

# TERM MADE SIMPLE

**Level Term Life Insurance to Age 95  
with 10-15-20 Year Level Premium Period**  
*Policy Form No. 3228*

AGENT GUIDE FOR AGENT USE ONLY

***All 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.***

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# TERM MADE SIMPLE

## Plan Description

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

### Issue Ages (age last):

	Ages
10 year level premium	Ages 18 – 75
15 year level premium	Ages 18 – 70
20 year level premium	Ages 18 – 65

**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), pharmaceutical related facility, Motor Vehicle Report (MVR), and a telephone interview (only required on applicants 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.

**Benefits and Riders (Not available in all states. See the “Riders and Benefits” section for rider details.)**

- **Accelerated Living Benefit Rider (Critical Illness)\*:** Available at 25%, 50%, or 100% acceleration of the death benefit (Up to \$100,000 Critical Illness benefit).
- **Disability Income Rider (DIR)\*\*:** 60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1,500 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 Rider**
- **Waiver of Premium\***
- **Children’s Insurance Agreement** (Requires Application Addendum Form No. 3215)
- **Accidental Death Benefit**
- **Terminal Illness Accelerated Benefit Rider:** Available at no additional premium cost.
- **Accelerated Benefits Rider-Confined Care:** Available at no additional premium cost.
- **Chronic Illness Accelerated Death Benefit Rider:** Available at no additional premium cost.

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

\*\* Disability Income Rider and Accident Only Disability Income 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 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 5 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.

## ***Applications / Required Forms / Key Administrative Guidelines***

- **Application Form No. 3188** – Company specific with state exceptions.
- **HIPAA, Form No. 9526** – Must be submitted with each application.
- **Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, OL, PA, PS); T1501 (IAA); or 3575-D in California** – This form must be presented to the applicant at point-of-sale.
- **Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 9675 (AA, OL, PA, PS); AB502 (IAA)** – Must be presented to the applicant and the agent must certify that it has been presented.
- **Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D** – Must be presented to the applicant and the agent must certify that it has been presented. Check state listing for availability.
- **Disclosure for the Accelerated Living Benefit Rider Form No. 9543 (AA, OL, PA, PS); AB503 (IAA)** – If applying for the Critical Illness Rider, this disclosure statement must be presented to the applicant at point-of-sale. For sales in California, please refer to Form No. 3674-CA for details on the Critical Illness accelerated benefits. (The states of MA and WA require this disclosure form to be signed by the applicant and submitted with the application.)
- **Bank Draft Authorization Form** – Complete a Bank Draft Authorization (found at the top of Form No. 9903) and send it in with the application on all cases on which payments will be made via bank draft. For complete details on our bank draft procedures, please see the **Bank Draft Procedures** section found later in this guide.
- **Children's Insurance Agreement** – If applying for this rider, it is necessary to complete the Addendum to Application for CIA (Form No 3215) and submit it along with the application.
- **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.
- **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 client has all the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's "Compliance Guidelines" manual found on our website. 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.
- **Applicants Re-applying for Coverage** – A new application will not be processed if the Proposed Insured has had 2 policies with any of our Companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
- **Applications in the State of 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 clients 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 clients age 65 or older.
  - Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of his / her personal information.
  - Supplement to Application Form No. 3481 must be completed due to the no cost Terminal Illness and no cost 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 applicant at point-of-sale.
- **Applications in the State of 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.
- **Applications in the State of 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.
- **Applications in the State of Idaho, Form No. 3373** – Must be completed and sent to the Home Office along with the life application.

- **Applications in the State of 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.
- **Applications in the State of Kentucky** – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- **Applications in the State of Pennsylvania** – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.
- **Applications in the State of 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.
- **Incomplete or unsigned applications** – Applications that are not completed in their entirety or are missing required signatures 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.
- **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 6 months of the first 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 can be submitted in the form of applicant's personal check, eCheck, or bank draft for 1st premium. See the eCheck procedures described in this guide. **MONEY ORDERS NOT ACCEPTED.**
- **Third-Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third-Party Payors". This is defined as a premium payor other than the Primary Insured, the spouse, business, or business partner (regardless of the mode of payment). Examples of "Third-Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins 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 applicant 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.

