

# SAFECARE TERM

**Level Term Life Insurance to age 95  
with 10-, 15-, 20-, & 30- Year Level Premium Period**  
*Policy Form No. 3768*

**Level Term Life Insurance to age 95  
with 20- & 30- Year Level Premium Period  
with Return of Premium**  
*Policy Form No. 3769*

AGENT GUIDE FOR AGENT USE ONLY

*Products and riders not available in all states.  
Please check with the State Approval Grid on the Company website or check with the Home Office  
New Business Agent Support at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.*

## COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone, please follow the automated numerical prompts after dialing our main toll-free number **(800) 736-7311**. The following is a list of prompts to reach the various departments, along with the departmental email addresses and fax numbers:

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	<a href="mailto:contracting@aatx.com">contracting@aatx.com</a>	(254) 297-2110
Commissions	1 1 4	<a href="mailto:commissions@aatx.com">commissions@aatx.com</a>	(254) 297-2126
Client Experience	1 1 7	<a href="mailto:cx@aatx.com">cx@aatx.com</a>	(254) 297-2105
New Business Agent Support	1 1 1	<a href="mailto:underwriting@aatx.com">underwriting@aatx.com</a>	(254) 297-2101
Policy Issue	1 1 1	<a href="mailto:policyissue@aatx.com">policyissue@aatx.com</a>	(254) 297-2101
Supplies	1 1 6	<a href="mailto:supplies@aatx.com">supplies@aatx.com</a>	(254) 297-2791
Underwriting	1 1 1	<a href="mailto:underwriting@aatx.com">underwriting@aatx.com</a>	(254) 297-2102
Technical Support Helpdesk	2 8 0 8	<a href="mailto:helpdesk@aatx.com">helpdesk@aatx.com</a>	(254) 297-2190

 **Not Sure Who To Call? Contact our New Business Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'Mobile Application')	N/A
New Agent Contracts	<a href="http://www.insuranceapplication.com/contractdrop">www.insuranceapplication.com/contractdrop</a>	(254) 297-2110

\* Be sure to include a Fax Application Cover Page.



**Want to chat with us?** Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



**General Delivery**  
P.O. 2549  
Waco, TX 76702

**Overnight**  
425 Austin Ave.  
Waco, TX 76701



[www.americanamicable.com](http://www.americanamicable.com)  
[www.iaamerican-waco.com](http://www.iaamerican-waco.com)  
[www.occidentallife.com](http://www.occidentallife.com)  
[www.pioneeramerican.com](http://www.pioneeramerican.com)  
[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

# Table of Contents

Item:	Page #:
SafeCare Term FAQs.....	4
Plan Description .....	5
Application & Required Forms.....	5
Policy Specifications .....	5-6
Benefits and Riders Descriptions.....	6
State Specifics .....	7
Application Completion .....	8-10
Bank Draft Procedures / eCheck Procedures .....	12
Product Software .....	13
Application Submission.....	13
Mobile Applications / Point-of-Sale Decisions .....	13
Telephone Interview Information .....	14
Build Chart .....	15
Preferred Underwriting Criteria & Build Chart .....	16
Return of Premium.....	17
Level Term Insurance Rider .....	17
Critical Illness Rider.....	18
Total Disability Benefit Rider .....	19
Accident Only Total Disability Benefit Rider .....	19
Waiver of Premium Disability Agreement.....	20
Waiver of Premium for Unemployment Rider .....	20
Children's Insurance Agreement .....	21
Accidental Death Benefit Agreement .....	21
CIR / DIR / AODIR Underwriting Guidelines .....	21
Terminal Illness Accelerated Death Benefit Rider .....	22
Accelerated Benefit Rider-Confined Care .....	22
Chronic Illness Accelerated Death Benefit Rider.....	22
Medical Impairment Guide .....	24-27
Prescription Reference Guide .....	28-41
Rates Per \$1,000 .....	42-49



## SafeCare Term

The following questions and answers will help guide you through the process of applying for SafeCare Term. To expedite processing of your business, make sure you use our electronic application located at [www.insuranceapplication.com](http://www.insuranceapplication.com), labeled 'Mobile Application.'

### **What is SafeCare Term?**

SafeCare Term is designed to help provide your clients with term coverage with excellent optional benefits and riders to customize the product to fit your client's needs.

### **What term years, benefits, and riders are available?**

SafeCare Term offers 10-, 15-, 20-, & 30-year options. The Return of Premium Death Benefit plan is available on the 20- & 30- year options. SafeCare Term also offers inherent no-cost living benefits and optional supplemental benefits and riders. Please refer to the Table of Contents located on page 3 to find specific rider information.

### **How will I know the decision of the application?**

SafeCare Term offers an immediate Underwriting Decision at the time you submit the application via our electronic application. For additional information, or to follow the status of a case, simply log onto your Agent E-file via our website.

### **How can I request a risk assessment to see if my client can potentially qualify for coverage?**

Please contact the Home Office for a risk assessment via on-line CHAT by choosing Risk Assessment for an immediate response or email [riskassess@aatx.com](mailto:riskassess@aatx.com) for a response within 24 business hours.

### **What are my options for submitting new applications?**

- ❖ On-Line Application – Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) and select 'Mobile Application'.
  - Signature Options – We offer:
    - (1) Sign on Screen – The client uses their finger or stylus to sign on the screen of your device.
    - (2) Voice Signature – Capture a voice signature by using our automated phone system. The necessary script will display once you select 'Voice Signature' on the mobile application.
    - (3) Email for Signature – Send an email to the insured, and the owner (if applicable), to capture their signature. Individuals will receive a link in their inbox and access using the last four of the SSN. Once they have reviewed the documents, the signature box will display at the bottom of the screen.
- ❖ Upload an image of the application – Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) and select 'AppDrop'.
- ❖ Fax – (254) 297-2100 - Be sure to include a Fax Application Cover Page.

### **Where do I access applications or any downloadable printable marketing materials?**

Log onto our Company website and select the 'Order Supply' tab. From there, select your state and product (SafeCare Term) to view, download and print, or order material.

### **Do you offer product training?**

To view available product training, select the 'E-training' tab on your Agent E-file. PowerPoints, videos, and other material will vary by product.

### **How do I submitted information for myself or a policy holder?**

You can use various methods to submit information. 1) Chat with us via our Chat Tool located on your Agent E-file page and select the department you need to communicate with. 2) Access our 'Service Request' tool located on your Agent E-file page and follow the onscreen instructions. 3) Email the Home Office the requested information. Refer to page 2 of this guide to locate department email information.

### **Once I've submitted a mobile application, and an application is approved, is the coverage effective immediately?**

No, the coverage will go into effect once the initial premium is received. To obtain immediate coverage the client can submit an eCheck that will draft immediately upon receipt of the application but prior to its approval. If application declined for any reason, refund will be issued for the amount drafted via the e-check.

### **How do you provide agents correspondence on their business?**

The Company will send regular email notifications to the agents regarding their business, i.e., New Agent Welcome Emails, eEndorsement process, Application status, Outstanding requirements, and more!

For specific rider and plan information, please refer to the Table of Contents found on page 3 of this guide. For additional general information, please review our [Agent Manual](#) located in your Agent E-file.

## SAFECARE TERM PLAN DESCRIPTION

**SafeCare Term** is a simplified issue term to age 95 life insurance plan with 10-, 15-, 20-, & 30- year level premium periods. This product also offers the Return of Premium Death Benefit (ROP) plan (where approved) for the 20- & 30-year level premium periods. The premiums are guaranteed to remain level for the period selected.

## APPLICATION AND REQUIRED FORMS

### Application Form No. 3762

Company specific with state exceptions.

### Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, OL, PA, PS); TI501 (IAA)

The disclosure statement is required to be presented to the applicant at point-of-sale.

### Disclosure for the Accelerated Death Benefit Rider-Confined Care, Form No. 9675 (AA, OL, PA, PS); AB502 (IAA)

The disclosure statement is required to be presented to the applicant at point-of-sale.

### Disclosure for the Accelerated Living Benefit Rider, Form No. 9543 (AA, OL, PA, PS); AB503 (IAA)

The disclosure statement is required to be presented to the applicant at point-of-sale if applying for the Critical Illness Rider. (The states of MA & WA require this disclosure form to be signed by the applicant and submitted with the application.)

### Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D

The disclosure statement is required to be presented to the applicant at point-of-sale and the agent must certify that it has been presented.

### Replacement Form

Complete all replacement requirements as per individual state insurance replacement regulations.

### HIPAA, Form No. 9526

This form is required to be submitted with each application.

## POLICY SPECIFICATIONS

<b>Issue Ages (age nearest birthday):</b>	10-Year Level Premium	Ages 18 – 75
	15-Year Level Premium	Ages 18 – 70
	20-Year Level Premium	Ages 18 – 65
	30-Year Level Premium	Ages 18 – 55
	20-Year with ROP Rider	Ages 18 – 60
	30-Year with ROP Rider	Ages 18 – 50
<b>Minimum Face Amount:</b>	\$25,000 face amount or \$25.00 monthly premium (excluding riders), whichever is greater.	
<b>Maximum Face Amount:</b>	Ages 18 – 75	\$500,000
<b>Premium Bands:</b>	Band 1	Face amounts \$25,000 to \$249,999
	Band 2	Face amounts \$250,000 to \$500,000
<b>Underwriting Classes:</b>	Preferred Non-Tobacco	
	Standard Non-Tobacco	
	Standard Tobacco	
<b>Modal Factors:</b>	Monthly	.09
	Quarterly	.265
	Semi-Annual	.52
<b>Policy Fee:</b>	\$70 (fully commissionable)	
<b>Underwriting:</b>	Simplified issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.	

## Conversion Privilege:

<b>Non-ROP</b>	As long as the policy is in force by payment of premiums, the proposed insured may convert the policy to any plan of whole life or endowment insurance that the Company offers for conversion as of the effective date of the conversion. Conversion is allowed on or before the earlier of (a) the expiry date; or (b) the policy anniversary following the insured's attained age of 75; or (c) within five years from the policy date if later than the policy anniversary following the insured's attained age of 75.
<b>ROP</b>	As long as the policy is in force by payment of premiums, the proposed insured may convert the policy to any plan of whole life or endowment insurance that the Company offers for conversion as of the effective date of the conversion. Conversion is allowed on or before the earlier of the policy anniversary on which the level premium period ends or the policy anniversary with the insured's age of 75.

The insured will not need to present evidence of insurability for conversion. The face amount of the new policy may be the amount of the original policy at the time of conversion. It may not be less than the Company's minimum required on the conversion date for the plan selected.

## **BENEFITS AND RIDERS not available in all states**

**Return of Premium Benefit** (not available on the 10- & 15-year level premium plan)

**Accelerated Living Benefit Rider (Critical Illness) \*:**

Available at 25%, 50%, or 100% acceleration of the death benefit. (Up to \$100,000 Critical Illness benefit) \*

**Total Disability Benefit Rider \*\*:**

60-day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1500 maximum monthly benefit.

**Accident Only Total Disability Benefit Rider \*\*:**

60-day elimination, non-retroactive, monthly benefit 2% of face amount up to \$2000 maximum monthly benefit.

**Waiver of Premium Disability Agreement \***

**Waiver of Premium for Unemployment Rider**

**Children's Insurance Agreement (Requires Application Addendum Form No. 3215)**

**Accidental Death Benefit Agreement**

**Level Term Insurance Rider (available on spouse only)**

**Terminal Illness Accelerated Death Benefit Rider:**

Available at no additional premium cost.

**Accelerated Benefit Rider - Confined Care:**

Available at no additional premium cost.

**Chronic Illness Accelerated Death Benefit Rider:**

Available at no additional premium cost.

\* Waiver of Premium Disability Agreement cannot be issued on the same policy with the Critical Illness Rider.

\*\* Total Disability Benefit Rider and Accident Only Total Disability Benefit Rider cannot be issued on the same policy.

## State-Specifics:

---

### **Alabama:**

The proposed insured must complete the Alabama Amendment to Application Form No. 3475 and send it along with the life application to the Home Office.

