

GUARANTEED STANDARD ISSUE (GSI) DISABILITY INSURANCE GUIDE

For Medical Residents & Fellows

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Introduction

As a medical resident or fellow, you are at a critical juncture in your career. Your earning potential is significant, your debt is substantial, and the demands on your time are intense. Amid all of this, one of the most important financial decisions you face is securing long-term disability insurance — the policy that protects your ability to earn an income if illness or injury ever prevents you from working.

Amid these competing priorities, one of the most important financial decisions you could ever make is securing long-term disability insurance — the protection that safeguards your ability to earn an income if illness or injury prevents you from working.

For residents and fellows, there is a particularly powerful option that is often misunderstood, overlooked, or, in some cases, not presented at all: Guaranteed Standard Issue (GSI) disability insurance.

This guide is designed to provide a clear, structured understanding of how GSI plans work, where they differ, and—most importantly—how to approach the decision in a way that avoids costly and, in some cases, irreversible mistakes.

Why This Guide Matters

- According to the Milliman 2025 Annual Survey of the U.S. Individual Disability Income Insurance Market, 53% of individual disability insurance policies are either modified (34%) or declined (19%). GSI plans exist specifically to protect you from that risk — but only if you know how to access them.

Section 1: What Is a Guaranteed Standard Issue (GSI) Plan?

A Guaranteed Standard Issue (GSI) plan is an individual disability insurance policy that does not require medical underwriting. That means:

- No detailed medical questions about your health history
- No prescription drug checks
- No review of medical records
- No ratings (additional sub-standard premium charges)
- No exclusion riders for pre-existing conditions
- No modifications to your policy based on your health

In most cases, a GSI plan is the same underlying individual disability insurance policy that would be issued on a fully underwritten basis. The key distinction is that the insurance company waives the medical underwriting process for eligible applicants.

Some parameters are pre-selected for the offering, including:

- A 24-month lifetime benefit limitation for claims resulting from mental or nervous conditions (anxiety, depression, stress, burnout, chemical dependency, etc.)
- Benefits payable to age 65 or 67
- A maximum monthly benefit of \$15,000 between the base policy and the Future Increase Option (FIO) Rider (one company's GSI plan goes up to \$20,000/month)

When structured similarly, the cost of a GSI plan is the same or less than a fully underwritten policy. As a result, even for residents and fellows in excellent health, a GSI plan is often evaluated as a highly efficient way to secure coverage—particularly when considering the trade-offs between speed, certainty, and underwriting risk

Section 1A: Not All GSI Plans Are Created Equal — Pre-Existing Condition Limitations

Some GSI plans include pre-existing condition limitations that may affect coverage.

For example, they may state something like “There is no coverage for a disability beginning in the 12 months after the policy issue date if it is caused by a Pre-existing Condition (a condition for which the insured sought, or for which a prudent person would have sought, medical treatment during the 3 months prior to the issue date).”

Additionally, you might also see language stating that this limitation also applies to any increase in coverage and rider(s) attached to the policy. It will be measured from the effective date of the increase or rider.

Section 2: Eligibility Rules — and How They Can Be Lost

Eligibility for a GSI plan is not just about meeting criteria—it is also about avoiding actions that can unintentionally eliminate access.

When a GSI Plan Is Guaranteed

A GSI offer provides residents and fellows with medical histories the opportunity to purchase individual disability insurance regardless of their health. This includes applicants with:

- A diagnosis of diabetes or pre-diabetes
- A history of cancer
- A history of musculoskeletal issues such as back or neck pain
- A diagnosis of anxiety, depression, or ADHD, or a history of therapy
- Recent surgery or surgery where hardware was placed
- A higher BMI
- Participation in “hazardous” activities such as rock climbing or SCUBA diving
- A history of seeing a chiropractor or recently attending physical therapy
- Current pregnancy or a history of infertility or pregnancy complications

These are precisely the types of conditions and circumstances that typically lead to a modified offer or outright decline under standard medical underwriting.