## **Reinstatements: TERM/SI/UL**

When a policy has lapsed within the last 30 days, the Insured can complete the reinstatement form on the lapse notice if they can get it to us within 30 days from the date the lapse notice was mailed. It must include information for all Insureds covered by the policy and all Insureds over age 18 must sign the form.

If it is **past the 30 day window**, we can send requirements for reinstatement or you can provide details and the forms listed. See below.

### **FORM REQUIREMENTS:**

- **Application is less than 3 months old**
  - Send request to reinstate. The original app can be used for medical information.
- **Application is 3-6 months old**
  - State of Health Form 1110 Reaffirmation of Application
  - HIPAA form 9526
- **Application is over 6 months old**
  - Form ICC15-3167 Application for Reinstatement (check for a state specific form)
  - HIPAA form 9526

### **PREMIUMS REQUIREMENTS:**

- UL or non-ROP Term – 2 months premium or 1 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

## Application Completion

The following section is provided to assist agents with the completion of the life insurance application, Form No. 3188. 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:** 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 applicants 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:** Indicate applicant's birth state. If the applicant was not born in the U.S., list the country of birth.
  - **Social Security Number:** List the applicant's Social Security number.
  - **DL # (Paper):** List the applicant'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 applicants.
  - **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/Duties:** Provide a brief description of the Proposed Insured occupation and/or job duties.
  - **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 can be obtained.
    - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, a Trust, or an Insured's Estate.
- NOTE: Funeral homes are not acceptable beneficiary designations. Also "friend", "boyfriend", or "girlfriend" do not satisfy the insurable interest requirements.**
- **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?
    - Have you used tobacco or nicotine products in any form in the past 36 months? (A "No" answer would make client eligible to apply for Preferred Non-Tobacco.)
    - Tobacco in any form includes: cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, or bidis cigarettes. Excludes occasional cigar or pipe use.



- **Riders:** (be sure to check the box next to each rider being applied for):
  - **Waiver of Premium:** Check the box if being applied for.
  - **Critical Illness Rider:**
    - Check the box if being applied for.
    - Enter the desired acceleration percentage (100%, 50%, or 25%).
  - **Unemployment Rider:** Check the box if being applied for.
  - **Child Rider:**
    - Check the box if being applied for.
    - Enter the # of units of coverage being applied for. 1 unit (\$3,000); 2 units (\$6,000); 3 units (\$9,000); 4 units (\$12,000); or 5 units (\$15,000).
    - In addition, application addendum Form No. 3215 must be completed and returned with the application.
  - **Accidental Death Benefit Rider:**
    - Check the box for ADB.
    - Indicate the amount of coverage.
  - **Other:**
    - Check the box to apply for the Disability Income Rider or the Accident Only Disability Income 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 1st draft will occur upon the "Requested Policy Date" you will enter.
  - **Other**
- **Modal Premium \$:** Enter the desired premium based on the frequency by which the client will pay.
- **CWA** (check appropriate box, if applicable):
  - **eCheck Immediate 1st Premium:** Only select this option if the Company is to draft the Proposed Insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section 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 client currently has a prescription.
- **Health Questions:**
  - Provide the Proposed Insured's answers to all health questions found in Section A (circle all medical conditions he or she may have).
  - In Section B, provide details to all questions answered "Yes" in Section A.

## **Back of the Application:**

- **Health Questions:**
  - Provide the Proposed Insured's answers to all health questions found in Section C (circle all conditions he or she may have).
  - Replacement Section (Question #5).
    - If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
    - **NOTE: Complete any state required Replacement forms:** For state specific replacement instructions & replacement forms, please refer to the Company website under "Order Supply".
- **Comments:**
  - Provide details to "Yes" answers to questions in Section C. Can 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 applicant was when the application was taken.
- **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 3 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.)



## AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777

## TERM MADE SIMPLE

## INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink)

Telephone Case No:

<b>Proposed Insured:</b> _____ <div style="text-align: center; font-size: small;">(First) (Middle) (Last)</div>						Telephone interview done (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; font-size: small;"><input type="checkbox"/> am <input type="checkbox"/> pm</div>			
Address: (No. & Street) _____ 						Phone _____ Best time to call _____			
City: _____		State: _____		Zip Code: _____		E-mail Address _____ @ _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# — —	DL#  State of Issue	Height  ft in		Weight  lbs	
<b>Occupation/Duties:</b> _____ Hire date (MM/YY): _____ Annual Salary: \$ _____									
<b>Owner:</b> Name _____ SS# _____ Address: _____									
<b>Payor:</b> Name _____ SS# _____ Address: _____									
<b>Primary</b> Primary Beneficiary _____ SS# _____ Relationship _____									
<b>Insured:</b> Contingent Beneficiary _____ SS# _____ Relationship _____									
<b>Plan:</b> _____ <b>Face Amount \$</b> _____ <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Preferred Non-Tobacco Have you used tobacco or nicotine products in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No.....or during the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Riders:</b> <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Unemployment Rider <input type="checkbox"/> Other: _____ <input type="checkbox"/> Critical Illness % <input type="checkbox"/> Child Rider (Units): _____ (complete Form No. _____) <input type="checkbox"/> ADB \$ _____									
<b>Mode:</b> <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date <input type="checkbox"/> Other Modal Prem \$ _____						<b>CWA:</b> <input type="checkbox"/> E-Check Immediate 1st Premium <input type="checkbox"/> Collected _____			
						<b>Policy To:</b> <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner <b>Policy Date Request:</b> _____ / _____ / _____			
Physician: Name: _____						City/State: _____		Phone: _____	
List current prescribed medications: _____									
<b>SECTION A: Health Questions-Answer Questions 1 through 4 as Proposed Insured. (circle all conditions that apply)</b>									
1. <b>Within the past 10 years</b> , have you been treated for, or tested positive for, or been diagnosed by a medical professional with: a. high blood pressure, high cholesterol, heart attack, angina (cardiac chest pain), angioplasty, bypass surgery or stent, pacemaker or defibrillator, cardiomyopathy, congestive heart failure (CHF), irregular heartbeat, peripheral vascular disease (PVD), carotid artery disease, or any heart or circulatory disease or disorder? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No b. stroke, transient ischemic attack (TIA), amputation caused by disease, aneurysm, hemophilia, or anemia? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No c. diabetes, cirrhosis, hepatitis, pancreas disease, Crohn's disease, ulcerative colitis, or any digestive or liver disease or disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No d. asthma, emphysema, chronic obstructive pulmonary disease (COPD), sleep apnea, or any respiratory or lung disease or disorder? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No e. cancer in any form, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, or organ transplant? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No f. migraine headaches, seizures, bi-polar disorder, schizophrenia, Alzheimer's, memory loss, dementia, anxiety or depression, mental retardation, mental incapacity, mental or nervous disorder, psychiatric disorder, or a suicide attempt? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No g. any disease or disorder of the kidneys, urinary bladder, prostate, breast, reproductive organs, or sexually transmitted disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No h. connective tissue disease, systemic lupus (SLE), multiple sclerosis, Parkinson's, cerebral palsy, muscular dystrophy, cystic fibrosis? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No i. arthritis, paralysis of two or more extremities or any disorder of the back, joints, muscles, or nervous system? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No j. any other disease or disorder, injury, surgery, birth defect, or deformity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No k. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency related disorder or the Human Immunodeficiency Virus (HIV)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Are you currently unemployed due to medical reasons or been prohibited from actively working full time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem, or are you currently receiving benefits, compensation, or pension for disability? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
3. Are you currently hospitalized, confined to a nursing facility, receiving Hospice Care or home health care, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
4. <b>Within the past 12 months</b> , have you: a. consulted a medical professional, had surgery, or been hospitalized, or had diagnostic tests (excluding HIV/AIDS) such as EKG, Xray, MRI, CAT scan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No b. had any diagnostic testing (excluding HIV/AIDS), surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received, or been referred to a medical professional? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No c. been declined, postponed, rated, or modified for life or medical insurance? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>SECTION B: Give details to all "Yes" answers in Section A and list current medications (use COMMENTS section on back for additional space).</b>									
Condition			Dates		Treatment		Name/Address/Phone No. of Physician/Hospital		
			/ /						
			/ /						
			/ /						
			/ /						