### **Connecticut:**

The proposed insured must complete the Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 and send it along with the life application to the Home Office.

### **Idaho:**

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 and send it along with the life application to the Home Office.

### **Illinois:**

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 and send it along with the life application to the Home Office.

### **Kansas:**

- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- The proposed insured must complete the Conditional Receipt Form No. 9713-KS and submit with the application if the mode of payment is bank draft.

### **Kentucky:**

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

### **Montana:**

The proposed insured must complete the Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 and send it along with the life application to the Home Office.

### **Pennsylvania:**

The proposed insured must complete the Disclosure Statement Form No. 8644-PA. The agent will leave one copy with the client and send one to the Home Office along with the life application.

### **Rhode Island:**

The proposed insured must complete the Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 and send it along with the life application to the Home Office.

### **Utah:**

The proposed insured must complete the Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 and send it along with the life application to the Home Office.

# Underwriting

---

## SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified 'YES'/'NO' application, a telephone interview (when required), a liberal height and weight chart, Motor Vehicle Report (MVR), and a check with the Medical Information Bureau (M.I.B., LLC) and pharmaceutical-related facility. Check the height/weight charts in this guide to determine which coverage plan the proposed insured will qualify for based on their build. Our Underwriting Department will decline the proposed insureds considered above Table 4 risk.

**NOTE:** Underwriting reserves the right to request medical records when deemed necessary.

## Application Completion

---

The following section is to help agents with the completion of the life insurance application (Form No. 3762). It follows along item by item, with the application used. As a reminder, the application requirement for completeness is to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

### FRONT OF THE APPLICATION:

#### Proposed Insured:

Provide the proposed insured's **full legal name**.

#### Address:

Provide the proposed insured's physical address **City/State/Zip Code**.

#### Telephone Case Number:

Provide the case number provided to you by the vendor (if interview completed point-of-sale).

#### Male / Female:

Select appropriate gender.

#### Date of Birth:

Please enter as MM/DD/YYYY.

#### Age:

Calculate based upon age last birthday as of the policy date.

#### State of Birth:

If the applicant was not born in the U.S., list the country of birth.

#### Social Security Number

#### DL# (Paper):

List the applicant's driver's license number and the state of issue.

#### DL# (e-App):

If the applicant has a driver's license, select 'Yes'. Then provide the driver's license number and the state of issue. If the applicant does not have a driver's license, select 'No'. Then select the option that applies to the reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

#### Height/Weight:

Record the proposed insured's current height and weight. Refer to the build chart to assist in determining if the applicant is eligible for coverage.

#### Marital Status:

Check 'Single' or 'Married'.

#### Owner:

- Name
- Relationship to the proposed insured.
- Social Security number
- Address
- City/State/Zip

#### Payor:

- Name
- Relationship to the proposed insured.
- Social Security number
- Address
- City/State/Zip



**Primary and Contingent Beneficiary:**

- Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the proposed insured. Also provide the beneficiary's Social Security number if it can be obtained.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the insured. Examples include family members or a Trust.

**NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend', do not satisfy the insurable interest requirements.**

**Plan:**

- In the blank provided, write the name of the product the proposed insured is applying for ('SafeCare Term') or the product's initials ('ST').
- If applying for ROP, check the '**ROP**' box.

**Tobacco Use:**

- **Underwriting Class:** Please select from the following:
  - Non-Tobacco
  - Preferred Non-Tobacco
  - Tobacco
- Please check the box '**Yes**' or '**No**' to the tobacco use question.
- The question reads "During the past 12 months have you used tobacco in any form (**excluding occasional** cigar or pipe use)?"  
Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, or bidis cigarettes.

**Face Amount of Insurance \$:**

Enter the amount of coverage the proposed insured is applying for.

**Riders:**

- **Waiver of Premium Disability Agreement:**
  - Check the box for 'Waiver of Premium'.
- **Total Disability Benefit Rider:**
  - Check the box for 'Disability Income'.
  - Indicate the amount of coverage.
- **Accidental Death Benefit Agreement:**
  - Check the box for 'ADB'.
  - Indicate the amount of coverage.
- **Children's Insurance Agreement:**
  - Check the 'Child Rider' box.
  - Enter the # of units of coverage: 1 unit (\$3,000), 2 units (\$6,000), 3 units (\$9,000), 4 units (\$12,000), or 5 units (\$15,000).
  - In addition, the proposed insured must complete the Application Addendum Form No. 3215 and returned with the application.
- **Critical Illness Rider:**
  - Check the 'Critical Illness' box.
  - Enter the desired acceleration percentage (100%, 50%, or 25%).
- **Waiver of Premium Unemployment Agreement:**
  - Check the 'Unemployment Rider' box.
- **Accident Only Total Disability Benefit Rider:**
  - Check the 'Other' box.
  - Indicate 'AODIR' in the blank provided.
- **Return of Premium Benefit:**
  - Check the 'Return of Premium' box.

**Mode:**

- **Bank Draft** – Monthly bank draft
- **Draft 1st Premium on Requested Date** – Monthly bank draft for which the first draft will occur upon the '**Policy Date Request**' you will enter.

**Modal Premium:** Enter the desired premium based on the frequency by which the client will pay.

**CWA** (Check appropriate box, if applicable.):

- **eCheck Immediate 1st Premium** – Only select this option if the Company is to draft the proposed insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
- **Collected \$** – Only select this option if collecting initial payment and mailing it to the Home Office.

**Mail Policy To:**

Check the box to indicate the preference to whom the Home Office should send the policy contract.

**Requested Policy Date:**

The '**Requested Policy Date**' or the initial draft, if applicable, cannot be more than 30 days out from the date the proposed insured signed the application.

**Section A:**

All applicants must complete **Section A**. If the proposed insured answers 'Yes' to any questions, circle the *applicable condition*.

**Section B:**

Give details to all 'Yes' answers in **Section A** and list personal physician information and current prescriptions.

If the proposed insured has a condition listed in the **Medical Impairment Guide** as a 'Decline' or if exceeds either the maximum or minimum weight in the build chart provided in this guide, the application should not be submitted to the Home Office.

**BACK OF THE APPLICATION:****Section C:**

All applicants must complete Section C. If the proposed Insured answers 'Yes' to any questions, circle the applicable condition.

**Replacement Section:**

- Answer questions A & B.
- If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
- **NOTE: Complete any state required Replacement forms** – For state specific replacement instructions & replacement forms, please refer to the Company website.

**Comments:**

- Provide details to 'Yes' answers to questions in Section C. You can also use this space for other comments or special instructions. If more space is needed, please provide it on a separate sheet of paper.

**Signed at:**

Provide both the city and state indicating where the proposed insured signed the application.

**Date Signed:**

The application date should always be the date the proposed insured answered all the medical questions and signed the application.

**Signature of proposed insured:**

- The proposed insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

**Signature of Owner:**

Complete only if the Owner of the policy is different than the proposed insured. If Owner is different, they **MUST** sign and date the application as well as the proposed insured.

**Agent's Report:**

Complete the following:

- Answer both replacement questions.
- Agent's Remarks - Provide any special instructions or notes for the Home Office.
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

**OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES**

**Incomplete or unsigned applications** - Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please ensure the proposed insured answers all questions and the application is reviewed and signed by the Owner and proposed insured.

**Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, OL, PA, PS); T1501 (IAA)** - The agent must present to the applicant and certify. The proposed insured must sign this disclosure for the states of MA and VA and submit it with the life application.

**Disclosure for the Accelerated Benefits Rider-Confined Care, Form No. 9675 (AA, OL, PA, PS); AB502 (IAA)** - The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.

**Disclosure Statement for the Chronic Illness Accelerated Death Benefit Rider, Form No. 3579-D** - The agent must present to the applicant at point-of-sale and certify that it has been presented.

**HIPAA, Form No. 9526** - Submit with each application. \*

**Replacement Form (if required)** - Complete all replacement requirements as per individual state insurance replacement regulations.

**Replacement of Existing Insurance** - Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) to determine if the replacement is in their best interest. Do not request a replacement (both external & internal) if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. The Company reviews applications involving replacement sales daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to including termination of an agent's contract.

**The proposed insured must cross out and initial all changes** - No white outs or erasures on the application.

**Application Date / Requested Policy Date** - Application date should always be the date the proposed insured answered the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the proposed insured signed the application.

**Initial Premium** - Submit the first full modal premium with the application unless the initial premium is bank draft. The proposed insured can submit the first premium as a personal check, eCheck, or bank draft. See the eCheck procedures described in this guide.

**Re-Writes on Same Insured** - If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, the Underwriting Department will order medical records.

#### **Third-Party Payor:**

The Company has experienced problems in terms of anti-selection, adverse claims experience, and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary insured, the spouse, business, or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins. As a result of the issues related to this situation, we **DO NOT** accept SafeCare Term applications where a Third-Party Payor is involved.

**Applicants Re-applying for Coverage** - Underwriting will not process new applications if the proposed insured has had three policies with any of our companies which have lapsed, made not taken, surrendered, or canceled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

#### **Request for Re-dates and/or Reinstatements:**

It is often easier, and in your client's best interests to ask that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

#### **Re-date and Reinstatement Request\*:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
  - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at [cx@aafx.com](mailto:cx@aafx.com).
  - There is no additional paperwork necessary.
- \* A policy can be re-dated ONE time only

#### **Reinstatement Requests Only\*\*:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
  - We require both a Statement of Health (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
  - In addition, a new Bank Draft Authorization (Form No. 1963) for payments via bank draft. Or we would need the back premiums due for payments on direct bill.
  - Fax documents above to **Client Experience** at **(254) 297-2105**.
  - As an alternative, we will process a new application with 'Reinstatement' and the policy number wrote down at the top. Fax this request to **Client Experience** at **(254) 297-2105**.
- If the policy lapse occurred more than one year after the policy date:
  - We require completion of a new application and faxed to the **New Business Department** at fax # **(254) 297-2100**.
  - Make sure to send a note with the application saying this is a 'Reinstatement' & indicate the original policy number.
- \*\* Upon request, we will review these case-by-case for consideration for a re-date & reinstatement.

#### **PREMIUMS REQUIREMENTS:**

- Non-ROP Term - Two months premium or one modal premium.
- ROP Term - all missed premiums.
- \* We may need loan interest or payment if the policy is over-loaned.

#### **CUSTOMER BENEFITS:**

- Simple 'YES'/'NO' application.
- No medical exams or blood work required.
- Affordable rates that will not increase.
- Benefits not subject to federal income tax.
- Cash value for emergencies and other needs.

## **BANK DRAFT PROCEDURES**

---

### **Draft First Premium Once Policy is Approved:**

- 1) Complete the '**PREAUTHORIZATION CHECK PLAN**' fields found at the bottom of the back of the application. Please specify a '**Requested Draft Day**', if a specific one is desired. **If a 'Requested Draft Day' is provided and needs to be drafted on a specific day, provide that date in the Policy Date field (mm/dd/yy).**
  - (a) Once the application is approved, the Company will draft the first premium upon the date specified. If the applicant does not provide a specified date, the draft will occur when the policy is approved.
  - (b) The initial draft cannot occur more than 30 days after the application signature date.
  - (c) The '**Requested Draft Date**' cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a voided check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other prepaid cards) not accepted.

### **Immediate Draft for Cash with Application (CWA) using eCheck:**

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (the eCheck **Bank Draft Authorization Section** of Form 9903). Using this form, the Company will draft the first premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will occur on the next due date and the **Requested Draft Day** (if provided).

### **OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS**

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums drafted on those same dates, please follow the instructions below:

- On the '**Requested Draft Day**' line of the '**PREAUTHORIZATION CHECK PLAN**' on the back page of the application, you will need to list one of the indicators below:
  - '**1S**' – if payments are received on the 1st of the month.
  - '**3S**' – if payments are received on the 3rd of the month.
  - '**2W**' – if payments are received on the 2nd Wednesday of the month.
  - '**3W**' – if payments are received on the 3rd Wednesday of the month.
  - '**4W**' – if payments are received on the 4th Wednesday of the month.
- The '**Policy Date Request**' field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork in the normal fashion. Also, you still have the choice of requesting immediate drafts for CWA; follow the routine procedures.