When a GSI Plan Is NOT Available

Guardian's GSI offer is typically unavailable to residents and fellows who:

- Applied to an insurance company other than Guardian and received a modified offer (exclusion rider, limited benefit period, removal of riders, etc.)
- Were declined outright by any other insurance company
- Withdrew a pending application with another insurance company
- Are currently receiving disability benefits of any type (including VA disability benefits)
- Have not been at work on a full-time basis for at least 180 days prior to applying (e.g., those previously on maternity or paternity leave)

The “What Happens in Vegas” Rule

There is an important exception worth knowing. If you applied for disability insurance with a company other than Guardian and were offered a modified policy, declined, or withdrew an application — and this occurred before your start date at the institution where the GSI plan exists — you still qualify.

Example

- You applied for coverage at the end of medical school but were declined before starting your residency. Since the decline occurred before your start date at your institution, you still qualify for the GSI offer there.

The 9-Month Rule

If you applied to a company other than Guardian after beginning your residency and received a modified offer, were declined, or withdrew your application — you still qualify for the GSI offer, provided this occurred within the first nine months of your start date at the institution.

Guardian understands that newly matched residents may not yet be aware of the GSI offering. This rule protects those who applied elsewhere out of ignorance before learning of the GSI plan available to them.

You Must Apply to Guardian First

Warning

- If you apply to a company besides Guardian for disability insurance, you risk becoming permanently ineligible for Guardian's Special GSI program. This is one of the most common and most costly mistakes residents make. Applying to the wrong company first can have irreversible consequences.

There is one important exception: Guardian will allow residents and fellows who applied with Guardian on a medically underwritten basis to still qualify for their Special GSI program — even if they were offered a modified policy or declined. This means that if a GSI offer exists at your institution through Guardian, you can apply to Guardian on a fully underwritten basis first. If you are dissatisfied with the underwriting outcome, the GSI plan remains available as a fallback.

Section 3: Why Healthy Residents Should Consider GSI

A common misconception is that GSI plans exist mainly for residents or fellows with health conditions who would not qualify for traditional coverage. That is simply not true.

Here are five compelling reasons why even perfectly healthy residents and fellows often choose a GSI plan:

1. Speed and Convenience

Traditional medical underwriting can take six to eight weeks or longer. During that process, the underwriter reviews detailed health questions, prescription drug history, medical billing codes, and may request medical records. GSI policies are typically approved and issued within 24 to 48 hours of submitting an application.

2. Why Underwriting Outcomes Are Often Unpredictable

You may believe you are in excellent health, but what seems minor to a physician — an old injury, mild anxiety, a one-time prescription — can derail your eligibility in the eyes of an insurance underwriter. There is a significant difference between medical management and probability underwriting.

The Numbers

- According to the Milliman 2025 Annual Survey, 53% of individual disability insurance policies are either modified (34%) or declined (19%). The GSI plan eliminates this risk entirely for eligible applicants.

3. Mental Health and Substance Use Disorder Coverage

For physicians in certain specialties — including Emergency Medicine, Anesthesiology, and Pain Management — underwritten policies automatically include a 24-month limitation for mental/nervous or substance use disorder claims. GSI policies carry the same limitation, meaning physicians in these specialties receive equivalent protection either way, without the risk and delay of medical underwriting.

4. No Pre-Existing Condition Exclusions

Because Guardian’s GSI policies do not request medical information, claims cannot be denied for misrepresented or undisclosed medical history. There is no pre-existing condition limitation.

5. Permanent Premium Discounts

Residents and fellows who lock in a GSI plan during training secure not just convenience, but lifetime premium savings. These discounts do not expire when training ends.

6. GSI Plans Can Be Discontinued Without Notice

Insurance companies can discontinue GSI programs without advance warning. This has happened at several teaching hospitals. Residents and fellows early in their training should take advantage of the Special GSI program as soon as it is available to them — do not assume it will be there when you finally get around to it.

