TERM MADE
SIMPLE

Level Term Life Insurance to age 95 with 10-15-20-30 Year Level Premium Period

Policy Form No. 3228

AMERICAN AMICABLE GROUP

Life Insurance Underwritten by:

American Amicable Life Insurance Company of Texas
Occidental Life Insurance Company of North Carolina
Pioneer American Insurance Company

AGENT GUIDE FOR AGENT USE ONLY.
NOT FOR USE WITH GENERAL PUBLIC.

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

WANT TO CHAT WITH US?

live chat

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 Agent Support, Risk Assessments, and Technical Support Helpdesk).

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	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
Supplies	1 1 6	supplies@aatx.com	(254) 297-2791
Technical Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

	WEBSITE	FAX
Inquiry on an application / policy	www.insuranceapplication.com (select 'Service Request')	N/A
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'App Drop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com

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

Table of Contents

PLAN DESCRIPTION

Term Made Simple is a simplified issue term to age 95 life insurance plan with 10, 15, 20, & 30 year level premium periods. The premiums are guaranteed to remain level for the period selected.

POLICY SPECIFICATIONS

Issue Ages (age last birthday):	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
Minimum Issue Limits:	$50,000 face amount or $20.00 monthly premium (excluding riders), whichever is greater.	
Maximum Face Amount:	$500,000	
Premium Bands:	Band 1	Face amounts $50,000 to $249,999
	Band 2	Face amounts $250,000 to $500,000
Underwriting Classes:	Preferred Non-Tobacco	
	Standard Non-Tobacco	
	Standard Tobacco	
Modal Factors:	Monthly	.09
	Quarterly	.265
	Semi-Annual	.52
Policy Fee:	$70 Annually (fully commissionable)	

Underwriting: Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB, LLC), pharmaceutical-related facility, Motor Vehicle Report (MVR), and a telephone interview (only required on proposed insureds ages 65 and above). The build chart is found later in this guide. Underwriting decisions will be made on an accept/reject basis (no table ratings available). Applications on individuals who are considered above a table 4 risk will be declined.

NOTE: Underwriting reserves the right to request medical records as they deem necessary.

APPLICATIONS AND REQUIRED FORMS

Application Form No. 3188:
Company specific with state exceptions.

Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, OL, PA, PS); TI501 (iA); or 3575-D in California:
This disclosure statement must be presented to the proposed insured at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.

Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 9675 (AA, OL, PA, PS); AB502 (iA):
This disclosure statement must be presented to the proposed insured and the agent must certify that it has been presented.

Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D (AA, iA, OL, PA, PS):
This disclosure statement must be presented to the proposed insured and the agent must certify that it has been presented.

Disclosure for the Accelerated Living Benefit Rider, Form No. 9543 (AA, OL, PA, PS); AB503 (iA); or 3576-D in California:
This disclosure statement must be presented to the proposed insured at point-of-sale. For sales in California, please refer to Form No. 37036-CA for details on the Critical Illness Rider. (The states of MA & WA require this disclosure form to be signed by the proposed insured and submitted with the application.)

Children's Insurance Agreement Application to Addendum, Form No. 3215 (AA, iA, OL, PA, PS):
This disclosure statement must be presented to the proposed insured at point-of-sale if applying for the Children's Insurance Agreement.

Replacement Form (if required):
Complete all replacement requirements as per individual state insurance replacement regulations. A list of replacement forms (by state) is found later in this guide.

HIPAA, Form No. 9526:
This form must be submitted with each application.

BENEFITS AND RIDERS

See the 'Riders and Benefits' section for rider details. Not available in all states.

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 (DIR):**
60 day elimination, non-retroactive, monthly benefit 2% of face amount up to $2,000 maximum monthly benefit.

Accident Only Total Disability Benefit Rider:**
60 day elimination, non-retroactive, monthly benefit 2% of face amount up to $2,000 maximum monthly benefit.

Waiver of Premium for Unemployment

Waiver of Premium Disability Agreement*

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

Accidental Death Benefit Agreement

Terminal Illness Accelerated Death Benefit Rider:
Available at no additional premium.

Accelerated Benefits Rider-Confined Care:
Available at no additional premium.

Chronic Illness Accelerated Death Benefit Rider:
Available at no additional premium.

* 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.

Conversion Privilege:

While the policy is in force, it may be converted to any plan of whole life or endowment insurance that is offered by the Company at the time of 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 75; or (c) within five years from the Policy Date if later than the policy anniversary following the insured's attained age 75.

Evidence of insurability will not be required. The face amount of the new policy may not exceed the face amount of the original policy nor may the face amount be less than the Company's minimum required on the date of conversion for the plan selected.

STATE SPECIFICS

Alabama:
Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

California:
- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to proposed insureds age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to proposed insureds age 65 or older.
- Privacy Notification Form No. 3640-CA must be presented to the proposed insured prior to the taking of their personal information.
- Supplement to Application Form No. 3481 must be completed due to the included terminal illness and included Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented at point-of-sale.
- Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to proposed insured at point-of-sale.

Connecticut:
Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:
If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than Parent is signing the application, proof of child guardianship must be provided.

Idaho:
Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the life application.

Illinois:
Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life application.

Kansas:
- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9713-KS must be completed and submitted 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:
Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Pennsylvania:
Disclosure Statement Form No. 8644-PA must be completed and presented to the proposed insured in conjunction with each application. One copy of the form is left with the proposed insured and another copy is sent to the Home Office along with the life application.

Rhode Island:
Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah:
Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

All state exceptions may not be included above. Products not approved in all states. See company websites for product and rider availability.

APPLICATION COMPLETION

The following section is provided to assist agents with the completion of the life insurance application, Form No. 3188 (Company specific with state exceptions). It follows along, item by item, with the application used. As a reminder, the application must be completed in its entirety 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 interview company (if interview completed point-of-sale).

If Telephone Interview is Required (all proposed insureds **ages 65 and above):**
- If completed point-of-sale, check the **'Yes'** box. Otherwise check the **'No'** box.
- Always provide a valid phone number.
- Best Time to Call – If the telephone interview was not completed point-of-sale, please indicate the best time for the vendor to contact the proposed insured.
- E-mail Address – Provide a valid email address (if available).

Male / Female: Select appropriate gender.

Date of Birth: Enter as MM/DD/YYYY.

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

State of Birth: If the proposed insured was not born in the U.S., list the country of birth.

Social Security Number: List the proposed insured's Social Security number**.**

DL # (Paper): List the proposed insured's driver's license number and the state of issue.

DL # (e-App): If you have a driver's license, select **'Yes'**. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select **'No'**. Then select the option that applies to your 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 proposed insureds.

State of Issue: Indicate the state of issue for the driver's license.

Height and Weight: Record the proposed insured's current height and weight. Refer to the build chart of this guide to assist in determining eligibility.

Occupation: Provide a job title or duties performed.

Hire date: Enter as (MM/YY).

Annual Salary: Enter the proposed insured's approximate annual salary.

Owner:
- Name
- Social Security number
- Address

Payor:
- Name
- Social Security number
- Address

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 may 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. Submit a Beneficiary Questionnaire for consideration.

Plan: Enter the term duration being applied for. For example, "20 Year".

Face Amount $: Enter the amount of coverage being applied for (from $50,000 to $500,000).

Underwriting Class: Please select from the following:
- Non-Tobacco
- Preferred Non-Tobacco
- Tobacco

Tobacco / Nicotine Use: Answer both of the following:
- Have you used tobacco or nicotine products in any form in the past 12 months (**excluding occasional** cigar or pipe use)?
- Have you used tobacco or nicotine products in any form in the past 36 months (**excluding occasional** cigar or pipe use)? (A **'No'** answer would make proposed insured eligible to apply for Preferred Non-Tobacco.)
  Note: Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, bidis cigarettes, or Oral nicotine pouches.

Riders: (be sure to check the box next to each rider being applied for):

Waiver of Premium (Disability Agreement):
- Check the box if being applied for.

Critical Illness Agreement:
- Check the box if being applied for.
- Enter the desired acceleration percentage (100%, 50%, or 25%).

Unemployment Rider (Waiver of Premium Unemployment Agreement):
- Check the box if being applied for.

Children's Insurance Rider:
- Check the box if being applied for.
- Enter the # of units of coverage being applied for: one unit ($3,000); two units ($6,000); three units ($9,000); four units ($12,000); or five units ($15,000).
- In addition, application addendum Form No. 3215 must be completed and returned with the application.

Accidental Death Benefit Agreement:
- Check the box for 'ADB'.
- Indicate the amount of coverage.

Other:
- Check the box to apply for the Total Disability Benefit Rider or the Accident Only Total Disability Benefit Rider.
- Indicate either DIR or AODIR, and the amount of the monthly benefit being applied for on the blank line.