## NEW BUSINESS TIPS

---

### PRODUCT SOFTWARE

NAIC Illustration is not required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed cash values. Quotes can be ran based on a desired face amount or premium amount to customize a solution for your client. To run a quote using your smartphone or tablet, please go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (select option for the 'Phone Quoter').

### APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scan, mail, or fax. Refer to the Company website for instructions on [AppDrop](#). Information on AppDrop can also be found on [www.insuranceapplication.com](http://www.insuranceapplication.com) (select the option for 'AppDrop'). If the application is scanned or faxed, transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If you collected a check, utilize the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under separate cover to the attention of Policy Issue. Be sure to include the proposed insured's name on the cover sheet.

### MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS

- Complete applications electronically using a tablet or similar device.
- Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (select option for the 'Mobile Application').
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, or (3) by voice signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
  - Approved as applied for (Firm Decision),
  - Telephone Interview Needed,
  - Refer to Home Office, or
  - Not Eligible for Coverage.

### MOBILE APPLICATION — DECISION ENGINE PROCESS

Our mobile application technology will provide you a point-of-sale underwriting decision on the screen after the application. One of the possible outcomes is that a telephone interview is required based on the above guidelines.

### PAPER APPLICATIONS

If you complete an interview at point-of-sale, please write the vendor name in the top right corner of the application and provide the interview case number. Note: Whether an interview is required or not, if you want a point-of-sale decision on a paper application, you can contact Apptical to complete a telephone interview. They will provide their point-of-sale recommendation at the end of the interview.

## TELEPHONE INTERVIEW

A telephone interview with the proposed insured is required on all applicants ages 65 and above. The interview can be completed at point-of-sale.

After completing the application, you may call from the proposed insured's home for a personal history telephone interview. The Company has designed the interview to confirm the answers given on the application. The interview can be completed in either of two ways:

- 1) at point-of-sale, or
- 2) the interviewing company will contact the proposed insured after receipt of the application by the Home Office.

**The agent and proposed insured can complete the point-of-sale telephone interviews by calling the toll-free number below. When calling the vendor, identify yourself, the Company, and the product the proposed insured is applying for, 'SafeCare Term', and whether or not the applicant is applying for the Critical Illness Rider or the Total Disability Benefit Rider.**

If Preferred Non-Tobacco rates are being applied for, please advise the interview company of this as well. The proposed insured must always complete the telephone interview without assistance from the agent or another person. If agent and proposed insured completed at point-of-sale, mark the **'Telephone interview done'** question **'Yes'** in the upper right-hand corner of the application. If the agent completed the sale outside of the vendor's hours of operation or if the agent and proposed insured did not complete at point-of-sale, mark the question **'NO'**, and the interviewing company will initiate the call after receipt of the application.

**APPTICAL: 877-351-1773**

**7:30 a.m.-1:00 a.m. Monday thru Friday CST**

**9:00 a.m.-9:00 p.m. Saturday & Sunday CST**

SAFECARE TERM NON-MED LIMITS		
AGE & AMOUNT	18-64	65-75
50,000-100,000		T
100,001-200,000		T
200,001-500,000		T

T = Telephone Interview

**NOTE:** Underwriting reserves the right to request medical records or interviews only if necessary.

**BUILD CHART**

<b>HEIGHT</b>	<b>MINIMUM WEIGHT MUST BE AT LEAST</b>	<b>MAXIMUM WEIGHT WITHIN TABLE 2</b>	<b>MAXIMUM WEIGHT WITHIN TABLE 4</b>
4'10"	86	182	199
4'11"	88	188	205
5'	90	195	212
5'1"	93	201	220
5'2"	95	208	227
5'3"	99	215	234
5'4"	101	221	242
5'5"	104	228	249
5'6"	106	235	257
5'7"	110	243	265
5'8"	113	250	273
5'9"	117	257	281
5'10"	120	265	289
5'11"	125	272	298
6'	129	280	306
6'1"	133	288	315
6'2"	136	296	323
6'3"	140	304	332
6'4"	143	312	341
6'5"	146	320	350
6'6"	149	329	359
6'7"	153	337	368
6'8"	157	346	378
6'9"	160	355	387

Proposed insureds below the minimum or above the maximum weight on the above chart are not eligible for coverage. If the proposed insured has a medical condition combined with a build that exceeds Table 2, the proposed insured is not eligible for coverage.

## Preferred Underwriting for SafeCare Term

### PREFERRED CLASSIFICATION

This group includes individuals whose mortality experience (i.e., life expectancy) as a group is expected to be above average and to whom the Company offers a lower-than-standard rate.

#### What factors go into the Preferred underwriting process?

An insurance company looks at several factors during the preferred underwriting process to evaluate the proposed insured's risk. These factors enable the insurer to decide whether or not the proposed insured is a lower-than-average risk. Some of the things considered are the proposed insureds:

- Non-Tobacco use
- Current health/physical condition
- Personal health history
- Family health history
- Personal habits
- Occupation & Avocations
- Personal Driving Record

### PREFERRED UNDERWRITING GUIDELINES

**To be eligible for Preferred class, the proposed insured must answer 'No' to the following questions:**

- Have you used tobacco or nicotine products in the past 36 months?
- Using the build chart below, does your weight exceed the minimum or maximum weight corresponding to your height indicated in the Preferred column?
- In the past 10 years, have you taken medication to treat high blood pressure or an elevated cholesterol level?\*
- In the past 10 years, medically diagnosed, tested, or received treatment for diabetes, cancer, or cardiac disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- Has more than one member of your family (father, mother, brother, or sister) died before age 60 from breast, colon, intestinal or prostate cancer, or from cardiovascular disease (heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, or coronary artery disease)?
- In the past 10 years, have you been treated for alcohol abuse?
- In the past 10 years, have you been treated for drug abuse or used any drugs not prescribed to you?
- In the past five years, have you had more than two moving motor vehicle violations or any alcohol/drug related infractions?
- In the past five years, have you been convicted of a felony or misdemeanor?

\***Note:** These are guideline criteria. We may consider an exception to one of these guidelines (i.e., elevated blood pressure or cholesterol but not both) if the condition is under control and the applicant has no other impairments.

BUILD CHART FOR PREFERRED RATES								
(This table applies to both men and women.)								
Height	Minimum	Maximum	Height	Minimum	Maximum	Height	Minimum	Maximum
4'8"	88	144	5'4"	107	188	6'	135	238
4'9"	90	149	5'5"	110	194	6'1"	139	245
4'10"	92	154	5'6"	112	200	6'2"	142	251
4'11"	94	160	5'7"	116	206	6'3"	146	258
5'	96	165	5'8"	119	212	6'4"	149	265
5'1"	99	171	5'9"	123	219	6'5"	152	272
5'2"	101	177	5'10"	126	225	6'6"	155	279
5'3"	105	182	5'11"	131	231	6'7"	158	287



## **Benefits and Riders not available in all states**

The premiums for benefits and riders shown are annual premiums. Be sure to apply the appropriate modal factor when calculating the modal premium.

### **RETURN OF PREMIUM DEATH BENEFIT (ROP)**

**Policy Form No. 3482**

**Available on Plans:** 20- & 30-year level premium plans

**Description:** The Return of Premium Death Benefit provides a cash value that is payable at the end of the level premium period if the insured is living, and the policy is in force on a premium paying basis. It is available at an additional premium. The benefit is an endowment that is equal to 75% of the sum of the base policy premiums payable during the level premium period, the policy fee, and the modal loading amount. Premium for riders attached to the policy are excluded.

**Cash Value:** The Return of Premium Death Benefit provides cash values within the first few policy years. Should the policy terminate early, the Owner is entitled to a partial surrender once the value accumulation begins. The percentage of premiums returned increases yearly until it reaches 75% at the end of the level premium paying period that was selected.

### **LEVEL TERM INSURANCE RIDER (LTR)**

**Policy Form 8087** (available on spouse only)

The Level Term Insurance Rider provides 20-year level term insurance on the spouse or to the insured's attained age 70, whichever comes first.

**Spouse Issue Ages:** 15-65

**Minimum Amount:** \$25,000

**Maximum Amount:** Not to exceed face amount of base policy or \$200,000, whichever is less.

<b>LEVEL TERM RATES</b>							
<b>ANNUAL PREMIUMS PER \$1,000</b>							
<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	1.73	28	2.69	41	7.09	54	18.57
16	1.77	29	2.89	42	7.80	55	19.50
17	1.81	30	3.12	43	8.67	56	20.53
18	1.86	31	3.39	44	9.18	57	21.67
19	1.90	32	3.71	45	9.75	58	22.94
20	1.95	33	4.11	46	11.14	59	24.38
21	2.00	34	4.33	47	12.00	60	26.00
22	2.05	35	4.59	48	13.00	61	27.86
23	2.11	36	4.88	49	14.18	62	30.00
24	2.17	37	5.20	50	15.60	63	32.50
25	2.23	38	5.57	51	16.25	64	35.45
26	2.36	39	6.00	52	16.96	65	39.00
27	2.52	40	6.50	53	17.73		

**ACCELERATED LIVING BENEFIT RIDER-CRITICAL ILLNESS (CIR)\*****Policy Form No. 9542 (AA, OL); AB302 (IAA)****Issue Ages:** 18 – 65**Maximum CIR Benefit:** \$100,000

An Accelerated Living Benefit Rider is available at a 25%, 50%, or 100% acceleration of death benefit. If elected, the Critical Illness Rider provides a cash benefit equal to the specified percentage of acceleration which is paid directly to the Owner upon the diagnosis of a covered critical illness. Rider coverage expires at age 70. The covered illnesses are as follows:

Heart Attack	Coronary Artery Bypass Graft (pays 10% of death benefit)
Stroke	Cancer
Kidney Failure	Major Organ Transplant Surgery
Paralysis	Blindness
Terminal Illness	HIV contracted performing duties as professional healthcare worker.

**THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement- Form No. 9543 (AA, OL, PA, PS); AB503 (IAA) (Company specific with state exceptions with the applicant.)** (The states of MA & WA require this disclosure form to be signed by the applicant and submitted with the application.) This disclosure provides definition of the covered conditions.

**Critical Illness Rider Premium:** The initial premium for the Critical Illness Rider is guaranteed for the first five policy years. After that time, the Company may change the premium for this rider (change by issue class only). The changed premium may be greater than or less than the rider premium at issue but will not be greater than the maximum premium shown in the Guaranteed Annual Premium chart below.

<b>CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE</b>						
<b>Age</b>	<b>100%</b>		<b>50%</b>		<b>25%</b>	
	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>18-27</b>	1.62	3.02	0.81	1.51	0.41	0.76
<b>28-32</b>	2.07	4.12	1.04	2.06	0.52	1.03
<b>33-37</b>	2.92	5.97	1.46	2.99	0.73	1.49
<b>38-42</b>	4.20	8.51	2.10	4.26	1.05	2.13
<b>43-47</b>	5.95	12.04	2.98	6.02	1.49	3.01
<b>48-52</b>	8.22	16.80	4.11	8.40	2.06	4.20
<b>53-57</b>	11.21	23.61	5.61	11.81	2.80	5.90
<b>58-62</b>	14.80	32.85	7.40	16.43	3.70	8.21
<b>63-65</b>	17.86	39.88	8.93	19.94	4.47	9.97

<b>CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE</b>						
<b>Age</b>	<b>100%</b>		<b>50%</b>		<b>25%</b>	
	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>
<b>18-27</b>	3.24	6.04	1.62	3.02	0.82	1.52
<b>28-32</b>	4.14	8.24	2.08	4.12	1.04	2.06
<b>33-37</b>	5.84	11.94	2.92	5.98	1.46	2.98
<b>38-42</b>	8.40	17.02	4.20	8.52	2.10	4.26
<b>43-47</b>	11.90	24.08	5.96	12.04	2.98	6.02
<b>48-52</b>	16.44	33.60	8.22	16.80	4.12	8.40
<b>53-57</b>	22.42	47.22	11.22	23.62	5.60	11.80
<b>58-62</b>	29.60	65.70	14.80	32.86	7.40	16.42
<b>63-65</b>	35.72	79.76	17.86	39.88	8.94	19.94

**These premiums are not for use in calculating initial premium.**

\* Critical Illness Rider and Waiver of Premium Disability Agreement cannot be issued on the same policy.