Section 4: Endorsed vs. Non-Endorsed GSI Plans

Not every insurance agent can offer you a GSI plan. There are two types of GSI programs:

Type	Description
Endorsed GSI	Sponsored by the academic institution or Graduate Medical Education (GME) program. GME is fully aware of the GSI offer and, in most cases, actively promotes it through emails, educational seminars, and benefits booklets.
Non-Endorsed GSI	Made by an insurance company, agent, or group of agents targeting residents and fellows at a specific institution. The insurance company is not an official vendor and has no affiliation with the institution. As a result, even if you ask your administration or GME about the offer, they may be unaware of its existence.

This distinction matters because non-endorsed agents often approach residents who are unaware of the GSI offer. Not knowing better, those residents apply on a fully underwritten basis. If their application is declined, modified, or withdrawn, they typically become ineligible for the GSI offer — often permanently.

One well-known insurance company does not permit agents other than the endorsed producer(s) at a specific institution to be listed on the GSI application to receive compensation. This creates a conflict of interest: even if a non-endorsed agent knows a GSI plan exists at a specific institution, they may not disclose it.

Guardian and at least one other company do permit agents to offer GSI plans. However, only endorsed producers can market the program at those hospitals. Alternatively, an endorsed producer may allow a non-endorsed producer to use the GSI program on a “case-by-case” basis, with the endorsed producer receiving a portion of the commission.

Section 5: Common Myths About GSI Disability Insurance

Myth #1: Every insurance agent can offer you a GSI plan

False. As described above, GSI plans are exclusive to endorsed producers at specific institutions, or to agents with arrangements to co-broker with those producers. If your agent has never mentioned a GSI plan, it may be because they lack access — not because no plan exists.

Before you sign anything, ask your agent directly: “Do you have access to a GSI plan or an exclusive discount at my institution? If not, are you aware of one and can you connect me with the agent who does?”

Myth #2: GSI plans are only for residents with pre-existing conditions

False. While residents with health conditions benefit enormously from GSI plans, they are equally valuable to healthy residents who want to streamline the process, secure coverage quickly, and eliminate the risk of an unexpected adverse underwriting result.

As discussed in Section 1A, not all GSI plans are structurally identical—particularly with respect to pre-existing condition limitations. These differences can materially affect coverage in the first year or potentially longer.

Myth #3: You should get a GSI plan first, then shop for better coverage

This is dangerous advice. GSI plans are predicated on volume. Insurance companies offer these plans to balance both “good” and “bad” risks. If only high-risk residents apply, GSI plans become financially unviable for the insurer and will be discontinued — harming future residents.

The Bottom Line on Shopping

- If a GSI plan is available at your institution, with few exceptions, it should be a strong consideration — regardless of the insurance company offering it. The premium rates for GSI plans are the same or lower than fully underwritten plans in most cases.

Section 6: Combining GSI and Fully Underwritten Coverage

For residents who apply for a medically underwritten policy and receive unexpected modifications, a combination approach using both a GSI plan and a fully underwritten policy can provide an excellent outcome. This approach is available through Guardian and Standard, but not Ameritas unless the GSI policy is purchased first.

Here is an example using Guardian (Berkshire Life Insurance Company of America):

Policy 1: GSI Plan

- \$4,500 per month base benefit
- 90-day elimination period, payable to age 65
- Enhanced Partial Disability Benefit
- 3% Compound Cost of Living Adjustment (COLA) Rider
- \$10,500 Future Increase Option (FIO) Rider
- Total potential benefit: \$15,000/month (\$4,500 base + \$10,500 FIO)
- No exclusion riders

Policy 2: Fully Underwritten Plan (Supplement)

- \$500 per month base benefit (Guardian's minimum)
- 90-day elimination period, payable to age 65
- Enhanced Partial Disability Benefit
- 3% Compound COLA Rider
- Additional FIO Rider or Benefit Purchase Rider (BPR)
- Total potential combined coverage: \$20,000–\$30,000/month depending on rider structure
- Subject to Guardian's standard underwriting guidelines

Note: To qualify for a \$15,000 monthly benefit, you must earn approximately \$350,000 annually. To qualify for \$20,000/month, approximately \$600,000 annually. To qualify for \$30,000/month, approximately \$1,100,000 annually.