**SECTION C: Answer Questions 1 through 5 for Proposed Insured. (circle all conditions that apply)**

1. Have you had a natural parent or sibling diagnosed or treated by a licensed medical professional for diabetes, kidney disease, require a major organ transplant, or been medically diagnosed with heart disease, cerebrovascular disease, internal cancer prior to age 60? (If yes, list in COMMENTS section: name, relationship, age at onset, medical condition, age if living or age at death.) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. a. <b>Within the next 24 months</b> , do you intend to work, travel, or reside outside of the U.S. for more than 30 days? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? .....	
b. <b>Within the past 24 months</b> , have you made or contemplated making any flights as a pilot, student pilot, or crew member of any aircraft? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. a. <b>Within the past 5 years</b> , have you pled guilty to or been convicted of a felony or misdemeanor (including DUI or DWI) or do you have such charge currently pending against you or have you had a driver's license suspended or revoked or is currently suspended or revoked, any motor vehicle violations or <b>within the past 6 months</b> , have you been on probation or parole? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. <b>Within the past 5 years</b> , participated in motorized racing, hang gliding, rock or mountain climbing, rodeo events, sky diving, or skin or scuba diving? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <b>Within the past 10 years</b> , have you used illegal drugs, or abused alcohol or drugs, or had or been recommended by a medical professional or a licensed counselor to discontinue the use of alcohol or drugs or to have treatment or counseling for alcohol or drugs? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy # Coverage Amount \$

**COMMENTS:**

**AGREEMENT**—I agree with American-Amicable Life Insurance Company of Texas (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly stated. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who knowingly presents false statements in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the MIB, Inc. or other organization that has knowledge or records of me and my health to give such information to: (a) American-Amicable Life Insurance Company of Texas; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be disclosed and no longer covered by federal rules governing privacy and confidentiality of such information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize American-Amicable Life Insurance Company of Texas to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization shall be as valid as the original.

**CERTIFICATION**—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB, Inc. Pre-Notice. I acknowledge receiving the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness Accelerated Benefit Rider Disclosure Form, the Accelerated Benefit Rider-Confined Care Rider and Chronic Illness Accelerated Death Benefit Rider Disclosure Forms if applicable.

Signed at (City) \_\_\_\_\_ (State) \_\_\_\_\_ Date of Application (MM/DD/YY) \_\_\_\_\_

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

**AGENT'S REPORT**

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Accelerated Living Benefit Rider Disclosure Form, the Terminal Illness Rider Disclosure Form, the Confined Care Accelerated Benefit Rider and Chronic Illness Accelerated Death Benefit Rider Disclosure Forms have been presented to the applicant, if applicable.

Agent's Remarks: \_\_\_\_\_

Does the proposed insured have any existing life or disability insurance or annuity contract? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the proposed insured applied for any life insurance or annuity in the last ninety (90) days? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agent Signature _____	Agent Printed Name _____	No: _____ %
Agent Signature _____	Agent Printed Name _____	No: _____ %

Form No. ICC15-AA3188

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

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

#### **ACCELERATED LIVING BENEFIT RIDER-CRITICAL ILLNESS\* - Policy Form No. 9542 (AA, OL); AB302 (IAA)**

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

#### **THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement-Form No. 9543 (AA, OL); AB503 (IAA) Company specific with state exceptions) with the applicant.**

(The states of MA and WA require this disclosure form to be signed by the applicant and submitted with the application.) This disclosure provides definition of the covered conditions.