**TOTAL DISABILITY BENEFIT RIDER (DIR)\*\*****Policy Form No. 9785 (AA, OL, PA, PS); TD301 (IAA)****Issue Ages:** 18 – 55**Minimum DIR Benefit:** \$500 monthly**Maximum DIR Benefit:** 2% of the life insurance face amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually, the maximum DIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

If elected, the Total Disability Benefit Rider will pay a monthly benefit up to 2% of face amount (up to a maximum monthly benefit as described above) if the insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60-day elimination period, and the benefits are not retroactive. The maximum benefit period is two years, and disability must begin before age 65.

TOTAL DISABILITY BENEFIT RIDER							
ANNUAL PREMIUMS PER \$100 OF MONTHLY BENEFIT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
20	10.46	29	14.08	38	20.52	47	31.32
21	10.80	30	14.58	39	21.56	48	32.98
22	11.16	31	15.14	40	22.60	49	34.74
23	11.52	32	15.70	41	23.68	50	36.62
24	11.90	33	16.32	42	24.78	51	38.66
25	12.28	34	17.00	43	25.92	52	40.92
26	12.70	35	17.76	44	27.12	53	43.42
27	13.14	36	18.58	45	28.42	54	45.98
28	13.60	37	19.50	46	29.80	55	48.62

\*\* Total Disability Benefit Rider and Accident Only Total Disability Benefit Rider cannot be issued on the same policy.

**ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER (AODIR)\*\*****Policy Form No. 3281 (AA, IAA, OL, PA, PS)****Issue Ages:** 18 – 55**Minimum AODIR Benefit:** \$500 monthly**Maximum AODIR Benefit:** 2% of the life insurance face amount up to \$2,000 monthly benefit, whichever is less. For persons earning less than \$25,000 annually, the maximum AODIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

If elected, the AODIR will pay a monthly benefit up to 2% of face amount (up to a maximum monthly benefit as described above) if the Insured becomes totally disabled due to an accident as defined and specified in the rider agreement. The benefit will begin after a 60-day elimination period, and the benefits are not retroactive. The maximum benefit period is two years, and disability must begin before age 65.

ANNUAL PREMIUMS PER \$100 OF MONTHLY BENEFIT					
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	8.77	32	11.62	46	12.35
19	9.09	33	11.63	47	12.51
20	9.41	34	11.64	48	12.68
21	9.74	35	11.66	49	12.86
22	10.08	36	11.68	50	13.10
23	10.42	37	11.72	51	13.38
24	10.78	38	11.76	52	13.71
25	11.13	39	11.82	53	14.07
26	11.34	40	11.88	54	14.51
27	11.41	41	11.92	55	15.04
28	11.47	42	11.98		
29	11.54	43	12.04		
30	11.62	44	12.13		
31	11.62	45	12.23		

\*\* Total Disability Benefit Rider and Accident Only Total Disability Benefit Rider cannot be issued on the same policy.

**WAIVER OF PREMIUM DISABILITY AGREEMENT (WOP)\***  
**Policy Form No. 7180 (AA, PA, PS); PWO (OL); WPD301 (IAA)**

**Issue Ages:** 18 – 55

If elected, the Company will waive the payment of each premium of your monthly premiums if the insured becomes permanently and totally disabled as defined and specified in the rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

<b>WAIVER OF PREMIUM RATES PER \$100</b>	
<b>Issue Age</b>	<b>Rate per \$100</b>
20-27	1.00
28-32	1.25
33-37	1.50
38-42	2.50
43-47	4.50
48-52	9.50
53-55	11.00

\* Waiver of Premium Disability Agreement cannot be issued on the same policy with the Critical Illness Rider.

**WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER (WOPU)**  
**Policy Form No. 3231 (AA, IAA, OL, PA, PS)**

**Issue Ages:** 20 – 60

If elected, the Company will waive the payment of each premium of the policy (base coverage and all riders) for up to six months should you become unemployed (receiving state or federal unemployment benefits) for four consecutive weeks while the policy is still in force. See the rider policy form for a complete description of rider details. Rider coverage expires at age 65 or at the end of the policy level premium paying period (unless rider is in effect).

**Waiting Period:** The benefit provided under this rider is available after the waiting period has expired (24 months from the rider issue date).

<b>UNEMPLOYMENT WAIVER OF PREMIUM RATES PER \$100</b>		
<b>Issue Age</b>	<b>Male</b>	<b>Female</b>
20-24	7.60	6.20
25-34	3.80	4.00
35-44	2.90	3.00
45-60	2.90	2.60

**CHILDREN'S INSURANCE AGREEMENT (CIA)****Policy Form No. 8375 (AA, OL, PA, PS); CIB304 (IAA)****Issue Ages of Children ( age nearest birthday ):** 15 days - 17 years**Issue Age of Primary Insured:** 18 - 50**Maximum Rider Units:** Five Units**Premium:** \$8.52 annually per unit

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the clients age 65, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of up to five times the amount of insurance provided on the CIA.

CIA Calculation Example: 2 units of CIA

(\$8.52 X 2) multiplied X .088 = \$1.50 per month. Add this to life coverage monthly premium for the total monthly premium.

**IMPORTANT:** To apply for this rider, you must complete the 'Addendum to Individual Life Insurance Application' Form No. 3215 & submit it along with the base life application.

**ACCIDENTAL DEATH BENEFIT AGREEMENT (ADB)****Policy Form No. 7159 (AA, OL, PA, PS); ADB302 (IAA)****Issue Ages:** 18 – 64**Minimum Amount:** \$1,000**Maximum Amount:** \$200,000 or five times the face amount of the policy, whichever is less.**Benefit Terminates:** At age 65

Accidental Death Benefit Agreement provides an additional death benefit should the insured die from of an accident.

ACCIDENTAL DEATH BENEFIT							
ANNUAL PREMIUMS PER \$1,000 OF FACE AMOUNT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	0.96	30	0.96	42	1.08	54	1.32
19	0.96	31	0.96	43	1.20	55	1.44
20	0.96	32	0.96	44	1.20	56	1.44
21	0.96	33	0.96	45	1.20	57	1.44
22	0.96	34	0.96	46	1.20	58	1.56
23	0.96	35	0.96	47	1.20	59	1.56
24	0.96	36	0.96	48	1.20	60	1.56
25	0.96	37	1.08	49	1.32	61	1.56
26	0.96	38	1.08	50	1.32	62	1.68
27	0.96	39	1.08	51	1.32	63	1.68
28	0.96	40	1.08	52	1.32	64	1.68
29	0.96	41	1.08	53	1.32		

**TOTAL DISABILITY BENEFIT RIDER (DIR & AODIR) AND CRITICAL ILLNESS GUIDELINES**

- **The proposed insured must have worked full-time (minimum 30 hours a week) for the past six months.**
- **The following proposed insured occupations are not eligible for DIR, AODIR, or CIR:**
  - Blasters & Explosives Handlers
  - Disabled
  - Participated in High-Risk Avocations within the past 12 months.
  - Professional Athletes
  - Structural Workers / Iron Workers
  - Underground Miners & Workers
  - Unemployed (except stay-at-home spouses, significant others, or students)
- **The following proposed insured occupations are not eligible for DIR or AODIR:**
  - Individuals carrying a weapon in their occupation.
  - Casino Workers
  - Housekeeping
  - Janitor
  - Retired
  - Student
  - Migrant laborers
- **The following proposed insured occupations are not eligible for DIR only:**
  - Self-employed

## **RIDERS INCLUDED AT NO ADDITIONAL COST** *not available in all states*

---

### **TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER**

**Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA)**

With this benefit, you can receive up to 100% of the death benefit proceeds of the policy if diagnosed as terminally ill where life expectancy is 24 months or less (12 months in some states). Rider is added to every policy (where available) at no additional premium. During acceleration, the Company will add an actuarial adjustment factor and an administrative charge of \$150. *Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS), or T1501 (IAA) with the client.*

### **ACCELERATED BENEFITS RIDER-CONFINED CARE**

**Policy Form No. 9674 (AA, OL, PA, PS); AB301 (IAA)**

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued, you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the proceeds paid. This rider (where available) is added to policies issued at no additional premium. The proceeds of the accelerated benefit will reduce the death benefit proceeds by the amount of the proceeds paid. *Remember the disclosure statement Form No. 9675 (AA, OL, PA, PS); AB502 (IAA) must be presented to the applicant at point-of-sale. (Rider not available in CT, DC, IN, MA, NJ, VA, & WA.)*

### **CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER**

**Policy Form No. 3579 (AA, IAA, OL, PA, PS)**

With this benefit, a portion of the death benefit proceeds may be accelerated early if an authorized physician certifies that the proposed insured is chronically ill. Chronically ill defined as:

- 1) Becoming permanently unable to perform, without substantial assistance from another person, at least two activities of daily living (eating, toileting, transferring, bathing, dressing, and continence) for a period of at least 90 consecutive days due to loss of functional capacity; or
- 2) Requiring substantial supervision for a period of at least 90 consecutive days by another person to protect oneself from threats to health and safety due to severe cognitive impairment.

The chronic illness must have occurred after the effective date of the rider.

Under the terms of this rider, the Owner can request to receive portions of the death benefit (minimum of \$1,000) up to 25% and as often as one time per calendar year. An administrative fee of \$100 will be assessed at the time of each acceleration. These requests can be made up to a maximum equaling 95% of the policy death benefit or a maximum amount of \$150,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the proceeds paid. This rider is automatically added to policies (where available) and requires no additional premium. The proceeds of the accelerated benefit will reduce the death benefit proceeds by the amount of the proceeds paid. *Remember the disclosure statement Form No. 3579-D must be presented to the applicant at point-of-sale. Rider not available in all states.*

## **SafeCare Term: Field Underwriting Hints**

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the interview (when required). The interview will be brief, pleasant, professionally managed, and recorded.

### **SPEED UP YOUR TURNAROUND TIME!**

#### **Practice these simple guidelines!**

The SafeCare Term plan has specific underwriting standards we follow when considering applicants. For this plan, we generally consider applicants up to Table 4. However, if an applicant is considered high-risk or declinable by most underwriting standards, in that case, we request that they refrain from applying for this plan.

Before asking any health questions, stress the importance of providing truthful and complete answers. This includes disclosing any tobacco usage that may reflect in the client's medical records, the national prescription database, or MIB, LLC. It's important that all information provided is accurate so that we can provide the best options for your coverage.

Underwriters require additional details if the applicant answered '**YES**' to any health questions. Provide the age at onset, the name of all medications currently taken, the last reading, and how often the medical condition is checked. It is also crucial to know the name of the doctor treating the condition and the date of the client's last visit. By providing us with this information, our Underwriting department may expedite the processing time of the application and avoid further documentation requests such as medical records or an interview.

### **PRACTICE GOOD FIELD UNDERWRITING OR...**

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those applicants until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

### **SafeCare Term Medical Impairment Guide**

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at [riskassess@aatx.com](mailto:riskassess@aatx.com). Underwriting reserves the right to decide based on all risk factors for a final decision.