Section 7: Case Studies

The following case studies illustrate the medical underwriting process and demonstrate how GSI plans can provide a critical “do-over” for residents who face adverse underwriting outcomes. They also highlight the serious consequences when residents apply to the wrong company first.

Note: All scenarios are hypothetical and created for educational purposes. Any resemblance to actual persons or situations is coincidental.

Case Study 1: Female Rheumatology Fellow, Age 29 — Multiple Eye Conditions

This fellow had documented conditions including dry eye syndrome, degenerative myopia with maculopathy, vitreomacular adhesion, and ocular hypertension, with a recent referral to a glaucoma specialist. Her EKG and echocardiogram showed additional findings requiring review.

Underwriting outcome (fully underwritten): At best, a permanent bilateral eye exclusion rider would apply. A substandard offer might also be made pending a favorable EKG review at the applicant's expense.

GSI outcome: Full coverage with no eye exclusion, benefits to age 65, and the ability to increase monthly benefits to \$15,000.

Case Study 2: Male Urology Resident, Age 29 — Sleep Apnea, Pre-Diabetes & Anxiety

This resident had a recent diagnosis of obstructive sleep apnea, a history of pre-diabetes, and a documented history of treatment for adjustment disorder with anxiety and depression through psychotherapy.

Underwriting outcome (fully underwritten): At best, a 25% premium rating for sleep apnea and a mental/nervous exclusion rider for anxiety and depression.

GSI outcome: No premium rating, 24 months of benefits for mental/nervous and substance abuse claims (no exclusion), and benefits to age 65 with the ability to increase to \$15,000/month.

Case Study 3: Female General Surgery Resident, Age 28 — Multiple Conditions

This resident's medical history included recurrent UTIs, an ankle sprain with recurrent symptoms, thalassemia minor, anemia, a skin condition requiring biopsy, and a history of psychotherapy for anxiety, major depressive disorder, and adjustment disorder.

Underwriting outcome (fully underwritten): Exclusion riders expected for the urinary tract, skin, and mental/nervous conditions — with a potential decline if a chronic fatigue diagnosis was confirmed.

GSI outcome: No exclusion riders for UTIs, skin, or mental health; 24 months of mental/nervous benefits; benefits to age 65; and the ability to increase to \$15,000/month.

Case Study 4: Female Gastroenterology Fellow, Age 31 — Psoriasis, Migraines & Cardiac History

This fellow had psoriasis requiring medication, a history of migraines, multiple stress fractures of the right fibula, femur, and pelvis (raising questions about osteoporosis or an eating disorder), and cardiac findings from an echocardiogram showing minimal regurgitation in multiple valves.

Underwriting outcome (fully underwritten): A psoriasis exclusion rider, a 25% premium rating, and removal of the FIO and COLA riders. Given the overall medical history, an outright decline was possible.

GSI outcome: No psoriasis exclusion, no premium rating, benefits to age 65, a COLA rider, and the ability to increase to \$15,000/month.

Case Study 5: Female Ophthalmology Resident, Age 31 — The Power of Applying to Guardian First

This resident applied to Guardian on a fully underwritten basis as a fourth-year medical student who had recently matched. A positive ANA lab finding resulted in an outright decline.

Because she applied to Guardian first, she remained eligible for Guardian's Special GSI program. Her policy was approved and she was covered within 24 hours of submitting the GSI application.

Key Lesson

- Guardian uniquely allows residents and fellows who were declined or modified under fully underwritten review with Guardian to still qualify for their Special GSI program. This is why, when a Guardian GSI offer exists at your institution, you should apply to Guardian first.