Mode:
- **Bank Draft**
- **Draft 1st Prem on Req. Date:** Bank draft on which the first draft will occur upon the **'Policy Date Request'** you will enter.
- Other

Modal Premium $: Enter the desired premium based on the frequency by which the proposed insured 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 found at the bottom of form No. 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 appropriate box to direct the policy contract to be mailed to the Agent, Insured, or Owner.

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

Physician Name, City/State, & Phone: Provide the name and contact information of the proposed insured's doctor or medical facility.

List current prescribed medications: List all the medications for which the proposed insured currently has a prescription.

Section A: Health Questions: All proposed insureds must complete Section A. If the proposed insured answers **'Yes'** to any questions, the applicable condition should be circled.

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

Back of the Application:

Section C: All proposed insureds must complete Section C. If the proposed insured answers **'Yes'** to any questions, the applicable condition should be circled.

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

Comments:
- Provide details to **'Yes'** answers to questions in Section C may also be used for other comments or special instructions. If more space is needed, please provide on a separate sheet of paper.

Signed at: Provide both the city and state indicating where the proposed insured was when the application was completed and signed.

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

Replacement of Existing Insurance: Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your proposed insured has all the necessary facts (advantages and disadvantages) in order to determine if the replacement is in their best interest. Replacements (both external and internal) should not be done if it is not in your proposed insured'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. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.

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

All changes must be crossed out and initialed by proposed insured: No white outs or erasures are permitted on the application.

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

Initial Premium: The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium may be submitted in the form of proposed insured's personal check, eCheck, or bank draft for first premium. See the eCheck procedures described in this guide. **MONEY ORDERS NOT ACCEPTED.**

IMPORTANT: Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the owner and proposed insured. Also, remember to include your agent number.

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, 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. when the proposed insured is age **30 or older**. As a result of the issues related to this situation, we **DO NOT** accept Term Made Simple applications where a Third-Party Payor is involved and the proposed insured is age **30 or older**. We do accept such applications if the payor is a spouse, business, or business partner. If the proposed insured ranges from ages 18 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a criminal records check, will be involved for many of these applications; particularly for those applications where the proposed insured ranges from ages 25 to 29.

Auto Declines: If you determine, prior to initiating the telephone interview, that the proposed insured has a condition which is listed in the '**Medical Impairment Guide'** as a **'Decline'** or if he or she 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.

Proposed Insureds Re-applying for Coverage: New applications will not be processed if the proposed insured has had two policies with any of our Companies within the previous 12 months; or had three or more policies in the past five years, which have lapsed, been 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.

It is often easier and in the best interest of your proposed insureds to request that a policy be re-dated or re-instated rather than completing a new application. Below are the Company guidelines to follow:

Redate Request*:

- If the policy is active & within the first policy year:
  - A policy may be redated simply by sending an email request to our **Client Experience Department** at **cx@aatx.com**. Please include the policy number and "Redate" in the subject line.
  - There is no additional paperwork is necessary.

  * A policy may 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) is required if payments will be made via bank draft. Alternatively, we would need the back premiums due if the payments will be made on direct bill.
  - The documents above should be emailed to **Client Experience** at **cx@aatx.com**. Please include the policy number and "Reinstatement Request" in the subject line.
  - As an alternative a new application may be completed and submitted with "Reinstate" and the policy number indicated at the top. These should also be emailed to **Client Experience** at **cx@aatx.com**.
- If the policy lapse occurred more than one year after the policy date:
  - We require a new application to be completed and submitted to the **New Business Department**.
  - Make sure to send a note with the application indicating this is a "Reinstatement" and indicate the original policy number.

PREMIUMS REQUIREMENTS:

- UL or Non-ROP Term – two months premium or one modal premium.
- ROP Term – all missed premiums.
- All other plans – all missed premiums

* In the case that the policy is over loaned, we may need loan interest or a loan payment.

BANK DRAFT PROCEDURES

Draft 1st 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 proposed insured 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) Drafts cannot be on the 29th, 30th, or 31st.
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 proposed insured 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 pre-paid cards) not accepted.

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

1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
   (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the first premium upon receipt of the application. Submit this form along with the application.
   (b) When the application is approved, the initial premium will be applied to pay the 1st premium. Future drafts will be based on the next premium due date and the **'Requested Draft Day'** (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the first or third of the month, or the second, third, or fourth Wednesday. If you have proposed insureds 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 <u>one</u> of the indicators below:
  - **'1S'** – if payments are received on the first of the month
  - **'3S'** – if payments are received on the third of the month
  - **'2W'** – if payments are received on the second Wednesday of the month
  - **'3W'** – if payments are received on the third Wednesday of the month
  - **'4W'** – if payments are received on the fourth 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 proposed insured's Social Security payment schedule. The procedure is just that simple. The remainder of the application documentation is completed as usual. In addition, you always have the ability to request immediate drafts for CWA; just follow normal procedures to do so.

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 may be ran based on a desired face amount or premium amount to customize a solution for your proposed insured. To run a quote using your smartphone or tablet, please go to www.insuranceapplication.com (Select option for the 'Phone Quoter').

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by eApplication, scanning, faxing, or mailing. Refer to the Company website for instructions on App Drop. Information on App Drop may also be found on www.insuranceapplication.com (Select the option for 'App Drop'). If the application is scanned or faxed, transmit all supporting documents. 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 (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.
- Proposed insureds may sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, (3) by voice signature, or (4) by text for 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
  - — Not Eligible for Coverage

MOBILE APPLICATION — DECISION ENGINE PROCESS

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

PAPER APPLICATIONS

If you do 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 have the option to 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 conducted with the proposed insured is required on all proposed insured ages 65 and above. The interview may be completed at point-of-sale.

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

1) at point-of-sale, or
2) the telephone interview vendor will contact the proposed insured after receipt of the application at the Home Office.

Point-of-sale telephone interviews may be completed by calling the toll-free number below. When calling them be sure to identify yourself, Company, and product being applied for 'Term Made Simple', and whether or not the proposed insured 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 the interview is completed at point-of-sale, mark the **'Telephone Interview Completed'** question **'Yes'** in the upper, right-hand corner of the application (also provide the case # issued to you by the interview company). If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark this question **'No'** and the Company will initiate the call upon receipt of the application.

For MRS interviews, you MUST ALWAYS submit the application to the Home Office along with the HIPAA, Form No. 9526; even if your proposed insured is not eligible for coverage or decides not to proceed with the application process. The Company is required by law to maintain these documents in our files. In this event, please write 'Withdraw' at the top of the application.

Note: We strongly recommend that these be completed point-of-sale to improve field underwriting and speed up issue time.

For Point-of-Sale Underwriting Recommendations

MANAGEMENT RESEARCH SERVICES, INC. (MRS)

English: 1-855-758-6049

8:00 am — 9:00 pm Monday thru Friday CST
8:00 am — 3:00 pm Saturday CST

Underwriting Outcomes Provided:

- Approved Standard Rates
- Approved Preferred Rates
- Refer to Home Office
- Case Declined

FOR SPANISH SPEAKING INTERVIEWS ONLY

ExamOne

Spanish: 833-587-0376

7:00 am — 11:00 pm Monday thru Thursday CT
7:00 am — 9:00 pm Friday CT
8:00 am — 4:00 pm Saturday CT

Underwriting Recommendations Not Provided

TERM MADE SIMPLE 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 interview only if or when deemed necessary.

BUILD CHART (Standard Non-Tobacco & Tobacco)			
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
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 that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the proposed insured has a medical condition combined with build that exceeds table 2, the proposed insured is not eligible for coverage.

*NOTE: If you have a proposed insured with a height that is below 4’ 10” or above 6’ 9”, please contact the home office for minimum / maximum values.

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 typically looks at several factors during the preferred underwriting process in order to evaluate the proposed insured in terms of 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 insured's:

- 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, have you been 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 have you been 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

*NOTE: If you have a proposed insured with a height that is below 4' 8" or above 6' 7", please contact the home office for minimum / maximum values.

Additional premiums are required, availability and terms may vary. See rider policy form for complete details. The premiums for benefits and riders shown are annual premiums. Be sure to apply the appropriate modal factor when calculating the modal premium.

ACCIDENTAL DEATH BENEFIT AGREEMENT (ADB)

Policy Form No. 7159 (AA, OL, PA, PS); ADB302 (iA)

Issue Age	18 — 64
Minimum Amount	$1,000
Maximum Amount	$200,000 or five times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit Agreement may be paid to the beneficiary if the insured dies as the result of an accident.
Benefit Terminates	At age 65

ANNUAL PREMIUMS PER $1,000 OF FACE AMOUNT									
Issue Age	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**
18 – 36	0.96	42	1.08	48	1.20	54	1.32	60	1.56
37	1.08	43	1.20	49	1.32	55	1.44	61	1.56
38	1.08	44	1.20	50	1.32	56	1.44	62	1.68
39	1.08	45	1.20	51	1.32	57	1.44	63	1.68
40	1.08	46	1.20	52	1.32	58	1.56	64	1.68
41	1.08	47	1.20	53	1.32	59	1.56		

CHILDREN'S INSURANCE AGREEMENT (CIA)

Policy Form No. 8375 (AA, OL, PA, PS); CIB304 (iA)

Issue Ages of Children:	15 days — 17 years
Issue Age of Primary Insured	18 — 50
Maximum Rider Units	Five Units
Premium:	$8.52 annually per unit

The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until age 25, at which time their coverage is convertible to to any plan of whole life or endowment insurance that is offered by the Company at a rate of five times the children's coverage. Each unit provides $3,000 insurance on each child. Benefit expires at the earlier of primary insured's age 65 or the child's age 25.