## SAFECARE TERM MEDICAL IMPAIRMENT GUIDE

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Abscess	Present	Decline	Decline	Decline	Decline	
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	Standard	
Addison's Disease	Acute single episode	Standard	Standard	Standard	Standard	
	Others	Decline	Decline	Decline	Decline	
AIDS / ARC	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1k
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	Decline	C: 4
	After 4 years since abstained from use	Standard	Decline	Decline	Standard	C: 4
Alzheimer's	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1f
Amputation	Caused by injury	Standard	Decline*	Decline*	Standard	A: 1b
	Caused by disease	Decline	Decline	Decline	Decline	A: 1b
Anemia	Iron deficiency on vitamins only	Standard	Standard	Standard	Standard	A: 1b
	Others	Decline	Decline	Decline	Decline	A: 1b
Aneurysm	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1b
Angina	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Angioplasty	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Ankylosis	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Decline	A: 1i
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	A: 1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	A: 1f
Aortic Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Aortic Stenosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Appendectomy	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	
Arteriosclerosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	Standard	A: 1i
	Rheumatoid - all others	Decline	Decline	Decline	Decline	A: 1i
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	A: 1d
	Moderate, more than 1 episode a month	Standard	Decline	Standard	Standard	A: 1d
	Severe, hospitalization or ER visit within the past 12 months	Decline	Decline	Decline	Decline	A: 1d
	Maintenance steroid use	Decline	Decline	Decline	Decline	A: 1d
	Combined with tobacco Use - smoker	Decline	Decline	Decline	Decline	A: 1d
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	Standard	C: 2b
	Other pilots flying for pay	Decline	Decline	Decline	Decline	C: 2b
	Student pilot	Decline	Decline	Decline	Decline	C: 2b
	Private pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	C: 2b
Back Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	Decline*	Standard	A: 1i
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1f
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	Decline	
	Other causes	Standard	Decline	Decline	Decline	
Bronchitis	Acute- recovered	Standard	Standard	Standard	Standard	A: 1d
	Chronic	Decline	Decline	Decline	Decline	A: 1d
Buerger's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1d
By-Pass Surgery (CABG or Stent)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	A: 1e
	7 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	A: 1e
	All others	Decline	Decline	Decline	Decline	A: 1e

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Applies to standard life application Form No. 3762. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email [riskassess@aattx.com](mailto:riskassess@aattx.com).



## SAFECARE TERM MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1d
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1c
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Criminal History	Convicted of misdemeanor or felony within the past 5 years	Decline	Decline	Decline	Decline	C: 3a
	Probation or parole within the past 6 months	Decline	Decline	Decline	Decline	C: 3a
Crohn's Disease	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	Decline	Decline	A: 1c
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	
Dementia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1f
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	A: 1c
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	A: 1c
	Tobacco use in past 12 months or uses insulin	Decline	Decline	Decline	Decline	A: 1c
	Controlled with oral medications	Standard	Decline	Standard	Standard	A: 1c
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	Decline	A: 4a
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	A: 1c
Down Syndrome	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1j
Driving Record	Within the past 3 years an alcohol/drug related infraction, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	Decline	C: 3a
	License currently suspended or revoked	Decline	Decline	Decline	Decline	C: 3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	C: 4
	Treatment within the past 4 years	Decline	Decline	Decline	Decline	C: 4
	Treatment 4 years or more, non-usage since	Standard	Decline	Decline	Standard	C: 4
Duodenitis	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	A: 1c
Emphysema	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1d
Epilepsy	Petit Mal	Standard	Decline*	Standard	Standard	A: 1f
	All others	Decline	Decline	Decline	Decline	A: 1f
Fibrillation	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Fibromyalgia	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Standard	A: 1f
Gallbladder disorder	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	A: 1g
Gastritis	Acute	Standard	Standard	Standard	Standard	A: 1c
Glomerulosclerosis	Acute – after 1 year	Standard	Standard	Standard	Decline	A: 1g
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	Decline	A: 1i

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Applies to standard life application Form No. 3762. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email [riskassess@aatz.com](mailto:riskassess@aatz.com).

## SAFECARE TERM MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Decline*	Standard	C: 3b
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	A: 1f
	Migraine, severe or not investigated	Decline	Decline	Decline	Decline	A: 1f
Heart Arrhythmia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Heart Disease / Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	Decline	A: 1a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	Decline	A: 1a
Hemophilia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1b
Hepatitis	Medically diagnosed, treated, or taken medication for Hep B or C	Decline	Decline	Decline	Decline	A: 1c
Hepatomegaly	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1c
HIV	Tested Positive	Decline	Decline	Decline	Decline	A: 1k
Hodgkin's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1e
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	Standard	A: 1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	Decline	A: 1a
	In combination with Thyroid Disorder	Standard	Standard	Standard	Decline	A: 1a
Hysterectomy	No cancer	Standard	Standard	Standard	Standard	A: 1g
Kidney Disease	Dialysis	Decline	Decline	Decline	Decline	A: 1g
	Insufficiency or Failure	Decline	Decline	Decline	Decline	A: 1g
	Nephrectomy	Decline	Decline	Decline	Decline	A: 1g
	Polycystic Kidney Disease	Decline	Decline	Decline	Decline	A: 1g
	Transplant recipient	Decline	Decline	Decline	Decline	A: 1g
Knee Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	Decline*	Standard	A: 1i
Leukemia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1e
Liver Impairments	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1c
Lung Disease / Disorder	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1d
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	A: 1h
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Melanoma	See Cancer/Melanoma					A: 1e
Meniere's Disease	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Standard	
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	A: 1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	A: 1f
Mitral Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Multiple Sclerosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	Standard	
Pacemaker	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	Decline	A: 1c
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	Decline	A: 1i
Parkinson's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1h
Peripheral Vascular Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1a
Pregnancy	Current; no complications	Standard	Standard	Standard	Standard	

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Applies to standard life application Form No. 3762. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email [riskassess@aafx.com](mailto:riskassess@aafx.com).

## SAFECARE TERM MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Prostate Disease / Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	Standard	A: 1g
	Cancer - See Cancer / Melanoma					A: 1g
Pulmonary Embolism	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Decline	A: 1a
Retardation	Mild to moderate	Standard	Decline	Standard	Standard	A: 1f
	Severe	Decline	Decline	Decline	Decline	A: 1f
Rheumatic Fever	One attack-recovered	Standard	Standard	Standard	Decline	
Sarcoidosis	Pulmonary	Decline	Decline	Decline	Decline	A: 1k
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	A: 1f
	All others	Decline	Decline	Decline	Decline	A: 1f
Shoulder Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	Decline	Standard	A: 1i
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	Decline	A: 1d
Spina Bifida	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1j
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	Standard	A: 1j
Stroke / CVA	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1b
Subarachnoid Hemorrhage	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1b
Suicide Attempt	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1f
Thyroid Disorder	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	
	In combination with hypertension (HBP)	Standard	Standard	Standard	Decline	
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Standard	Decline	A: 1b
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	Decline	A: 1b
Transplant, Organ, or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	Decline	A: 1d
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	Decline	A: 1d
	Over 2 years with no residuals	Standard	Standard	Standard	Standard	A: 1d
Ulcer	Peptic, duodenal, or gastric - symptom free for 1 year	Standard	Standard	Standard	Standard	A: 1c
Ulcerative Colitis	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	Decline	Decline	A: 1c
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	Decline	C: 2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	A: 1a
Vascular Impairments	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	A: 1f
Weight Reduction Surgery	Surgery within the past 1 year	Decline	Decline	Decline	Decline	A: 4a
	After 1 year since surgery with no complications	Standard	Decline	Standard	Standard	A: 4a
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	Decline	A: 4a

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Applies to standard life application Form No. 3762. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email [riskassess@aactx.com](mailto:riskassess@aactx.com).

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See '# ' Below
Actos	Diabetes	N/A	See '# ' Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See '# ' Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amlodipine Besylate / Benaz	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent / Atrovent HFA/ Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See '# ' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetanide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heartbeat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Digoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	8 years > 8 years	Decline Standard

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.



## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levator	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See '# ' Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Metoprolol Tartrate / Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine / Nitrotab / Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heartbeat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heartbeat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See '# ' Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heartbeat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Theo-Dur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '# ' Below

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below
Toprol XL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Torsemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Tresiba (Insulin)	Diabetes	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	8 years > 8 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.



## SAFECARE TERM PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below. Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

\* **High Blood Pressure** — If controlled with 2 or fewer medications, the client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

# **Diabetes** — If diagnosed, treated, or taken medication prior to age 35, the client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, the client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in the urine; the client is not eligible for coverage.

## LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000 10 YEAR PLAN - FULL GUARANTEE

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	1.38	0.94	1.24	0.85	1.53	2.96	1.04	1.61	1.38	2.66	0.94	1.45
19	1.39	0.95	1.25	0.86	1.54	2.97	1.05	1.62	1.39	2.67	0.95	1.46
20	1.40	0.95	1.26	0.86	1.55	2.98	1.05	1.62	1.40	2.68	0.95	1.46
21	1.40	0.95	1.26	0.86	1.56	2.99	1.06	1.63	1.40	2.69	0.95	1.47
22	1.41	0.96	1.27	0.86	1.57	3.00	1.07	1.65	1.41	2.70	0.96	1.49
23	1.42	0.97	1.28	0.87	1.58	3.01	1.08	1.68	1.42	2.71	0.97	1.51
24	1.43	0.98	1.29	0.88	1.59	3.02	1.09	1.73	1.43	2.72	0.98	1.56
25	1.44	0.99	1.30	0.89	1.60	3.03	1.10	1.79	1.44	2.73	0.99	1.61
26	1.45	1.00	1.31	0.90	1.61	3.05	1.11	1.85	1.45	2.75	1.00	1.67
27	1.46	1.02	1.31	0.92	1.62	3.07	1.13	1.93	1.46	2.76	1.02	1.74
28	1.46	1.04	1.31	0.94	1.62	3.09	1.16	2.01	1.46	2.78	1.04	1.81
29	1.47	1.07	1.32	0.96	1.63	3.12	1.19	2.11	1.47	2.81	1.07	1.90
30	1.48	1.11	1.33	1.00	1.64	3.15	1.23	2.22	1.48	2.84	1.11	2.00
31	1.49	1.13	1.34	1.02	1.66	3.20	1.26	2.35	1.49	2.88	1.13	2.12
32	1.51	1.18	1.36	1.06	1.68	3.26	1.31	2.48	1.51	2.93	1.18	2.23
33	1.54	1.22	1.39	1.10	1.71	3.33	1.36	2.62	1.54	3.00	1.22	2.36
34	1.57	1.28	1.41	1.15	1.74	3.43	1.42	2.77	1.57	3.09	1.28	2.49
35	1.68	1.32	1.51	1.19	1.87	3.61	1.47	2.94	1.68	3.26	1.32	2.65
36	1.72	1.39	1.55	1.25	1.91	3.76	1.54	3.11	1.72	3.38	1.39	2.80
37	1.77	1.45	1.60	1.31	1.97	3.93	1.61	3.28	1.77	3.54	1.45	2.95
38	1.85	1.51	1.67	1.36	2.05	4.15	1.68	3.46	1.86	3.77	1.51	3.11
39	1.91	1.58	1.75	1.42	2.12	4.38	1.76	3.65	1.95	4.03	1.58	3.29
40	2.17	1.66	2.02	1.49	2.40	5.01	1.84	4.22	2.25	4.67	1.66	3.81
41	2.30	1.75	2.18	1.58	2.56	5.41	1.94	4.50	2.42	5.11	1.75	4.05
42	2.46	1.85	2.35	1.67	2.73	5.84	2.05	4.81	2.61	5.57	1.85	4.35
43	2.62	1.95	2.52	1.79	2.91	6.30	2.17	5.15	2.80	6.06	1.99	4.72
44	2.81	2.07	2.72	1.92	3.12	6.80	2.30	5.52	3.03	6.59	2.13	5.12
45	3.05	2.40	3.02	2.20	3.39	7.41	2.67	6.76	3.35	7.35	2.45	6.21
46	3.27	2.53	3.25	2.35	3.64	8.03	2.81	7.23	3.61	7.96	2.61	6.71
47	3.53	2.67	3.49	2.50	3.92	8.73	2.96	7.69	3.88	8.65	2.79	7.23
48	3.81	2.79	3.78	2.64	4.24	9.52	3.10	8.14	4.20	9.44	2.94	7.71
49	4.12	2.93	4.09	2.80	4.58	10.41	3.25	8.56	4.55	10.33	3.11	8.19
50	4.50	3.15	4.45	3.00	4.99	10.92	3.50	9.32	4.95	10.82	3.32	8.84
51	4.84	3.38	4.82	3.23	5.38	11.88	3.75	10.06	5.35	11.81	3.59	9.63
52	5.23	3.60	5.19	3.48	5.81	12.90	4.01	10.80	5.76	12.80	3.86	10.41
53	5.65	3.83	5.58	3.72	6.27	14.04	4.26	11.58	6.20	13.89	4.13	11.23
54	6.10	4.08	6.03	3.97	6.77	15.27	4.53	12.38	6.69	15.09	4.41	12.08
55	6.82	4.68	6.75	4.57	7.58	16.07	5.20	13.84	7.51	15.93	5.08	13.51
56	7.35	4.94	7.27	4.80	8.17	17.43	5.48	14.70	8.07	17.22	5.34	14.31
57	7.91	5.19	7.79	5.05	8.78	18.85	5.77	15.59	8.65	18.58	5.60	15.13
58	8.49	5.46	8.34	5.29	9.43	20.36	6.06	16.51	9.27	20.02	5.87	15.98
59	9.09	5.74	8.92	5.54	10.10	21.96	6.38	17.47	9.91	21.56	6.16	16.88
60	10.43	7.13	10.25	6.87	11.59	24.62	7.92	19.49	11.39	24.20	7.64	18.80
61	11.44	7.65	11.26	7.38	12.72	27.25	8.51	21.07	12.51	26.81	8.21	20.34
62	12.53	8.24	12.34	7.95	13.92	30.05	9.14	22.79	13.71	29.57	8.83	22.00
63	13.72	8.86	13.52	8.55	15.25	33.08	9.84	24.68	15.02	32.57	9.50	23.83
64	15.02	9.54	14.80	9.23	16.69	36.35	10.61	26.75	16.44	35.81	10.25	25.85
65	17.39	11.82	17.13	11.41	19.33	41.92	13.14	30.92	19.03	41.28	12.68	29.83
66	19.03	12.75	18.65	12.36	21.15	46.00	14.16	33.57	20.72	45.06	13.72	32.54
67	20.85	13.79	20.35	13.41	23.17	50.54	15.32	36.45	22.60	49.30	14.90	35.46
68	22.86	14.90	22.24	14.56	25.41	55.60	16.56	39.60	24.71	54.06	16.17	38.64
69	25.14	16.14	24.39	15.78	27.94	61.33	17.93	43.01	27.09	59.48	17.54	42.07
70	27.70	17.47	26.80	17.10	30.78	67.78	19.41	46.69	29.78	65.59	19.01	45.72
71	31.65	20.99	30.74	20.62	35.17	74.22	23.33	50.83	34.16	72.09	22.90	49.91
72	35.62	24.52	34.69	24.12	39.57	80.65	27.24	54.96	38.55	78.57	26.80	54.07
73	39.57	28.04	38.64	27.64	43.97	87.09	31.16	59.09	42.93	85.03	30.71	58.23
74	43.53	31.57	42.58	31.15	48.37	93.53	35.07	63.22	47.31	91.49	34.60	62.37
75	47.49	35.09	46.51	34.65	52.76	99.96	38.99	67.35	51.68	97.91	38.50	66.51