Case Study 6: Male Anesthesiology Resident, Age 30 — Applied to the Wrong Company

This resident had a history of anxiety, depression, and insomnia and was taking an SSRI. He applied for disability insurance through a company other than Guardian (even though a Guardian GSI offer existed at his institution). His policy was issued with two exclusion riders: one for mental/nervous and substance abuse disorders, and one for his left shoulder.

Because he applied medically to a company other than Guardian, he became permanently ineligible for the Guardian GSI offer at his institution. Compounding the situation, the same

company that issued his modified policy also had a GSI offer at his institution — one he was now ineligible for as well.

Key Lesson

- Applying to any company other than Guardian (when a Guardian GSI plan exists at your institution) can permanently eliminate your GSI eligibility — with no remedy available.

Case Study 7: Female Psychiatry Resident, Age 29 — Unaware of a Pending Application

This resident had bilateral hearing loss since childhood and a cochlear implant. Her agent submitted a GSI application to Guardian on her behalf. Shortly after submission, Guardian notified the agent that outside information suggested a disability insurance application or policy may exist with another company — information the resident was unaware of.

Based on her medical history, a fully underwritten policy would have resulted in a hearing loss exclusion rider at best. Because a pending application existed elsewhere (submitted without her full knowledge), she was no longer eligible for the Guardian GSI offer.

Key Lesson

- You should never sign anything — electronically or otherwise — that looks like an application for disability insurance without fully understanding what you are signing. You also do not need to provide your Social Security Number, Driver's License Number, or place of birth to receive disability insurance quotes.

Case Study 8: Male Emergency Medicine Resident, Age 29 — Pre-Diabetes, Wrong Agent

This resident was referred by a family member to an agent who was clearly unfamiliar with the medical market and disability insurance. The resident had pre-diabetes. He was offered a policy with a 25% premium rating and no increase options.

Because he applied medically to a company other than Guardian, he was no longer eligible for the Guardian GSI offer at his institution.

Had he applied through the GSI program first, he would have obtained coverage with no rating and the full ability to increase his benefit to \$15,000/month.

Section 8: How to Spot the Wrong Insurance Agent

Not all disability insurance agents serve the interests of their clients. Here are three red flags that may indicate you are dealing with the wrong agent:

Red Flag #1: A GSI Plan Was Never Mentioned

If an insurance agent meets with you to discuss disability insurance and never brings up the possibility of a GSI plan, this is cause for concern. The first question you should ask any agent is:

Questions to Ask Your Agent

- 1. Do you have access to a Guaranteed Standard Issue (GSI) plan or an exclusive discount at my institution?
- 2. If not, are you aware of a GSI plan available to me, and can you connect me with the agent who does have access?

If the answer to both questions is “no,” proceed with caution. And remember: do not sign anything until you have confirmed whether a GSI plan is available at your institution.

Red Flag #2: You Received a Spreadsheet Instead of a Proper Proposal

Many agents present residents with a comparison spreadsheet that lists insurance companies and selected policy provisions side by side. While a spreadsheet is not inherently wrong, receiving one without accompanying illustrations prepared using the insurance company’s own software is a problem.

Spreadsheets are often riddled with errors and inconsistencies, may include one version of a policy with no explanation of why others were excluded, and use language and logos not approved by the insurance companies. They are typically designed with a single goal: to have you purchase a policy based on price alone. As a physician, you deserve a more thorough, individualized analysis.

Red Flag #3: The Agent Is New or Inexperienced

The insurance industry has a notoriously high attrition rate. According to LIMRA, the fourth-calendar-year retention rate for financial planners (agents) is just 15%. That means if you work with a newly licensed agent today, there is an 85% chance that agent is no longer in the profession by the time you finish your training.

This matters because disability insurance is a long-term relationship. You want an agent who will be around to assist you with policy changes, increases in coverage, and claims if necessary.

When evaluating an agent, consider how long they have been in the industry, what professional designations or certifications they hold beyond a basic insurance license, and whether their names and biographies are publicly available on their firm's website.