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.

ACCELERATED LIVING BENEFIT RIDER — CRITICAL ILLNESS*
Policy Form No. 9542 (AA, OL); AB302 (iA); In CA Form No. 3576

Issue Ages	18 — 65
Maximum Critical Illness 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 insured upon the diagnosis of a covered critical illness. Rider coverage expires at age 70. The covered illnesses are as follows:

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

THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE — Remember to leave disclosure statement Form No. 9543 (AA, OL); AB503 (iA); In CA Form No. 3576-D (Company specific with state exceptions) with the proposed insured. (The states of MA and WA require this disclosure form to be signed by the proposed insured and submitted with the application.) This disclosure provides definition of the covered conditions. For California, please refer to Form 3703-CA for rider details.

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.

CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION

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

CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION

RATES PER $1,000 OF BASE LIFE INSURANCE						
	100%		50%		25%	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18 – 27	3.24	6.04	1.62	3.02	0.82	1.52
28 –32	4.14	8.24	2.08	4.12	1.04	2.06
33 – 37	5.84	11.94	2.92	5.98	1.46	2.98
38 – 42	8.40	17.02	4.20	8.52	2.10	4.26
43 – 47	11.90	24.08	5.96	12.04	2.98	6.02
48 – 52	16.44	33.60	8.22	16.80	4.12	8.40
53 – 57	22.42	47.22	11.22	23.62	5.60	11.80
58 – 62	29.60	65.70	14.80	32.86	7.40	16.42
63 – 65	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 (iA)

Issue Age	18 — 55
Minimum Disability Income Benefit	$500 monthly
Maximum Disability Income 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 DIR benefit is 2% of the life insurance face amount up to $900 monthly benefit, whichever is less.

If purchased, the Total Disability Benefit Rider will pay a monthly benefit up to 2% of specified amount (up to a maximum monthly benefit as described above) if the insured becomes permanently and 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 total disability must begin before age 65.

ANNUAL PREMIUMS PER $100 OF MONTHLY BENEFIT									
Issue Age	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**	**Issue Age**	**Premium**
18	9.78	26	12.70	34	17.00	42	24.78	50	36.62
19	10.12	27	13.14	35	17.76	43	25.92	51	38.66
20	10.46	28	13.60	36	18.58	44	27.12	52	40.92
21	10.80	29	14.08	37	19.50	45	28.42	53	43.42
22	11.16	30	14.58	38	20.52	46	29.80	54	45.98
23	11.52	31	15.14	39	21.56	47	31.32	55	48.62
24	11.90	32	15.70	40	22.60	48	32.98		
25	12.28	33	16.32	41	23.68	49	34.74		

ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER (AODIR)**
Policy Form No. 3281 (AA, IA, OL, PA, PS)

Issue Age	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 purchased, 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 permanently and 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 total disability must begin before age 65.

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

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

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

Issue Age	20 – 60
Waiting Period	The benefit provided under this rider is available after the waiting period has expired (24 months from the rider issue date).

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 the proposed insured become unemployed (receiving state or federal unemployment benefits) for a period of 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).

UNEMPLOYEMENT WAIVER OF PREMIUM RATES PER $100		
	RATE PER $100	
Issue Age	**Male**	**Female**
20 – 24	7.60	6.20
25 – 34	3.80	4.00
35 – 44	2.90	3.00
45 – 60	2.90	2.60

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

Issue Age	18 – 55

If elected, the Company will waive the 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).

WAIVER OF PREMIUM RATES PER $100			
Issue Age	**Rate per $100**	**Issue Age**	**Rate per $100**
18 – 27	1.00	43 – 47	4.50
28 – 32	1.25	48 – 52	9.50
33 – 37	1.50	53 – 55	11.00
38 – 42	2.50		

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

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, or significant other)

The following proposed insured occupations are **not** eligible for **DIR** or **AODIR:**

- Individuals carrying a weapon in their occupation
- Casino Workers
- Housekeeping
- Janitor
- Migrant laborers
- Retired
- Student

The following proposed insured occupations are **not** eligible for **DIR only:**

- Self-employed

Automatically included with policy, availability and terms may vary. Please see rider policy form for eligibility and complete details.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER
Policy Form No. 9473 (AA, OL, PA, PS); TIA (iA); or 3575 in California

If an eligible insured has an illness or chronic condition that is expected to result in death within 12 to 24 months, depending on state definitions, the policy owner may receive up to 100% of the death benefit. The face amount will be reduced by the amount elected for acceleration. If 100% of the death benefit is elected for acceleration, the policy will terminate upon payment of the benefit. This rider is added to every policy (where available) at no additional premium. An actuarial adjustment factor and an administrative charge of $150 will be assessed at the time of acceleration. *Remember to leave disclosure statement Form No. 9474 (AA, OL, PA, PS), TI501 (iA), or 3575-D in CA, with the proposed insured at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.*

ACCELERATED BENEFITS RIDER-CONFINED CARE
Policy Form No. 9674 (AA, OL, PA, PS); AB301 (iA)

If eligible, the insured is confined to a nursing home at least 30 days after the policy is issued, the policy owner may receive a monthly benefit. The insured may receive a monthly benefit of 2.5% of the face amount per month up to $5,000. The policy's death benefit will be reduced by each benefit payment received. This rider (where available) is added to policies issued at no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. *Remember the disclosure statement Form No. 9675 (AA, OL, PA, PS); AB502 (iA) must be presented to the proposed insured 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, iA, OL, PA, PS)

With this benefit a portion of the proposed insured's death benefit 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 policy owner may 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 may 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 benefit paid. This rider is automatically added to policies (where available) and requires no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. Remember the disclosure statement Form No. 3579-D (AA, iA, OL, PA, PS) must be presented to the proposed insured at point-of-sale.

Any benefit payable is directly related to the decrease in the insured's life expectancy resulting from the chronic illness and the type of life insurance policy the insured has purchased. If there is not a substantial decrease their life expectancy or the amount of premium that would be expected to be paid over their life expectancy increases, the benefit payable could be $0 even if they qualify for acceleration under the the terms of the rider

SPEED UP YOUR TURNAROUND TIME BY PRACTICING THESE SIMPLE GUIDELINES!

The **TERM MADE SIMPLE** plan is issued standard for proposed insureds who would normally be considered up to table 4 by most underwriting standards today. Proposed insureds who are considered high-risk or declinable should not be sent to our Company for consideration.

BEFORE asking any health questions, stress the importance for 'truthful and complete' answers, including tobacco usage that will 'match' information already in the proposed insured's medical records, national prescription database, MIB, etc.

If proposed insured answers **'Yes'** to any health question, such as high blood pressure, cholesterol, or diabetes, get full details. Ask the following information: age at onset, name of all medications, proposed insured's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you may provide on the application significantly REDUCES the need to order medical records or an interview...and speeds up issue time!

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 proposed insureds 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.

REPLACEMENT FORMS

Several states now follow NAIC replacement regulations. These states are listed as follows:

AL	HI	MD	NC	OH	SD	VT
AK	IA	ME	NE	OR	TX	WV
AZ	KY	MO	NJ	RI	UT	WI
CO	LA	MS	NM	SC	VA	

In these states follow the chart below to determine replacement form used (if any):

Replacement Questions:	If Answered:	If Answered:	If Answered:
Do you have any existing life or disability insurance or annuity contract?	**'No'**	**'Yes'**	**'Yes'**
Will you replace an existing life or disability insurance policy or an annuity?	**'No'**	**'No'**	**'Yes'**
	No Form Needed	Form No 9396* only	Complete both Form No(s). 9396* & 9397*

* Company specific with some state variations

Additional states have their own, unique Replacement forms. In the states below, if the question on the app "Will you replace an existing life or disability insurance policy or an annuity?" is answered **'Yes'**, then the following state specific replacement forms must be completed. If this question is answered **'No'**, then the replacement form is not required.