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

## LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000 15 YEAR PLAN - FULL GUARANTEE

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
19	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
20	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
21	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
22	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
23	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
24	1.69	0.93	1.69	0.84	1.94	3.57	1.07	2.52	1.94	3.43	0.97	2.50
25	1.39	0.96	1.39	0.86	1.60	3.81	1.10	2.55	1.60	3.71	0.99	2.55
26	1.48	0.97	1.47	0.96	1.70	3.86	1.11	2.50	1.69	3.75	1.10	2.50
27	1.60	0.98	1.54	0.98	1.84	3.87	1.13	2.56	1.77	3.80	1.13	2.56
28	1.67	1.01	1.60	1.01	1.92	3.89	1.16	2.63	1.84	3.84	1.16	2.60
29	1.71	1.16	1.64	1.12	1.97	3.90	1.33	2.72	1.89	3.88	1.28	2.64
30	1.77	1.15	1.64	1.15	2.03	3.93	1.32	2.81	1.88	3.93	1.32	2.74
31	1.76	1.28	1.63	1.21	2.02	4.01	1.47	2.97	1.87	3.88	1.39	2.80
32	1.73	1.38	1.61	1.26	1.99	4.10	1.59	3.12	1.85	3.90	1.45	2.90
33	1.72	1.46	1.61	1.32	1.98	4.21	1.68	3.27	1.85	3.97	1.51	3.04
34	1.74	1.52	1.63	1.37	2.00	4.34	1.75	3.41	1.87	4.06	1.58	3.17
35	1.81	1.48	1.69	1.37	2.08	4.53	1.70	3.54	1.95	4.26	1.58	3.26
36	1.86	1.56	1.74	1.44	2.14	4.77	1.79	3.79	2.00	4.44	1.66	3.49
37	1.95	1.67	1.82	1.53	2.24	4.99	1.92	4.03	2.09	4.60	1.76	3.72
38	2.03	1.75	1.90	1.60	2.34	5.34	2.01	4.30	2.18	4.88	1.84	3.96
39	2.12	1.85	1.99	1.69	2.44	5.72	2.13	4.64	2.29	5.21	1.94	4.24
40	2.32	1.96	2.24	1.82	2.67	6.46	2.25	5.30	2.57	5.89	2.09	4.84
41	2.49	2.04	2.39	1.93	2.86	7.10	2.34	5.71	2.74	6.40	2.22	5.19
42	2.68	2.11	2.57	2.03	3.08	7.81	2.43	6.12	2.95	6.98	2.33	5.52
43	2.88	2.24	2.76	2.18	3.32	8.59	2.57	6.57	3.18	7.61	2.50	5.92
44	3.11	2.32	2.98	2.28	3.57	9.50	2.67	7.01	3.42	8.34	2.62	6.31
45	3.42	2.59	3.29	2.57	3.93	10.41	2.98	8.05	3.78	9.20	2.96	7.29
46	3.70	2.76	3.53	2.74	4.25	11.61	3.17	8.72	4.05	10.03	3.15	7.90
47	4.01	2.92	3.79	2.90	4.61	12.84	3.35	9.26	4.36	10.88	3.33	8.42
48	4.35	3.07	4.09	3.06	5.00	14.06	3.53	9.80	4.70	11.72	3.51	8.94
49	4.71	3.24	4.40	3.22	5.41	15.32	3.73	10.38	5.07	12.63	3.71	9.49
50	5.18	3.51	4.83	3.49	5.95	16.36	4.04	11.41	5.55	13.36	4.01	10.32
51	5.59	3.73	5.23	3.70	6.43	17.72	4.29	12.19	6.02	14.61	4.26	11.23
52	6.05	3.98	5.66	3.95	6.95	18.98	4.57	13.05	6.51	15.81	4.53	12.19
53	6.39	4.23	6.01	4.20	7.34	20.90	4.86	14.01	6.90	17.40	4.83	13.25
54	6.92	4.50	6.51	4.45	7.96	22.91	5.16	14.89	7.48	19.11	5.12	14.27
55	7.67	5.01	7.23	4.95	8.82	24.39	5.75	16.37	8.30	20.43	5.69	15.78
56	8.41	5.25	7.92	5.18	9.66	27.88	6.04	17.48	9.10	22.93	5.96	16.80
57	9.25	5.52	8.88	5.46	10.64	31.47	6.34	18.37	10.21	26.22	6.28	17.74
58	9.96	5.90	9.74	5.90	11.45	33.62	6.78	19.98	11.20	28.77	6.78	19.51
59	10.85	6.28	10.83	6.28	12.46	35.54	7.22	21.44	12.44	31.23	7.22	21.18
60	12.68	7.50	12.68	7.50	14.58	38.38	8.63	23.89	14.58	34.55	8.63	23.87
61	14.00	8.35	13.98	8.31	16.09	39.35	9.60	26.35	16.07	36.11	9.56	26.10
62	15.42	9.26	15.14	9.01	17.73	40.99	10.65	28.98	17.39	38.24	10.37	28.38
63	16.97	10.27	16.39	9.90	19.50	43.13	11.81	31.84	18.84	40.80	11.39	31.41
64	18.65	11.36	18.05	10.89	21.43	45.69	13.06	34.90	20.74	44.35	12.52	34.65
65	21.22	13.79	20.54	13.16	24.39	50.11	15.85	39.83	23.61	49.51	15.12	39.66
66	24.41	15.86	23.55	15.23	28.05	55.15	18.20	43.58	27.08	54.52	17.49	43.39
67	27.60	17.91	26.56	17.28	31.70	60.19	20.56	47.32	30.54	59.52	19.86	47.13
68	30.80	19.97	29.58	19.33	35.36	65.23	22.92	51.06	34.01	64.53	22.23	50.86
69	33.99	22.03	32.59	21.39	39.02	70.27	25.27	54.81	37.48	69.54	24.60	54.59
70	37.18	24.09	35.61	23.41	42.67	75.31	27.63	58.55	40.96	74.55	26.94	58.29

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
20 YEAR PLAN - FULL GUARANTEE**

