EMP SPS CHD

\$0.01 TO	\$250.00	.....	78	25	35	138	|	1132	513	1061
\$250.01 TO	\$500.00	.....	494	192	392	1078	|	211	81	131
\$500.01 TO	\$750.00	.....	302	128	227	657	|	523	295	534
\$750.01	\$1,000.00	.....	1331	520	1001	2852	|	2124	947	1628

ACTUAL CARRYOVER COLUMNS: THIS DOES NOT TAKE INTO ACCOUNT ANY CARRYOVER BENEFITS
THAT HAVE BEEN UTILIZED DURING THE REPORTING BENEFIT PERIOD.

PROJECTED CARRYOVER COLUMNS: INSURED THAT WOULD QUALIFY FOR CARRYOVER IF THEY
SUBMIT A DENTAL CLAIM DURING THIS BENEFIT PERIOD.

**** END OF REPORT ****

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