State:	Complete Form(s):	State:	Complete Form(s):	State:	Complete Form(s):
AR	9856-AR*	IL	8967-IL* & 7642-IL*	OK	7499-OK*
CA	8576-CA*	IN	7504-IN*	PA	5335-PA*
DE	7560-DE*	MA	8936-MA*	TN	7798-TN*
FL	7368-FL*	MI	9468-MI* & 9469-MI*	WA	8070-WA*
GA	7170-GA*	MN	9019-MN*	WY	8261-WY*
ID	7477-ID*	NV	7685-NV*		

* Company specific

Please Note: Due to replacement regulations in the following states, we will not accept new applications when a replacement sale is involved:

KS	KY

The replacement forms noted above may be found on the Company website under the 'Order Supply' section.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE

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.
- Proposed Insured 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 an interview. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed 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, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE						
IMPAIRMENT	**CRITERIA**	**LIFE**	**DI RIDER**	**AODIR**	**CRITICAL ILL RIDER**	**QUESTION ON APP**
Abscess	Present	Decline	Decline	Decline	Decline	A:1j
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	Standard	A:1j
Addison's Disease	Acute Single Episode	Standard	Standard	Standard	Standard	A:1j
	Others	Decline	Decline	Decline	Decline	A:1j
ADL's (Activities of Daily Living)	Currently require assistance (from anyone) with any ADL	Decline	Decline	Decline	Decline	A:3
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	Decline	Decline	Decline	Decline	A:1k
Alcoholism	Within four years since abstained from use	Decline	Decline	Decline	Decline	C:3
	After four years since abstained from use	Standard	Decline	Decline	Standard	C:3
Alzheimer's	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1f
Amputation	Caused by injury	Standard	Decline*	Decline*	Standard	A:1j
	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	Decline	Decline	Decline	Decline	A:1b
Angina	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Angioplasty	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Ankylosis	Medically diagnosed, treated, or taken medication	Standard	Decline	Standard	Decline	A:1i
Aortic Insufficiency	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Aortic Stenosis	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Appendectomy	Medically diagnosed, treated, or taken medication	Standard	Standard	Standard	Standard	A:1j
Arthritis	Ankylosing spondylitis, Rheumatoid, Osteoarthritis, Generalized arthritis	Standard	Decline	Standard	Standard	A:1i
	Rheumatoid - severe, chronic steroid use, infusion therapies, use of mobility aid, multiple large joints	Decline	Decline	Decline	Decline	A:1i
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	A:1d
	Moderate, more than one 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
Atrial Fibrillation / Flutter (A-Fib)	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a

NOTE: * Underwriting will consider issuing the DIR/AODIR with an exclusion rider.
Please contact our Underwriting Department for details via our Online Chat or at riskassess@aatx.com.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	**CRITERIA**	**LIFE**	**DI RIDER**	**AODIR**	**CRITICAL ILL RIDER**	**QUESTION ON APP**
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	Standard	C:3c
	Other pilots flying for pay or Student Pilot	Decline	Decline	Decline	Decline	C:3c
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	C:3c
Back Injury	Medically diagnosed, treated, or taken medication within the past 12 months	Standard	Decline*	Decline*	Standard	A:1i
Bi-Polar Disorder	See **Mental or Nervous Disorder**	Decline	Decline	Decline	Decline	A:1f
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	Decline	A:1j
	Other causes	Standard	Decline	Decline	Decline	A:1j
Bronchitis	Acute- Recovered	Standard	Standard	Standard	Standard	A:1d
	Chronic: See **COPD**	Decline	Decline	Decline	Decline	A:1d
Buerger's Disease	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
By-Pass Surgery (CABG or Stent)	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, single occurrence	Standard	Standard	Standard	Standard	A:1e
	Over seven years since any last diagnosis, treatment, or procedure with no recurrence, multiple occurrences or metastasis (spread)	Standard	Standard	Standard	Decline	A:1e
	All others or history of metastatic cancer	Decline	Decline	Decline	Decline	A:1e
Cardiac Pacemaker		Decline	Decline	Decline	Decline	A:1a
Cardiomyopathy	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Carotid Artery Disease	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Cerebral Palsy	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1h
Cholesterol	Controlled with medication	Standard	Standard	Standard	Standard	A:1a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1d
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1c
Connective Tissue Disease	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1h
Concussion – Cerebral	With no complications or chronic deficits	Standard	Standard	Standard	Standard	A:1j
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Criminal History	Convicted of Misdemeanor [1] or Felony within the past five years	Decline	Decline	Decline	Decline	C:3a
	Probation or Parole within the past six 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	Decline	Decline	Decline	Decline	A:1h
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	A:1a
	Two or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	A:1a
Dementia	Including mental incapacity, memory loss, mild cognitive impairment	Decline	Decline	Decline	Decline	A:1f

NOTE: ***** Underwriting will consider issuing the Total Disability Benefit Rider with an exclusion rider. Please contact our Underwriting Department for details via our Online Chat or at riskassess@aatx.com.

1 Consideration for misdemeanor charges which are: singular, non-violent, not drug/alcohol related, nor financial may be provided within five years. Please contact UW for individual review via Risk Assessment.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	**CRITERIA**	**LIFE**	**DI RIDER**	**AODIR**	**CRITICAL ILL RIDER**	**QUESTION ON APP**
Diabetes	Medically diagnosed with diabetes combined with a medical history of any of the following: overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	A:1c
	Medically diagnosed, treated, or taken medication prior to age 35	Decline	Decline	Decline	Decline	A:1c
	Any form of tobacco used in past 12 months or insulin within six months	Decline	Decline	Decline	Decline	A:1c
	Controlled with oral medications	Standard	Decline	Standard	Standard	A:1c
Diagnostic Testing[2], Surgery or Hospitalization	Pending, results unknown, scheduled but not yet completed	Decline	Decline	Decline	Decline	A:5a & 5b
Disabled	Receiving SSI benefits for disability and / or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	A:2
Diverticulitis / Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	A:1c
Down Syndrome	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1f
Driving Record	Within the past three years 1) alcohol/drug related infraction, 2) two or more accidents, 3) three or more driving violations, 4) combination thereof	Decline	Decline	Decline	Decline	C:3a
	License currently suspended or revoked related to any of the above criteria.	Decline	Decline	Decline	Decline	C:3a
Drug Abuse	Illegal drug use or abuse of prescription drugs within the past four years	Decline	Decline	Decline	Decline	C:4
	Medically diagnosed, treated, or taken medication to treat within the past four years	Decline	Decline	Decline	Decline	C:4
	Over four years for any history of use, treatment, diagnosis or medication	Standard	Decline	Decline	Standard	C:4
Emphysema	See **COPD**	Decline	Decline	Decline	Decline	A:1d
Epilepsy	Absence Seizures	Standard	Decline*	Standard	Standard	A:1f
	All others	Decline	Decline	Decline	Decline	A:1f
Family History	Have you had a natural parent or sibling suffer from diabetes, kidney disease, require a major organ transplant, or medically diagnosed with heart disease, cerebrovascular disease, internal cancer prior to age 60?	Standard	Standard	Standard	Decline	C:1
Fibromyalgia	Medically diagnosed, treated, or taken medication	Standard	Decline	Standard	Standard	A:1i
Gallbladder disorder	Medically diagnosed, treated, or taken medication	Standard	Standard	Standard	Standard	A:1c
Gastritis	Acute	Standard	Standard	Standard	Standard	A:1c
Glomerulosclerosis	Acute, resolved, no complications	Standard	Standard	Standard	Decline	A:1g
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	Decline	A:1j
Hazardous Avocations	Participated in within the past two years	Standard	Decline*	Decline*	Standard	C:3b
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	A:1f
	Migraine, severe, uncontrolled, pending or no investigation	Decline	Decline	Decline	Decline	A:1f
Heart Arrhythmia	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Heart Disease / Disorder	Medically diagnosed, treated, or taken medication for including heart attack, coronary artery disease, or angina	Decline	Decline	Decline	Decline	A:1a

NOTE: ***** Underwriting will consider issuing the DIR/AODIR with an exclusion rider.
Please contact our Underwriting Department for details via our Online Chat or at riskassess@aatx.com.