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
19	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
20	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
21	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
22	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
23	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
24	1.86	1.61	1.71	1.48	2.14	4.24	1.85	3.12	1.97	3.90	1.70	2.87
25	1.86	1.61	1.73	1.48	2.14	4.24	1.85	3.12	1.99	3.94	1.70	2.87
26	1.89	1.62	1.76	1.49	2.17	4.24	1.86	3.21	2.02	3.94	1.71	2.95
27	1.91	1.65	1.78	1.52	2.20	4.24	1.90	3.31	2.05	3.94	1.75	3.05
28	1.92	1.65	1.79	1.52	2.21	4.24	1.90	3.39	2.06	3.94	1.75	3.12
29	1.93	1.66	1.79	1.53	2.22	4.24	1.91	3.48	2.06	3.94	1.76	3.20
30	1.93	1.69	1.79	1.55	2.22	4.24	1.94	3.59	2.06	3.94	1.78	3.30
31	1.98	1.71	1.85	1.57	2.28	4.44	1.96	3.66	2.13	4.14	1.80	3.37
32	1.98	1.71	1.87	1.60	2.28	4.63	1.97	3.75	2.15	4.37	1.84	3.51
33	1.98	1.73	1.90	1.66	2.28	4.84	1.99	3.85	2.18	4.62	1.91	3.69
34	2.02	1.75	1.95	1.71	2.32	5.05	2.01	3.95	2.24	4.87	1.97	3.87
35	2.04	1.84	2.02	1.77	2.34	5.26	2.11	4.14	2.32	5.22	2.04	4.00
36	2.11	1.89	2.09	1.85	2.42	5.51	2.17	4.43	2.40	5.48	2.12	4.32
37	2.24	2.01	2.23	1.98	2.57	5.70	2.31	4.72	2.56	5.67	2.28	4.65
38	2.34	2.08	2.33	2.07	2.69	6.07	2.39	5.04	2.68	6.04	2.37	5.00
39	2.47	2.20	2.44	2.18	2.84	6.50	2.53	5.46	2.81	6.44	2.51	5.41
40	2.71	2.43	2.68	2.40	3.11	7.07	2.79	5.94	3.08	7.00	2.76	5.88
41	2.93	2.58	2.88	2.56	3.36	7.72	2.97	6.42	3.32	7.62	2.95	6.38
42	3.17	2.71	3.13	2.68	3.65	8.45	3.11	6.85	3.59	8.32	3.08	6.78
43	3.45	2.92	3.39	2.87	3.97	9.25	3.35	7.34	3.89	9.09	3.30	7.23
44	3.75	3.03	3.68	2.97	4.31	10.21	3.48	7.80	4.22	10.02	3.41	7.65
45	4.18	3.35	4.12	3.31	4.81	11.11	3.84	8.39	4.74	10.95	3.81	8.32
46	4.53	3.59	4.47	3.56	5.20	12.38	4.13	9.21	5.15	12.25	4.09	9.13
47	4.90	3.81	4.87	3.78	5.64	13.64	4.38	9.87	5.60	13.54	4.35	9.80
48	5.30	4.05	5.25	4.03	6.10	14.84	4.66	10.53	6.04	14.69	4.62	10.46
49	5.72	4.30	5.67	4.27	6.58	16.08	4.95	11.29	6.52	15.92	4.91	11.21
50	6.32	4.88	6.29	4.85	7.27	17.54	5.62	12.55	7.22	17.45	5.57	12.44
51	6.85	5.18	6.79	5.14	7.86	18.76	5.96	13.34	7.81	18.64	5.90	13.20
52	7.38	5.53	7.33	5.47	8.48	19.84	6.36	14.27	8.42	19.70	6.29	14.10
53	7.64	5.90	7.58	5.83	8.79	21.68	6.79	15.33	8.72	21.51	6.71	15.13
54	8.31	6.30	8.23	6.20	9.54	23.58	7.24	16.26	9.46	23.38	7.13	16.04
55	9.27	7.00	9.15	6.89	10.65	25.50	8.05	17.83	10.52	25.18	7.91	17.53
56	10.21	7.46	9.69	7.15	11.73	29.35	8.58	19.02	11.14	27.88	8.22	18.24
57	11.36	7.94	10.80	7.55	13.06	33.33	9.13	19.81	12.41	31.66	8.68	18.82
58	12.18	8.79	11.57	8.35	14.00	35.67	10.10	21.75	13.30	33.89	9.60	20.66
59	13.35	9.64	12.68	9.16	15.34	37.73	11.07	23.42	14.57	35.84	10.53	22.25
60	15.73	11.13	14.95	10.57	18.08	39.94	12.79	26.58	17.18	37.94	12.16	25.24
61	17.28	12.12	16.42	11.51	19.87	43.14	13.92	28.59	18.88	40.98	13.22	27.16
62	18.96	13.19	18.02	12.48	21.80	46.54	15.17	30.76	20.71	44.21	14.35	29.11
63	20.79	14.40	19.75	13.87	23.89	50.12	16.55	33.13	22.69	47.60	15.95	31.94
64	22.75	15.72	22.14	15.39	26.15	53.89	18.07	35.68	25.45	52.45	17.69	34.94
65	21.22	13.79	20.54	13.16	28.57	57.87	19.72	38.42	28.28	57.29	19.54	38.06

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
30 YEAR PLAN - FULL GUARANTEE**

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	1.98	1.74	1.84	1.51	2.35	4.27	2.07	3.33	2.18	3.96	1.80	2.89
19	1.98	1.74	1.84	1.51	2.35	4.27	2.07	3.33	2.18	3.96	1.80	2.89
20	1.98	1.74	1.84	1.51	2.35	4.27	2.07	3.33	2.18	3.96	1.80	2.89
21	1.99	1.75	1.84	1.53	2.35	4.27	2.07	3.33	2.18	3.96	1.81	2.90
22	1.98	1.75	1.84	1.54	2.35	4.27	2.07	3.33	2.19	3.97	1.83	2.95
23	1.99	1.76	1.85	1.56	2.35	4.27	2.07	3.33	2.19	3.97	1.84	2.96
24	2.01	1.77	1.86	1.56	2.35	4.27	2.07	3.33	2.19	3.97	1.83	2.94
25	2.02	1.78	1.87	1.58	2.35	4.27	2.07	3.33	2.18	3.97	1.84	2.95
26	2.08	1.84	1.94	1.66	2.41	4.42	2.14	3.47	2.25	4.11	1.93	3.12
27	2.14	1.91	1.99	1.73	2.48	4.56	2.21	3.63	2.30	4.25	2.00	3.28
28	2.12	1.91	2.00	1.75	2.55	4.71	2.29	3.78	2.39	4.43	2.10	3.48
29	2.11	1.90	2.00	1.76	2.62	4.86	2.36	3.94	2.48	4.61	2.18	3.63
30	2.10	1.88	1.99	1.73	2.69	4.90	2.42	4.09	2.56	4.65	2.22	3.75
31	2.10	1.93	2.00	1.78	2.77	5.15	2.55	4.31	2.64	4.90	2.35	3.98
32	2.11	1.91	2.02	1.77	2.88	5.28	2.61	4.47	2.75	5.05	2.42	4.14
33	2.13	1.94	2.04	1.81	2.95	5.42	2.68	4.64	2.83	5.19	2.50	4.32
34	2.16	1.96	2.07	1.83	3.02	5.56	2.75	4.80	2.91	5.35	2.57	4.50
35	2.19	2.11	2.12	2.02	3.09	5.71	2.98	5.22	3.00	5.54	2.86	5.00
36	2.35	2.23	2.29	2.15	3.33	6.24	3.15	5.60	3.26	6.10	3.05	5.40
37	2.53	2.33	2.49	2.28	3.59	6.80	3.32	6.00	3.54	6.70	3.23	5.84
38	2.74	2.48	2.70	2.44	3.87	7.44	3.51	6.45	3.83	7.36	3.44	6.32
39	2.96	2.64	2.94	2.59	4.19	8.15	3.72	6.93	4.16	8.09	3.66	6.84
40	3.41	3.19	3.39	3.16	4.79	8.90	4.49	8.03	4.76	8.85	4.43	7.92
41	3.71	3.40	3.65	3.35	5.20	9.77	4.76	8.65	5.12	9.62	4.69	8.52
42	4.02	3.61	3.94	3.55	5.63	10.72	5.05	9.33	5.52	10.49	4.97	9.17
43	4.36	3.82	4.25	3.76	6.13	11.75	5.36	10.07	5.97	11.45	5.27	9.88
44	4.72	4.04	4.57	3.96	6.66	12.92	5.70	10.88	6.45	12.52	5.58	10.66
45	5.09	4.61	4.90	4.49	7.25	14.19	6.58	11.22	6.98	13.67	6.38	10.89
46	5.49	4.90	5.31	4.77	7.92	15.61	7.07	12.02	7.66	15.09	6.88	11.70
47	5.94	5.19	5.76	5.06	8.68	17.16	7.58	12.93	8.42	16.65	7.40	12.62
48	6.40	5.49	6.22	5.37	9.51	18.90	8.15	13.83	9.24	18.38	7.97	13.52
49	6.91	5.84	6.74	5.72	10.40	20.81	8.79	14.85	10.14	20.28	8.61	14.54
50	7.10	5.98	6.96	5.84	10.82	25.44	9.10	14.50	10.59	24.90	8.90	14.18
51	8.27	6.91	8.09	6.75	12.72	30.04	10.64	17.07	12.44	29.37	10.38	16.65
52	9.68	8.03	9.46	7.81	14.99	35.55	12.44	20.16	14.65	34.73	12.11	19.63
53	11.38	9.36	11.12	9.10	17.70	42.08	14.55	23.81	17.28	41.08	14.15	23.15
54	13.43	10.96	13.10	10.64	20.88	49.77	17.04	28.13	20.38	48.56	16.54	27.31
55	15.05	12.38	14.68	12.04	23.30	61.88	19.18	33.26	22.74	57.52	18.64	32.33

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
20 YEAR PLAN - 75% ROP PLAN**

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	5.03	3.90	4.73	3.60	5.59	10.40	4.34	6.32	5.27	9.75	4.00	5.89
19	5.05	3.95	4.75	3.64	5.61	10.41	4.38	6.51	5.28	9.76	4.05	6.09
20	5.06	3.99	4.76	3.70	5.62	10.43	4.43	6.69	5.29	9.77	4.10	6.28
21	5.06	4.03	4.77	3.74	5.62	10.45	4.48	6.87	5.30	9.80	4.16	6.47
22	5.07	4.08	4.78	3.81	5.63	10.48	4.53	7.06	5.31	9.82	4.23	6.67
23	5.08	4.13	4.81	3.86	5.64	10.50	4.59	7.23	5.34	9.86	4.29	6.87
24	5.10	4.20	4.84	3.93	5.66	10.53	4.67	7.42	5.37	9.91	4.37	7.07
25	5.24	4.31	4.87	4.02	5.82	10.69	4.80	7.85	5.41	9.98	4.46	7.29
26	5.27	4.38	4.93	4.08	5.86	10.75	4.87	8.04	5.48	10.09	4.53	7.49
27	5.31	4.45	4.97	4.15	5.90	10.81	4.94	8.23	5.53	10.17	4.61	7.72
28	5.35	4.51	5.03	4.24	5.95	10.87	5.02	8.41	5.59	10.29	4.71	7.96
29	5.40	4.58	5.09	4.33	6.00	10.97	5.10	8.60	5.65	10.42	4.80	8.20
30	5.59	4.78	5.21	4.42	6.21	11.28	5.31	9.00	5.79	10.52	4.92	8.46
31	5.75	4.96	5.39	4.63	6.39	11.77	5.51	9.51	5.99	11.06	5.14	8.99
32	5.93	5.16	5.62	4.84	6.60	12.31	5.73	10.08	6.24	11.67	5.37	9.57
33	6.16	5.37	5.85	5.07	6.84	12.91	5.97	10.70	6.51	12.35	5.64	10.22
34	6.39	5.60	6.15	5.32	7.10	13.57	6.22	11.34	6.83	13.10	5.91	10.90
35	6.97	6.11	6.43	5.59	7.74	14.92	6.79	12.66	7.14	13.94	6.22	11.62
36	7.27	6.36	6.78	5.85	8.08	15.78	7.06	13.42	7.54	14.88	6.50	12.40
37	7.60	6.61	7.18	6.16	8.44	16.69	7.34	14.20	7.97	15.92	6.84	13.22
38	7.93	6.86	7.57	6.43	8.81	17.67	7.62	15.03	8.41	17.03	7.14	14.09
39	8.27	7.11	7.98	6.76	9.20	18.65	7.90	15.89	8.87	18.20	7.50	15.01
40	9.01	7.69	8.42	7.06	10.01	20.48	8.54	17.26	9.36	19.44	7.85	15.98
41	9.60	8.14	9.05	7.57	10.67	21.91	9.05	18.35	10.06	20.87	8.41	17.13
42	10.21	8.61	9.73	8.08	11.35	23.42	9.56	19.47	10.81	22.42	8.97	18.32
43	10.89	9.07	10.50	8.62	12.10	25.06	10.07	20.62	11.66	24.09	9.58	19.56
44	11.60	9.55	11.32	9.20	12.89	26.81	10.61	21.78	12.58	25.89	10.22	20.86
45	13.33	10.70	12.22	9.77	14.81	30.00	11.88	23.63	13.57	27.81	10.86	22.19
46	14.20	11.20	13.18	10.40	15.78	31.96	12.45	24.81	14.64	29.85	11.55	23.56
47	15.10	11.69	14.22	11.01	16.78	33.82	12.99	25.98	15.80	32.00	12.23	24.94
48	16.04	12.16	15.32	11.64	17.83	34.67	13.51	27.10	17.03	34.27	12.93	26.35
49	17.02	12.61	16.52	12.29	18.91	35.51	14.00	28.17	18.35	35.27	13.66	27.74
50	18.96	14.12	17.79	12.95	21.06	38.74	15.69	30.88	19.76	37.37	14.38	29.17
51	20.19	14.98	19.05	13.83	22.43	39.62	16.64	32.69	21.16	37.36	15.37	30.87
52	21.44	15.87	20.35	14.75	23.82	40.49	17.63	34.56	22.61	38.23	16.39	32.63
53	22.78	16.80	21.76	15.73	25.32	41.34	18.66	36.59	24.18	39.08	17.48	34.45
54	24.16	17.76	23.24	16.76	26.85	42.16	19.73	38.68	25.82	39.90	18.62	36.31
55	26.56	19.12	24.77	17.84	29.51	43.72	21.24	40.78	27.52	40.70	19.83	38.88
56	28.03	20.17	26.34	19.00	31.15	44.52	22.41	41.69	29.27	41.48	21.11	39.80
57	29.51	21.24	27.96	20.19	32.80	45.30	23.60	42.60	31.06	42.25	22.43	40.73
58	31.03	22.36	29.65	21.46	34.48	46.08	24.85	43.52	32.95	43.02	23.84	41.65
59	32.58	23.52	31.44	22.79	36.20	46.39	26.13	44.45	34.93	43.79	25.32	42.59
60	34.14	24.71	33.28	24.20	37.93	46.69	27.45	44.92	36.97	44.56	26.89	43.52