Why Some Agents May Withhold GSI Information

Agents may fail to disclose or pursue a GSI plan for one of three reasons:

- The agent may be unaware
 - The agent may not have access
 - Structural or compensation factors may influence recommendations
- In all three cases, the resident or fellow bears the consequences.

Regardless of the reason, the impact can be significant if a GSI opportunity is missed.

Section 9: When Fully Underwritten Coverage May Be Preferable

In the interest of objectivity, there are specific circumstances in which a fully underwritten policy may be a reasonable choice over a GSI plan. These situations are limited, and the risks of medical underwriting must be understood and accepted before proceeding.

1. You Prefer Full Medical Evaluation

Some residents may prefer the insurance company to conduct a thorough review of their medical history — including detailed health questions, prescription drug history, and medical records — and are fully comfortable with whatever outcome results, including the possibility of exclusion riders, ratings, or a decline.

2. You Want Maximum Policy Customization

Certain GSI programs include predefined parameters (riders, benefit periods, benefit amounts). If your priority is to customize every component of your policy without preset limitations, a fully underwritten approach may offer more flexibility — though this comes with the risks described throughout this guide.

3. You Are Comfortable With a Longer, More Complex Process

Fully underwritten policies involve multiple stages of information gathering, often take six to eight weeks or longer, and carry the possibility that eligibility or pricing could change as a result of the underwriting process. If you are comfortable accepting this uncertainty and the GSI offer at your institution is not with Guardian, a fully underwritten policy may be pursued.

Important Reminder

- If a Guardian GSI offer exists at your institution, you can apply to Guardian on a fully underwritten basis **WITHOUT** risking your eligibility for their Special GSI program. In the worst case, if the fully underwritten application is declined or modified, the GSI option remains available as a fallback.

Section 10: Your Action Plan

Here is a straightforward checklist to help you navigate the GSI process correctly:

Step	Action
Step 1	Confirm whether a GSI disability insurance plan is available at your institution. Ask your GME office or contact an endorsed agent directly.
Step 2	Before providing any personal information or signing anything, ask your agent: Do you have access to a GSI plan at my institution?
Step 3	Do not sign anything that resembles a disability insurance application until you have confirmed GSI availability.
Step 4	Do not provide your Social Security Number, Driver's License Number, or place of birth to receive quotes.
Step 5	If a Guardian GSI offer exists at your institution, apply to Guardian first — either through the GSI program directly or fully underwritten with Guardian as a fallback.
Step 6	Apply as early in your residency or fellowship as possible. GSI programs can be discontinued without notice.
Step 7	If you receive a modified offer under fully underwritten review, explore whether a combination of GSI and fully underwritten coverage can meet your needs.
Step 8	Confirm whether the GSI plan includes a pre-existing condition limitation (see Section 1A)

Conclusion

Your ability to earn an income is your most valuable asset. It allows you to repay debt, accumulate wealth, and build the life you have worked so hard to create. A long-term disability — whether from illness or injury — can threaten all of that in an instant.

Guaranteed Standard Issue disability insurance provides a unique opportunity for residents and fellows to secure high-quality income protection efficiently and, in many cases, without the risks associated with medical underwriting.

However, this opportunity is not automatic. It is dependent on awareness, timing, and decision-making. A single misstep can have permanent consequences.

The most effective approach is one that is informed, deliberate, and structured—ensuring that the coverage you obtain will perform as expected when it is needed most.

The residents and fellows who benefit most from GSI plans are those who ask the right questions early, work with experienced and knowledgeable agents, and understand that this decision has real, sometimes irreversible consequences.

Final Thought

- As William Bernstein, M.D., PhD, said: "When you've won the game, stop playing."
- Guaranteed Standard Issue (GSI) disability insurance isn't a backup plan or a "lesser" version of coverage. It is high-quality coverage without underwriting risk.

Disclosures & Disclaimers

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