2 Does not include routine testing such as mammography, annual physical exam & labs, colonoscopy, etc.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	**CRITERIA**	**LIFE**	**DI RIDER**	**AODIR**	**CRITICAL ILL RIDER**	**QUESTION ON APP**
Heart Murmur	History of treatment by medication or procedure, including surgery	Decline	Decline	Decline	Decline	A:1a
Hemophilia	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1b
Hepatitis	History of diagnosis or treatment for Hepatitis B or C	Decline	Decline	Decline	Decline	A:1c
HIV	Tested Positive	Decline	Decline	Decline	Decline	A:1k
Hodgkin's Disease	Including Non-Hodgkin's lymphoma	Decline	Decline	Decline	Decline	A:1e
Hospice Care	Currently receiving Hospice care	Decline	Decline	Decline	Decline	A:3
Hospitalization	Currently hospitalized	Decline	Decline	Decline	Decline	A:3
Hypertension (High Blood Pressure)	Controlled with two or fewer medications, current BP readings normal	Standard	Standard	Standard	Standard	A:1a
	Uncontrolled or using three or more medications to control	Decline	Decline	Decline	Decline	A:1a
	In combination with Hypothyroidism	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:1e & 1g
Joint Injury	Including knee, hip, shoulder; diagnosed, treated or taken medication within the past 12 months	Standard	Decline*	Decline*	Standard	A:1i
Leukemia	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1e
Liver Impairments	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1c
Lung Disease / Disorder	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1d
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	A:1h
Marfan Syndrome	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1h
Melanoma	See Cancer / Melanoma					A:1e
Memory Loss	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1f
Meniere's Disease	Medically diagnosed, treated, or taken medication	Standard	Decline	Standard	Standard	A:1j
Mental or Nervous Disorder	Mild to Moderate Anxiety, Depression, PTSD, ADD / ADHD, Tourette's, etc controlled with two or fewer medications	Standard	Standard	Standard	Standard	A:1f
	Major depressive disorder, Bipolar disorder, Schizophrenia, Severe mental retardation, Autism, Mental Incapacity	Decline	Decline	Decline	Decline	A:1f
	Hospitalized for or had inpatient treatment in the past three years or more than once in a lifetime	Decline	Decline	Decline	Decline	A:1f
	Suicide attempt within five years or more than one attempt in a lifetime	Decline	Decline	Decline	Decline	A:1f
Mitral Insufficiency	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Multiple Myeloma	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1e
Multiple Sclerosis	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1h
Muscular Dystrophy	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1h
Narcolepsy & Catoplexy	More than two years from diagnosis	Standard	Decline	Standard	Standard	A:1j
Nursing Facility	Currently confined to a nursing facility	Decline	Decline	Decline	Decline	A:3

NOTE: ***** Underwriting will consider issuing the DIR/AODIR with an exclusion rider.
Please contact our Underwriting Department for details via our Online Chat or at riskassess@aatx.com.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	**CRITERIA**	**LIFE**	**DI RIDER**	**AODIR**	**CRITICAL ILL RIDER**	**QUESTION ON APP**
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	Decline	Decline	Decline	Decline	A:1h
Peripheral Vascular Disease	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Pregnancy	Current with no complications	Standard	Standard	Standard	Standard	A:4a
Prostate Disease / Disorder	Acute infection, Benign Prostatic Hypertrophy (BPH) confirmed with stable PSA level	Standard	Standard	Standard	Standard	A:1g
	Cancer - See Cancer/Melanoma					A:1e
Pulmonary Embolism	Medically diagnosed, treated, or taken medication	Standard	Standard	Standard	Decline	A:1a
Sarcoidosis	Lung — currently being treated, investigated, or with complications	Decline	Decline	Decline	Decline	A:1d
Seizures	See **Epilepsy**					A:1f
Sexually Transmitted Disease	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1g
Sleep Apnea	Combined with history of height/weight exceeding Table 2 build chart, poorly controlled high blood pressure	Decline	Decline	Decline	Decline	A:1d
Spina Bifida	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1i
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	Standard	A:1i
Stroke / CVA	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1b
Subarachnoid Hemorrhage	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1b
Thyroid Disorder	Medically diagnosed, treated, or taken medication	Standard	Standard	Standard	Standard	A:1J
	Medically diagnosed, treated, or taken medication for thyroid disorder in combination with Hypertension (HBP)	Standard	Standard	Standard	Decline	A:1J
Transient Ischemic Attack (TIA)	After six months, no residuals	Standard	Decline	Standard	Decline	A:1b
	Combined with Tobacco Use -Smoker, multiple occurrences or with current anti-coagulant treatment	Decline	Decline	Decline	Decline	A:1b
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	Decline	A:1e
Tuberculosis	Within the past two years, diagnosed, treated, or taken medication or with any residuals	Decline	Decline	Decline	Decline	A:1d
	Over two years with no residuals	Standard	Standard	Standard	Standard	A:1d
Ulcer	Peptic or duodenal or gastric - symptom free for one 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 or unable to work due to medical reasons	Decline	Decline	Decline	Decline	A:2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	A:1a
Vascular Impairments	Medically diagnosed, treated, or taken medication	Decline	Decline	Decline	Decline	A:1a
Weight Reduction Surgery	Surgery within the past one year	Decline	Decline	Decline	Decline	A:1j
	After one year since surgery with no complications such as dumping syndrome	Standard	Decline	Standard	Standard	A:1j
	History of complications such as dumping syndrome	Decline	Decline	Decline	Decline	A:1j

NOTE: ***** Underwriting will consider issuing the DIR/AODIR with an exclusion rider.
Please contact our Underwriting Department for details via our Online Chat or at riskassess@aatx.com.

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	Four 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
Arimidex	Cancer	Eight years > Eight years	Decline Standard

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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
Benztropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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
Bumentanide	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	Four 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	Eight years > Eight years	Decline Standard
Campral	Alcohol / Drugs	Four 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
Casodex	Cancer	Eight years > Eight years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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
Cytoxan	Cancer	Eight years > Eight 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	Four 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
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

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Four years	Decline
Dolophine	Opioid Dependence	Four 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	Eight years > Eight years	Decline Standard
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

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Eight years > Eight 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	Eight years > Eight 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
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

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Eight years > Eight 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
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Leukeran	Cancer	Eight years > Eight years	Decline Standard
Levatol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline

*** <u>High Blood Pressure</u>** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Eight years > Eight 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	Four years	Decline
Methadose	Opioid Dependence	Four years	Decline
Methotrexate	Cancer	Eight years > Eight years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
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

*** <u>High Blood Pressure</u>** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Four years	Decline
Naltrexone	Alcohol / Drugs	Four years	Decline
Narcan	Alcohol / Drugs	Four 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
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

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Eight years > Eight years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
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

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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	Eight years > Eight 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
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	Eight years > Eight years	Decline Standard
Stalevo	Parkinson's	N/A	Decline

*** <u>High Blood Pressure</u>** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
Starlix	Diabetes	N/A	See '#' Below
Suboxone	Alcohol / Drugs	Four years	Decline
Subutex	Alcohol / Drugs	Four 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	Eight years > Eight 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
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
Tresiba (Insulin)	Diabetes	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	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	Eight years > Eight 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
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	Four 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	Eight years > Eight years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline

*** High Blood Pressure** – If controlled with two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

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
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 two or fewer medications, the proposed insured could qualify for the plan. If controlled with three or more medications, the proposed insured will not be eligible for coverage.