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
30 YEAR PLAN - 75% ROP PLAN**

Issue Age	Preferred				Standard							
	Male		Female		Male		Female		Male		Female	
	Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$0 - \$249,999		Face Amounts \$0 - \$249,999		Face Amounts \$250,000 - \$500,000		Face Amounts \$250,000 - \$500,000	
	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	4.12	3.23	3.83	3.03	4.57	7.81	3.59	5.29	4.25	7.25	3.37	5.04
19	4.15	3.29	3.87	3.11	4.61	7.96	3.66	5.50	4.29	7.40	3.45	5.22
20	4.18	3.38	3.89	3.18	4.65	8.11	3.76	5.71	4.32	7.54	3.53	5.40
21	4.21	3.47	3.93	3.26	4.67	8.25	3.85	5.91	4.37	7.67	3.63	5.58
22	4.25	3.54	3.98	3.33	4.73	8.39	3.94	6.12	4.42	7.82	3.70	5.78
23	4.31	3.64	4.03	3.39	4.79	8.53	4.04	6.35	4.47	7.97	3.77	5.98
24	4.39	3.75	4.08	3.48	4.88	8.67	4.17	6.57	4.54	8.12	3.86	6.17
25	4.45	3.85	4.17	3.55	4.95	8.84	4.28	6.80	4.63	8.29	3.94	6.37
26	4.54	3.96	4.25	3.63	5.05	8.99	4.39	7.02	4.73	8.46	4.03	6.56
27	4.64	4.05	4.35	3.70	5.15	9.16	4.50	7.21	4.83	8.64	4.11	6.73
28	4.75	4.15	4.45	3.77	5.28	9.33	4.61	7.41	4.95	8.82	4.19	6.89
29	4.87	4.24	4.57	3.82	5.41	9.49	4.71	7.56	5.08	9.01	4.24	7.01
30	5.11	4.25	4.70	3.86	5.67	9.84	4.73	7.69	5.22	9.19	4.28	7.09
31	5.33	4.45	4.93	4.06	5.92	10.38	4.95	8.21	5.48	9.72	4.51	7.59
32	5.58	4.68	5.19	4.29	6.20	10.99	5.20	8.73	5.77	10.29	4.77	8.12
33	5.85	4.90	5.48	4.52	6.50	11.64	5.45	9.30	6.08	10.91	5.01	8.67
34	6.13	5.12	5.79	4.76	6.82	12.34	5.69	9.89	6.43	11.59	5.29	9.23
35	6.65	5.52	6.13	4.99	7.39	13.09	6.13	10.48	6.81	12.32	5.54	9.84
36	6.98	5.74	6.48	5.25	7.76	13.87	6.37	11.10	7.20	13.08	5.83	10.45
37	7.31	5.95	6.85	5.49	8.12	14.71	6.61	11.73	7.61	13.88	6.10	11.10
38	7.64	6.16	7.23	5.75	8.49	15.52	6.85	12.41	8.03	14.70	6.38	11.77
39	7.95	6.37	7.61	5.99	8.84	16.38	7.08	13.08	8.46	15.53	6.66	12.47
40	8.78	6.63	7.98	6.25	9.76	17.58	7.37	14.39	8.87	16.39	6.95	13.21
41	9.49	7.01	8.73	6.68	10.54	19.23	7.79	15.28	9.71	18.09	7.42	14.20
42	10.22	7.40	9.52	7.13	11.35	21.00	8.22	16.19	10.58	19.96	7.93	15.26
43	11.03	7.81	10.40	7.62	12.25	22.93	8.68	17.16	11.55	22.00	8.47	16.41
44	11.87	8.24	11.35	8.14	13.19	24.69	9.16	18.17	12.61	23.68	9.04	17.64
45	13.43	9.74	12.37	8.69	14.92	26.50	10.82	20.80	13.75	25.51	9.66	18.93
46	14.45	10.24	13.49	9.25	16.05	27.00	11.38	21.97	15.00	25.71	10.28	20.31
47	15.54	10.76	14.71	9.87	17.26	27.50	11.96	23.17	16.35	26.19	10.96	21.75
48	16.72	11.29	16.03	10.50	18.57	27.98	12.54	24.39	17.81	26.67	11.67	23.28
49	17.98	11.80	17.49	11.18	19.97	28.47	13.11	25.61	19.43	27.15	12.42	24.87
50	19.33	12.31	19.06	11.86	21.47	28.43	13.68	27.56	21.18	27.63	13.18	26.53

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .09 / Quarterly: .265 / Semi-Annual: .52
- **Policy Fee** — \$70

The initial base premium remains level for the term selected. At the end of the term, the premium will increase each year until the expiry date based upon attained age. The guaranteed annual premiums per \$1,000 are shown below.

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD**

Attained Age	Male		Female		Attained Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
28	3.37	6.62	1.60	2.83	62	38.57	70.23	30.67	58.75
29	3.32	6.59	1.72	3.06	63	43.36	78.12	33.20	63.31
30	3.29	6.55	1.77	3.17	64	48.40	86.21	35.95	68.14
31	3.24	6.56	1.89	3.44	65	53.73	94.24	38.99	73.42
32	3.22	6.65	1.97	3.66	66	59.13	102.02	42.36	79.03
33	3.29	6.85	2.02	3.87	67	64.61	109.62	46.04	85.33
34	3.31	7.12	2.12	4.13	68	70.52	117.65	50.17	92.23
35	3.35	7.35	2.27	4.51	69	76.65	125.65	54.69	99.73
36	3.49	7.78	2.36	4.77	70	84.08	135.33	59.69	108.10
37	3.59	8.23	2.55	5.10	71	92.41	145.94	65.45	117.62
38	3.85	8.87	2.61	5.26	72	103.34	160.29	71.92	128.09
39	4.09	9.53	2.79	5.56	73	114.90	174.77	78.94	139.38
40	4.37	10.30	3.02	5.87	74	127.08	189.47	86.68	151.76
41	4.74	11.27	3.25	6.27	75	140.42	206.50	95.27	164.27
42	5.22	12.39	3.53	6.77	76	154.98	224.62	104.74	177.93
43	5.76	13.70	3.88	7.37	77	171.91	245.48	115.19	192.64
44	6.43	15.24	4.29	8.08	78	191.70	269.52	126.80	208.51
45	7.21	16.87	4.76	8.87	79	214.56	296.84	139.42	225.76
46	7.94	18.39	5.27	9.72	80	239.55	326.06	153.59	244.52
47	8.74	20.09	5.90	10.83	81	268.03	358.75	172.62	270.64
48	9.19	21.07	6.59	12.23	82	297.79	392.00	194.06	299.08
49	9.70	22.19	7.33	13.82	83	329.99	427.21	215.62	326.96
50	10.43	23.79	8.17	15.55	84	365.73	465.62	239.76	356.76
51	11.28	25.67	9.08	17.41	85	405.76	510.77	267.06	387.12
52	12.45	28.23	10.10	19.47	86	450.26	560.33	292.13	413.10
53	13.72	31.12	11.18	21.60	87	499.02	613.79	329.16	452.94
54	15.38	34.72	12.30	23.95	88	551.46	670.17	368.15	492.92
55	17.45	38.80	13.54	26.39	89	606.99	728.68	409.93	533.28
56	19.58	42.97	15.03	28.96	90	665.11	788.51	449.10	566.53
57	23.51	45.19	19.95	39.17	91	720.20	843.01	471.19	576.04
58	25.57	48.57	21.93	42.54	92	777.70	898.61	511.07	606.08
59	27.95	52.50	23.92	46.27	93	838.33	955.92	568.39	652.62
60	30.82	57.25	25.97	50.16	94	897.52	970.00	639.81	711.12
61	34.31	63.13	28.22	54.19					

\*NOTE: The above premiums are not for use in calculating initial premium.



The initial base premium remains level for the term selected. At the end of the term, the premium will increase each year until the expiry date based upon attained age. The guaranteed annual premiums per \$1,000 are shown below.

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000  
ULTIMATE PREMIUMS for RETURN OF PREMIUM PLAN**

Attained Age	Male		Female		Attained Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
28					62	27.85	49.93	21.80	40.83
29					63	31.28	55.35	23.58	43.95
30					64	34.88	61.00	25.50	47.25
31					65	38.68	66.58	27.63	50.85
32					66	42.53	71.95	29.98	54.68
33					67	46.43	77.18	32.55	58.98
34					68	50.63	82.68	35.43	63.70
35					69	54.98	88.13	38.58	68.83
36					70	60.25	94.73	42.05	74.55
37					71	66.15	101.95	46.05	81.08
38	3.23	6.00	2.68	4.70	72	73.90	111.78	50.53	88.28
39	3.43	6.43	2.83	5.00	73	82.08	121.65	55.38	96.03
40	3.65	6.93	3.00	5.30	74	90.68	131.63	60.70	104.53
41	3.95	7.58	3.18	5.65	75	100.08	143.23	66.60	113.08
42	4.33	8.33	3.38	6.08	76	110.33	155.58	73.08	122.40
43	4.75	9.23	3.63	6.58	77	122.23	169.85	80.20	132.43
44	5.25	10.30	3.93	7.15	78	136.13	186.35	88.08	143.23
45	5.83	11.43	4.28	7.83	79	152.18	205.13	96.58	154.90
46	6.38	12.48	4.68	8.58	80	169.68	225.18	106.08	167.48
47	6.98	13.65	5.18	9.53	81	189.60	247.63	118.98	185.18
48	7.33	14.30	5.73	10.70	82	210.35	270.28	133.53	204.40
49	7.73	15.05	6.33	12.03	83	232.73	294.03	148.03	223.13
50	8.30	16.13	7.03	13.48	84	257.50	319.85	164.05	243.25
51	8.98	17.40	7.80	15.05	85	285.18	350.23	182.10	263.53
52	9.90	19.15	8.68	16.78	86	315.85	383.48	198.48	280.43
53	10.90	21.13	9.63	18.60	87	349.35	419.23	223.13	307.23
54	12.18	23.60	10.63	20.60	88	385.25	456.80	248.88	333.98
55	13.75	26.40	11.70	22.70	89	423.13	495.68	276.33	360.88
56	15.35	29.25	12.95	24.95	90	462.65	535.33	301.63	382.63
57	17.08	32.28	14.25	27.35	91	499.83	571.08	314.43	387.35
58	18.55	34.65	15.65	29.68	92	538.58	607.55	339.60	406.65
59	20.25	37.40	17.05	32.25	93	579.45	645.25	376.95	437.75
60	22.30	40.73	18.50	34.93	94	622.63	684.35	424.10	477.43
61	24.80	44.85	20.08	37.70					

\*NOTE: The above premiums are not for use in calculating initial premium.







**QUALITY. SERVICE. EXCELLENCE.**

**SERVICE HOURS**

***LIVE CHAT***

8:00 a.m. - 4:45 p.m. Monday - Friday  
Central Standard Time (excluding holidays)

***PHONE HOURS***

8:00 a.m. - 4:00 p.m. Monday - Friday  
Central Standard Time (excluding holidays)

***For Agent Use Only. Not For Public Distribution.***

Products and riders not available in all states. Please check with the State Approval Grid on the Company website or check with the Home Office New Business Agent Support Team at (800)736-7311 (prompt 1, 1, 1) for approvals.