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

LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER $1,000
POLICY FEE - $70

10 YEAR PLAN - FULL GUARANTEE

Issue Age	MALE						FEMALE					
	FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000			FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
18	1.52	1.68	3.05	1.36	1.52	2.74	1.03	1.14	1.77	0.94	1.03	1.60
19	1.53	1.69	3.06	1.38	1.53	2.75	1.05	1.16	1.78	0.95	1.05	1.61
20	1.54	1.71	3.07	1.39	1.54	2.76	1.05	1.16	1.78	0.95	1.05	1.61
21	1.54	1.72	3.08	1.39	1.54	2.77	1.05	1.17	1.79	0.95	1.05	1.62
22	1.55	1.73	3.09	1.40	1.55	2.78	1.06	1.18	1.82	0.95	1.06	1.64
23	1.56	1.74	3.10	1.41	1.56	2.79	1.07	1.19	1.85	0.96	1.07	1.66
24	1.57	1.75	3.11	1.42	1.57	2.80	1.08	1.20	1.90	0.97	1.08	1.72
25	1.58	1.76	3.12	1.43	1.58	2.81	1.09	1.21	1.97	0.98	1.09	1.77
26	1.60	1.77	3.14	1.44	1.60	2.83	1.10	1.22	2.04	0.99	1.10	1.84
27	1.61	1.78	3.16	1.44	1.61	2.84	1.12	1.24	2.12	1.01	1.12	1.91
28	1.61	1.78	3.18	1.44	1.61	2.86	1.14	1.28	2.21	1.03	1.14	1.99
29	1.62	1.79	3.21	1.45	1.62	2.89	1.18	1.31	2.32	1.06	1.18	2.09
30	1.63	1.80	3.24	1.46	1.63	2.93	1.22	1.35	2.44	1.10	1.22	2.20
31	1.64	1.83	3.30	1.47	1.64	2.97	1.24	1.39	2.59	1.12	1.24	2.33
32	1.66	1.85	3.36	1.50	1.66	3.02	1.30	1.44	2.73	1.17	1.30	2.45
33	1.69	1.88	3.43	1.53	1.69	3.09	1.34	1.50	2.88	1.21	1.34	2.60
34	1.73	1.91	3.53	1.55	1.73	3.18	1.41	1.56	3.05	1.27	1.41	2.74
35	1.76	1.96	3.65	1.58	1.76	3.29	1.45	1.62	3.23	1.31	1.45	2.92
36	1.80	2.00	3.79	1.63	1.80	3.41	1.53	1.69	3.42	1.38	1.53	3.08
37	1.86	2.07	3.97	1.67	1.86	3.57	1.60	1.77	3.61	1.44	1.60	3.25
38	1.94	2.15	4.18	1.75	1.95	3.80	1.66	1.85	3.81	1.50	1.66	3.42
39	2.00	2.22	4.42	1.84	2.05	4.07	1.74	1.94	4.02	1.56	1.74	3.62
40	2.10	2.33	4.76	1.96	2.18	4.44	1.83	2.02	4.22	1.64	1.83	3.81
41	2.23	2.49	5.14	2.11	2.34	4.85	1.93	2.13	4.50	1.74	1.93	4.05
42	2.39	2.65	5.55	2.28	2.53	5.29	2.04	2.26	4.81	1.84	2.04	4.35
43	2.54	2.83	5.98	2.44	2.72	5.76	2.15	2.39	5.15	1.97	2.19	4.72
44	2.73	3.03	6.46	2.64	2.94	6.26	2.28	2.53	5.52	2.11	2.34	5.12
45	2.93	3.26	7.05	2.90	3.22	6.98	2.43	2.71	5.95	2.23	2.49	5.47
46	3.15	3.50	7.63	3.12	3.47	7.56	2.56	2.85	6.36	2.39	2.65	5.91
47	3.39	3.76	8.29	3.36	3.73	8.22	2.71	3.00	6.77	2.54	2.83	6.36
48	3.66	4.07	9.04	3.63	4.04	8.97	2.83	3.15	7.16	2.68	2.98	6.79
49	3.96	4.40	9.89	3.93	4.37	9.82	2.97	3.30	7.54	2.84	3.16	7.21
50	4.30	4.77	10.79	4.26	4.73	10.69	3.08	3.42	7.89	2.93	3.25	7.48
51	4.63	5.15	11.74	4.61	5.12	11.67	3.30	3.66	8.51	3.16	3.51	8.15
52	5.01	5.56	12.75	4.96	5.51	12.65	3.52	3.92	9.14	3.40	3.77	8.81
53	5.40	6.00	13.87	5.34	5.93	13.73	3.74	4.16	9.80	3.63	4.04	9.50
54	5.83	6.48	15.09	5.76	6.40	14.91	3.98	4.42	10.47	3.88	4.31	10.22
55	6.37	7.07	16.55	6.30	7.01	16.41	4.26	4.73	11.28	4.16	4.62	11.01
56	6.86	7.62	17.95	6.79	7.54	17.74	4.49	4.98	11.98	4.37	4.85	11.66
57	7.38	8.20	19.42	7.27	8.07	19.14	4.72	5.25	12.71	4.59	5.09	12.33
58	7.92	8.80	20.97	7.79	8.66	20.62	4.96	5.51	13.45	4.81	5.34	13.02
59	8.48	9.43	22.62	8.33	9.25	22.21	5.21	5.80	14.23	5.04	5.60	13.75
60	9.16	10.19	24.59	9.01	10.01	24.16	5.52	6.14	15.21	5.32	5.92	14.67
61	10.05	11.18	27.21	9.89	10.99	26.77	5.93	6.59	16.45	5.72	6.36	15.87
62	11.01	12.23	30.00	10.85	12.05	29.53	6.38	7.08	17.79	6.16	6.84	17.17
63	12.06	13.40	33.03	11.88	13.20	32.53	6.86	7.62	19.26	6.62	7.36	18.60
64	13.20	14.66	36.30	13.00	14.44	35.76	7.39	8.22	20.88	7.15	7.94	20.17
65	14.43	16.04	39.83	14.21	15.80	39.22	7.98	8.87	22.67	7.70	8.56	21.88
66	15.80	17.56	43.71	15.48	17.19	42.82	8.60	9.56	24.62	8.34	9.26	23.86
67	17.30	19.23	48.02	16.89	18.76	46.84	9.31	10.34	26.73	9.05	10.05	26.00
68	18.98	21.09	52.83	18.46	20.50	51.37	10.05	11.18	29.04	9.82	10.91	28.34
69	20.87	23.19	58.28	20.24	22.48	56.52	10.89	12.10	31.54	10.65	11.84	30.86
70	22.99	25.54	64.41	22.24	24.72	62.33	11.79	13.10	34.24	11.54	12.83	33.53
71	26.28	29.19	70.52	25.52	28.36	68.50	14.17	15.74	37.27	13.92	15.46	36.60
72	29.56	32.85	76.64	28.80	32.00	74.65	16.54	18.38	40.29	16.28	18.08	39.64
73	32.85	36.50	82.76	32.07	35.63	80.80	18.92	21.02	43.32	18.65	20.71	42.69
74	36.14	40.15	88.88	35.34	39.27	86.94	21.30	23.66	46.34	21.01	23.34	45.72
75	39.42	43.80	95.00	38.61	42.90	93.04	23.67	26.30	49.37	23.38	25.97	48.75

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

Premium Calculation Example: Male Standard Non-Tobacco Age 40, Monthly, $300,000 ($1.38 X 300 + $70.00) X .09 = $43.56 per Month

LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER $1,000
POLICY FEE - $70

15 YEAR PLAN - FULL GUARANTEE

Issue Age	MALE						FEMALE					
	FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000			FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
18	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
19	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
20	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
21	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
22	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
23	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
24	1.86	2.13	3.68	1.86	2.13	3.53	1.02	1.18	2.77	0.92	1.07	2.75
25	1.53	1.76	3.92	1.53	1.76	3.82	1.06	1.21	2.81	0.95	1.09	2.81
26	1.63	1.87	3.98	1.62	1.86	3.86	1.07	1.22	2.75	1.06	1.21	2.75
27	1.76	2.02	3.99	1.69	1.95	3.91	1.08	1.24	2.82	1.08	1.24	2.82
28	1.84	2.11	4.01	1.76	2.02	3.96	1.11	1.28	2.89	1.11	1.28	2.86
29	1.88	2.17	4.02	1.80	2.08	4.00	1.28	1.46	2.99	1.23	1.41	2.90
30	1.95	2.23	4.05	1.80	2.07	4.05	1.27	1.45	3.09	1.27	1.45	3.01
31	1.94	2.22	4.13	1.79	2.06	4.00	1.41	1.62	3.27	1.33	1.53	3.08
32	1.90	2.19	4.22	1.77	2.04	4.02	1.52	1.75	3.43	1.39	1.60	3.19
33	1.89	2.18	4.34	1.77	2.04	4.09	1.61	1.85	3.60	1.45	1.66	3.34
34	1.91	2.20	4.47	1.79	2.06	4.18	1.67	1.93	3.75	1.51	1.74	3.49
35	1.94	2.22	4.60	1.80	2.08	4.34	1.63	1.87	3.89	1.51	1.74	3.59
36	1.99	2.29	4.85	1.86	2.13	4.51	1.72	1.97	4.17	1.58	1.83	3.84
37	2.08	2.39	5.08	1.95	2.23	4.68	1.84	2.11	4.43	1.68	1.94	4.09
38	2.17	2.50	5.43	2.02	2.33	4.96	1.93	2.21	4.73	1.76	2.02	4.36
39	2.27	2.61	5.82	2.12	2.44	5.29	2.04	2.34	5.10	1.86	2.13	4.66
40	2.37	2.72	6.33	2.28	2.62	5.78	2.16	2.48	5.50	2.00	2.30	5.03
41	2.54	2.92	6.96	2.43	2.79	6.28	2.24	2.57	5.93	2.12	2.44	5.39
42	2.73	3.14	7.66	2.62	3.00	6.85	2.32	2.67	6.35	2.23	2.56	5.73
43	2.94	3.38	8.43	2.82	3.23	7.47	2.46	2.83	6.82	2.40	2.75	6.14
44	3.17	3.64	9.32	3.04	3.49	8.18	2.55	2.94	7.27	2.51	2.88	6.55
45	3.47	3.98	10.21	3.33	3.83	9.02	2.72	3.12	7.70	2.70	3.10	6.97
46	3.74	4.30	11.39	3.58	4.10	9.84	2.89	3.32	8.34	2.87	3.30	7.56
47	4.06	4.66	12.60	3.84	4.41	10.67	3.06	3.51	8.86	3.04	3.49	8.06
48	4.40	5.06	13.79	4.14	4.75	11.49	3.21	3.70	9.37	3.20	3.67	8.55
49	4.76	5.48	15.03	4.46	5.13	12.39	3.40	3.91	9.93	3.38	3.88	9.08
50	5.23	6.01	16.44	4.87	5.60	13.42	3.59	4.13	10.64	3.56	4.09	9.63
51	5.64	6.49	17.81	5.28	6.07	14.68	3.82	4.39	11.36	3.78	4.36	10.46
52	6.11	7.02	19.08	5.71	6.57	15.88	4.07	4.68	12.17	4.04	4.63	11.36
53	6.45	7.40	21.00	6.06	6.96	17.49	4.32	4.97	13.06	4.29	4.93	12.35
54	6.99	8.03	23.02	6.57	7.55	19.20	4.60	5.28	13.88	4.55	5.24	13.30
55	7.62	8.77	25.12	7.18	8.25	21.04	4.90	5.62	14.88	4.84	5.57	14.34
56	8.36	9.60	28.72	7.87	9.04	23.62	5.13	5.90	15.90	5.06	5.82	15.27
57	9.20	10.57	32.41	8.82	10.14	27.01	5.39	6.19	16.70	5.34	6.14	16.13
58	9.90	11.37	34.63	9.68	11.13	29.63	5.76	6.62	18.16	5.76	6.62	17.73
59	10.78	12.39	36.61	10.76	12.36	32.17	6.14	7.05	19.49	6.14	7.05	19.25
60	12.12	13.94	38.79	12.12	13.94	34.93	6.59	7.58	21.09	6.59	7.58	21.08
61	13.38	15.38	39.78	13.37	15.36	36.50	7.34	8.44	23.27	7.30	8.39	23.05
62	14.74	16.94	41.44	14.47	16.62	38.66	8.14	9.36	25.59	7.92	9.11	25.06
63	16.21	18.63	43.60	15.66	18.01	41.24	9.02	10.37	28.11	8.70	10.01	27.73
64	17.82	20.48	46.19	17.25	19.82	44.83	9.98	11.47	30.81	9.57	11.00	30.59
65	19.54	22.45	49.15	18.91	21.74	48.56	11.01	12.65	33.70	10.51	12.07	33.56
66	22.47	25.82	54.10	21.68	24.93	53.48	12.66	14.53	36.87	12.16	13.96	36.72
67	25.41	29.18	59.04	24.45	28.12	58.39	14.30	16.41	40.04	13.79	15.85	39.88
68	28.35	32.55	63.98	27.23	31.31	63.30	15.94	18.29	43.21	15.43	17.74	43.03
69	31.28	35.92	68.93	30.00	34.50	68.22	17.59	20.17	46.38	17.07	19.64	46.19
70	34.22	39.28	73.87	32.78	37.71	73.13	19.23	22.06	49.54	18.69	21.51	49.32

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

Premium Calculation Example: Female Preferred Non-Tobacco Age 50, Monthly, $150,000 ($1.92 X 150 + $70.00) X .09 = $32.22 per Month

LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER $1,000
POLICY FEE - $70

20 YEAR PLAN - FULL GUARANTEE

Issue Age	MALE						FEMALE					
	FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000			FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000		
	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco	Standard Tobacco
18	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
19	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
20	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
21	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
22	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
23	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
24	2.05	2.35	4.37	1.88	2.17	4.02	1.77	2.04	3.43	1.63	1.87	3.16
25	2.05	2.35	4.37	1.90	2.19	4.06	1.77	2.04	3.43	1.63	1.87	3.16
26	2.08	2.39	4.37	1.94	2.22	4.06	1.78	2.05	3.53	1.64	1.88	3.25
27	2.10	2.42	4.37	1.96	2.26	4.06	1.82	2.09	3.64	1.67	1.93	3.36
28	2.11	2.43	4.37	1.97	2.27	4.06	1.82	2.09	3.73	1.67	1.93	3.43
29	2.12	2.44	4.37	1.97	2.27	4.06	1.83	2.10	3.83	1.68	1.94	3.52
30	2.12	2.44	4.37	1.97	2.27	4.06	1.86	2.13	3.95	1.71	1.96	3.63
31	2.18	2.51	4.57	2.04	2.34	4.26	1.88	2.16	4.03	1.73	1.98	3.71
32	2.18	2.51	4.77	2.06	2.37	4.50	1.88	2.17	4.13	1.76	2.02	3.86
33	2.18	2.51	4.99	2.09	2.40	4.76	1.90	2.19	4.24	1.83	2.10	4.06
34	2.22	2.55	5.20	2.15	2.46	5.02	1.93	2.21	4.35	1.88	2.17	4.26
35	2.24	2.57	5.42	2.22	2.55	5.38	1.93	2.21	4.42	1.86	2.13	4.27
36	2.32	2.66	5.68	2.30	2.64	5.64	1.98	2.28	4.73	1.94	2.22	4.61
37	2.46	2.83	5.87	2.45	2.82	5.84	2.10	2.42	5.04	2.08	2.39	4.96
38	2.57	2.96	6.25	2.56	2.95	6.22	2.18	2.51	5.38	2.17	2.49	5.34
39	2.72	3.12	6.70	2.68	3.09	6.63	2.31	2.65	5.83	2.29	2.63	5.78
40	2.89	3.32	7.28	2.86	3.29	7.21	2.43	2.79	6.35	2.40	2.76	6.28
41	3.12	3.59	7.95	3.08	3.54	7.85	2.59	2.97	6.85	2.56	2.95	6.81
42	3.39	3.89	8.70	3.34	3.84	8.57	2.71	3.11	7.32	2.68	3.08	7.24
43	3.69	4.24	9.53	3.62	4.16	9.36	2.92	3.36	7.84	2.87	3.30	7.72
44	4.00	4.60	10.52	3.93	4.51	10.32	3.03	3.48	8.33	2.97	3.41	8.17
45	4.38	5.04	11.44	4.31	4.96	11.28	3.20	3.67	8.79	3.17	3.64	8.71
46	4.74	5.45	12.75	4.69	5.39	12.62	3.43	3.95	9.65	3.41	3.92	9.57
47	5.14	5.91	14.05	5.10	5.86	13.95	3.64	4.19	10.34	3.62	4.16	10.26
48	5.56	6.39	15.29	5.50	6.33	15.13	3.87	4.46	11.03	3.85	4.42	10.96
49	6.00	6.90	16.56	5.94	6.83	16.40	4.11	4.73	11.83	4.08	4.70	11.75
50	6.62	7.61	18.07	6.59	7.57	17.97	4.48	5.15	12.90	4.44	5.10	12.79
51	7.17	8.24	19.32	7.12	8.18	19.20	4.75	5.47	13.72	4.71	5.41	13.57
52	7.73	8.89	20.44	7.68	8.82	20.29	5.07	5.83	14.67	5.02	5.76	14.50
53	8.01	9.21	22.33	7.94	9.13	22.16	5.41	6.23	15.76	5.35	6.15	15.55
54	8.70	10.00	24.29	8.62	9.91	24.08	5.78	6.63	16.72	5.69	6.53	16.49
55	9.53	10.95	26.27	9.41	10.81	25.94	6.16	7.08	17.83	6.06	6.96	17.53
56	10.49	12.06	30.23	9.97	11.45	28.72	6.57	7.55	19.02	6.29	7.24	18.24
57	11.68	13.43	34.33	11.10	12.76	32.61	6.99	8.03	19.81	6.64	7.63	18.82
58	12.52	14.39	36.74	11.89	13.67	34.91	7.73	8.89	21.75	7.35	8.45	20.66
59	13.73	15.77	38.86	13.04	14.98	36.92	8.48	9.75	23.42	8.06	9.26	22.25
60	15.73	18.08	41.14	14.95	17.18	39.08	9.42	10.82	25.42	8.94	10.29	24.15
61	17.28	19.87	44.43	16.42	18.88	42.21	10.25	11.78	27.35	9.74	11.19	25.98
62	18.96	21.80	47.94	18.02	20.71	45.54	11.17	12.84	29.43	10.56	12.14	27.84
63	20.79	23.89	51.62	19.75	22.69	49.03	12.19	14.00	31.69	11.74	13.50	30.55
64	22.75	26.15	55.51	22.14	25.45	54.02	13.30	15.29	34.13	13.02	14.97	33.42
65	24.85	28.57	59.61	24.61	28.28	59.01	14.52	16.69	36.75	14.39	16.53	36.41

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

Premium Calculation Example: Male Preferred Non-Tobacco Age 45, Monthly, $250,000 ($2.38 X 250 + $70.00) X .09 = $59.85 per Month

LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER $1,000
POLICY FEE - $70

30 YEAR PLAN - FULL GUARANTEE

Issue Age	MALE						FEMALE					
	FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000			FACE AMOUNTS $50,000 - $249,999			FACE AMOUNTS $250,000 - $500,000		
	Preferred Non Tobacco	Standard Non Tobacco	Standard Tobacco	Preferred Non Tobacco	Standard Non Tobacco	Standard Tobacco	Preferred Non Tobacco	Standard Non Tobacco	Standard Tobacco	Preferred Non Tobacco	Standard Non Tobacco	Standard Tobacco
18	2.42	2.87	4.78	2.24	2.66	4.43	1.91	2.28	3.59	1.66	1.98	3.11
19	2.42	2.87	4.78	2.24	2.66	4.43	1.91	2.28	3.59	1.66	1.98	3.11
20	2.42	2.87	4.78	2.24	2.66	4.43	1.91	2.28	3.59	1.66	1.98	3.11
21	2.43	2.87	4.78	2.26	2.66	4.43	1.93	2.28	3.59	1.68	1.99	3.12
22	2.42	2.87	4.78	2.26	2.67	4.45	1.93	2.28	3.59	1.69	2.01	3.18
23	2.43	2.87	4.78	2.27	2.67	4.45	1.94	2.28	3.59	1.72	2.02	3.19
24	2.45	2.87	4.78	2.28	2.67	4.45	1.95	2.28	3.59	1.72	2.01	3.17
25	2.46	2.87	4.78	2.29	2.66	4.44	1.96	2.28	3.59	1.74	2.02	3.18
26	2.54	2.95	4.94	2.38	2.75	4.60	2.02	2.35	3.74	1.83	2.12	3.37
27	2.62	3.03	5.11	2.43	2.82	4.76	2.10	2.43	3.92	1.90	2.20	3.54
28	2.60	3.11	5.27	2.44	2.93	4.95	2.10	2.52	4.08	1.93	2.31	3.75
29	2.57	3.20	5.44	2.44	3.04	5.16	2.09	2.60	4.25	1.94	2.40	3.92
30	2.56	3.29	5.61	2.43	3.12	5.33	2.07	2.66	4.41	1.90	2.44	4.05
31	2.56	3.39	5.89	2.44	3.22	5.61	2.12	2.81	4.65	1.96	2.59	4.29
32	2.59	3.52	6.05	2.46	3.37	5.78	2.10	2.87	4.82	1.95	2.66	4.47
33	2.61	3.61	6.20	2.50	3.45	5.94	2.13	2.95	5.01	1.99	2.75	4.66
34	2.64	3.70	6.37	2.53	3.55	6.12	2.16	3.03	5.18	2.01	2.83	4.85
35	2.67	3.77	6.53	2.60	3.66	6.34	2.21	3.12	5.37	2.11	2.99	5.14
36	2.87	4.07	7.14	2.81	3.98	6.98	2.33	3.30	5.75	2.26	3.19	5.56
37	3.09	4.39	7.79	3.05	4.32	7.66	2.44	3.48	6.17	2.39	3.39	6.01
38	3.34	4.73	8.52	3.30	4.68	8.43	2.60	3.67	6.63	2.55	3.61	6.50
39	3.62	5.12	9.32	3.60	5.08	9.26	2.76	3.89	7.13	2.72	3.84	7.03
40	3.95	5.54	10.19	3.93	5.51	10.12	2.93	4.11	7.68	2.89	4.06	7.58
41	4.29	6.02	11.18	4.22	5.93	11.01	3.11	4.37	8.27	3.07	4.30	8.15
42	4.65	6.52	12.27	4.57	6.39	12.01	3.31	4.63	8.92	3.26	4.55	8.77
43	5.05	7.10	13.45	4.92	6.91	13.10	3.50	4.92	9.64	3.44	4.83	9.45
44	5.47	7.71	14.78	5.29	7.47	14.33	3.71	5.23	10.41	3.63	5.12	10.20
45	5.90	8.39	16.24	5.68	8.09	15.65	3.91	5.57	11.22	3.80	5.40	10.89
46	6.36	9.17	17.86	6.15	8.87	17.27	4.15	5.98	12.02	4.04	5.82	11.70
47	6.88	10.05	19.64	6.67	9.75	19.06	4.39	6.41	12.93	4.28	6.26	12.62
48	7.41	11.01	21.63	7.21	10.70	21.03	4.64	6.90	13.83	4.54	6.74	13.52
49	8.00	12.05	23.81	7.80	11.74	23.21	4.94	7.44	14.85	4.84	7.28	14.54
50	8.68	13.22	26.20	8.50	12.95	25.65	5.26	8.01	15.95	5.14	7.83	15.60
51	10.11	15.54	30.94	9.89	15.20	30.25	6.08	9.36	18.78	5.94	9.13	18.32
52	11.83	18.33	36.62	11.56	17.91	35.77	7.06	10.95	22.18	6.88	10.66	21.59
53	13.92	21.64	43.34	13.59	21.12	42.31	8.24	12.80	26.19	8.01	12.45	25.47
54	16.41	25.52	51.26	16.02	24.90	50.02	9.65	14.99	30.94	9.36	14.55	30.04
55	19.47	30.15	60.70	19.00	29.43	59.25	11.35	17.58	36.59	11.03	17.08	35.56

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

Premium Calculation Example: Female Standard Non-Tobacco Age 40, Monthly, $400,000 ($2.35 X 400 + $70.00) X .09 = $90.90 per Month

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									
	MALE		FEMALE			MALE		FEMALE	
Age	Standard and Preferred Non-Tobacco	Standard Tobacco	Standard and Preferred Non-Tobacco	Standard Tobacco	Age	Standard and Preferred Non-Tobacco	Standard Tobacco	Standard and Preferred Non-Tobacco	Standard Tobacco
28	3.71	6.82	1.76	3.11	62	42.43	72.34	33.74	64.63
29	3.65	6.79	1.89	3.37	63	47.70	80.46	36.52	69.64
30	3.62	6.75	1.95	3.49	64	53.24	88.80	39.55	74.95
31	3.56	6.76	2.08	3.78	65	59.10	97.07	42.89	80.76
32	3.54	6.85	2.17	4.03	66	65.04	105.08	46.60	86.93
33	3.62	7.06	2.22	4.26	67	71.07	112.91	50.64	93.86
34	3.64	7.33	2.33	4.54	68	77.57	121.18	55.19	101.45
35	3.69	7.57	2.50	4.96	69	84.32	129.42	60.16	109.70
36	3.84	8.01	2.60	5.25	70	92.49	139.39	65.66	118.91
37	3.95	8.48	2.81	5.61	71	101.65	150.32	72.00	129.38
38	4.24	9.14	2.87	5.79	72	113.67	165.10	79.11	140.90
39	4.50	9.82	3.07	6.12	73	126.39	180.01	86.83	153.32
40	4.81	10.61	3.32	6.46	74	139.79	195.15	95.35	166.94
41	5.21	11.61	3.58	6.90	75	154.46	212.70	104.80	180.70
42	5.74	12.76	3.88	7.45	76	170.48	231.36	115.21	195.72
43	6.34	14.11	4.27	8.11	77	189.10	252.84	126.71	211.90
44	7.07	15.70	4.72	8.89	78	210.87	277.61	139.48	229.36
45	7.93	17.38	5.24	9.76	79	236.02	305.75	153.36	248.34
46	8.73	18.94	5.80	10.69	80	263.51	335.84	168.95	268.97
47	9.61	20.69	6.49	11.91	81	294.83	369.51	189.88	297.70
48	10.11	21.70	7.25	13.45	82	327.57	403.76	213.47	328.99
49	10.67	22.86	8.06	15.20	83	362.99	440.03	237.18	359.66
50	11.47	24.50	8.99	17.11	84	402.30	479.59	263.74	392.44
51	12.41	26.44	9.99	19.15	85	446.34	526.09	293.77	425.83
52	13.70	29.08	11.11	21.42	86	495.29	577.14	321.34	454.41
53	15.09	32.05	12.30	23.76	87	548.92	632.20	362.08	498.23
54	16.92	35.76	13.53	26.35	88	606.61	690.28	404.97	542.21
55	19.20	39.96	14.89	29.03	89	667.69	750.54	450.92	586.61
56	21.54	44.26	16.53	31.86	90	731.62	812.17	494.01	623.18
57	25.86	46.55	21.95	43.09	91	792.22	868.30	518.31	633.64
58	28.13	50.03	24.12	46.79	92	855.47	925.57	562.18	666.69
59	30.75	54.08	26.31	50.90	93	922.16	984.60	625.23	717.88
60	33.90	58.97	28.57	55.18	94	987.27	999.10	703.79	782.23
61	37.74	65.02	31.04	59.61					

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

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

AMERICAN AMICABLE GROUP

To **faithfully** protect generations.

The American Amicable Group offers innovative life insurance products that are easy to acquire and that are designed to meet the needs of middle market America. We are committed to providing each of our policyholders with outstanding service and care to meet their individual life insurance needs.

SERVICE HOURS

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

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

254-297-2777

425 Austin Ave, Waco Texas 76701

americanamicable.com

AMERICAN AMICABLE LIFE INSURANCE COMPANY OF TEXAS
iA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTIAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

AGENT GUIDE FOR AGENT USE ONLY. NOT FOR USE WITH GENERAL PUBLIC.

Products and riders not available in all states.
Please check with the State Approval Grid under Order Supply on the Company website.