**Critical Illness Rider Premium:** The initial premium for the Critical Illness Rider is guaranteed for the first 5 policy years. After that time, the Company may change the premium for this rider (change by Issue Class only). The changed premium may be greater than or less than the rider premium at issue but will not be greater than the maximum premium shown in the Guaranteed Annual Premium chart below.

<b>CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE</b>						
<b>Age</b>	<b>100%</b>		<b>50%</b>		<b>25%</b>	
	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>
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

<b>CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE</b>						
<b>Age</b>	<b>100%</b>		<b>50%</b>		<b>25%</b>	
	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>
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
<b>These premiums are not for use in calculating initial premium.</b>						

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

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

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

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

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

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

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

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

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

**WAIVER OF PREMIUM DISABILITY AGREEMENT-WP\* - Policy Form No. 7180 (AA); PWO (OL); WPD301 (IAA)****Issue Ages: 18 – 55**

If elected, the Company will waive the payment of each premium of the policy in the event of total and permanent disability of the Insured as defined and specified in the rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

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

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

**CHILDREN'S INSURANCE AGREEMENT-CIA - Policy Form No. 8375 (AA, OL); CIB304 (IAA)****Issue Ages of Children: 15 days - 17 years****Issue Age of Primary Insured: 18 - 50****Maximum Rider Units: 5 Units****Premium: \$8.50 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 a permanent plan of insurance at a rate of 5 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.

**ACCIDENTAL DEATH BENEFIT-ADB - Policy Form No. 7159 (AA, OL); ADB302 (IAA)****Issue Ages: 18 – 64****Minimum Amount: \$1,000**

**Maximum Amount:** \$200,000 or 5 times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit will be paid to the beneficiary if the Insured dies as the result of an accident.

**Benefit Terminates:** At age 65

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



## **WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER - Policy Form No. 3231**

### **Issue Ages: 20 – 60**

If elected, the Company will waive the payment of each premium of the policy (and all riders attached to it) in the event the Insured becomes unemployed (receiving state or federal unemployment benefits) while the policy is in force. See the rider policy form for a complete description of rider details. Rider coverage expires at age 65 or at the end of the policy level premium paying period (unless rider is in effect).

### **Waiting Period:**

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

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

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

### **TERMINAL ILLNESS ACCELERATED BENEFIT RIDER - Policy Form No. 9473 (AA, OL); TIA (IAA); or 3575 in California**

With this benefit you can receive up to 100% of the death benefit of the policy if diagnosed as Terminally Ill where life expectancy is 24 months or less (12 months in some states). 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), T1501 (IAA), or 3575-D in CA, with the applicant at point-of-sale.*

### **ACCELERATED BENEFITS RIDER-CONFINED CARE - Policy Form No. 9674 (AA, OL); AB301 (IAA)**

With this benefit, if you are confined to a Nursing Home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. 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); AB502 (IAA) must be presented to the applicant at point-of-sale. (Rider not available in CT, DC, IN, MA, NJ, VA, & WA)*

### **CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER - Policy Form No. 3579**

With this benefit a portion of your death benefit can 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 can request to receive portions of the death benefit (minimum of \$1,000) up to 25% and as often as one time per calendar year. An administrative fee of \$100 will be assessed at the time of each acceleration. These requests can be made up to a maximum equaling 95% of the policy death benefit or a maximum amount of \$150,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the 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 must be presented to the applicant at point-of-sale. (Rider not available in all states).*

## Bank Draft Procedures

### Draft First Premium Once Policy is Approved:

- 1) Complete a Bank Draft Authorization found at the top of Form No. 9903 and send in with the application. Please specify a Requested Draft Date, if a specific one is desired.
  - (a) Once the application is approved, the first premium will be drafted upon the date specified. If no date is specified, the draft will occur on the day the policy is approved.
  - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
  - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

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

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

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

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

### 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 1st 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 first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

## New Business Tips

### PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed case values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smart phone or tablet, please go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select option for the “Phone Quoter”).

### APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on [AppScan](#), [AppDrop](#), and [AppFax](#) under the link “Transmit Apps”. Information on AppDrop can also be found on [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select the option for “AppDrop”). If the application is scanned or faxed, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions on utilizing the eCheck procedure); 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

- Complete applications electronically using a tablet or similar device.
- Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face-to-face sale to be made with the client.)

## Telephonic Applications

- Applications may be completed over the telephone and signed using one of the following options:
  - Email for Signature
  - Voice Signature
- For information and instructions on our phone sales process, please see the "Producers Guide to Phone Sales" available on the supply system under "Term Made Simple".

## TELEPHONE INTERVIEW

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

After fully completing the application you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 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 can 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".**

If Preferred Non-Tobacco rates are being applied for, please advise the interview company of this as well. The applicant 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 client 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): 1-855-758-6049**

**8am – 9pm Monday thru Friday CST**

**8am – 3pm Saturdays CST**

#### **Underwriting Outcomes Provided:**

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

### **FOR SPANISH SPEAKING INTERVIEWS ONLY**

**APPTICAL: 877-351-1773**

**7:30am-1:00am Monday thru Friday CST**

**9:00am-9:00pm Saturday & Sunday CST**

**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

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 2, the applicant is not eligible for coverage.

## DISABILITY INCOME (DIR & AODIR) AND CRITICAL ILLNESS GUIDELINES

- The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months.
- The following Proposed Insured occupations are not eligible for DIR, AODIR, or CIR:
  - Blasters & Explosives Handlers
  - Disabled
  - Participated in High-Risk Avocations within past 12 months
  - Police
  - Professional Athletes
  - Structural Workers / Iron Workers
  - Underground Miners & Workers
  - Unemployed (except stay-at-home spouses, significant other, or students)
- The following Proposed Insured occupations are not eligible for DIR or AODIR:
  - Individuals carrying a weapon in their occupation
  - Casino Workers
  - Housekeeping
  - Janitor
  - Migrant laborers
  - Retired
  - Student
- The following Proposed Insured occupations are not eligible for DIR only:
  - Self-Employed

## Preferred Underwriting for Term Made Simple

### 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 Height and Weight Table 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 had, been tested for, received treatment, or been told by a medical professional that you have 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 5 years, have you had more than two moving motor vehicle violations or any DUI/DWI convictions?
- In the past 5 years, have you been convicted of a felony or misdemeanor?

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

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

## SPEED UP YOUR TURNAROUND TIME!

### Practice these simple guidelines

The TERM MADE SIMPLE plan is issued Standard for applicants who would normally be considered up to table 4 by most underwriting standards today. Applicants 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 applicant's medical records, national prescription database, MIB, etc.

If applicant 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 all medications, applicant's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can 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 submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That agent's applicants will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the Proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

### 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*

\* 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		

**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 can 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.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for 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. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email [riskassess@aatx.com](mailto:riskassess@aatx.com).

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		Decline	Decline	Decline	Decline	A:1k
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	Decline	C:3
	After 4 years since abstained from use	Standard	Decline	Decline	Standard	C:3
Alzheimer's		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		Decline	Decline	Decline	Decline	A:1b
Angina		Decline	Decline	Decline	Decline	A:1a
Angioplasty		Decline	Decline	Decline	Decline	A:1a
Ankylosis		Standard	Decline	Standard	Decline	A:1i
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	A:1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	A:1f
Aortic Insufficiency		Decline	Decline	Decline	Decline	A:1a
Aortic Stenosis		Decline	Decline	Decline	Decline	A:1a
Appendectomy		Standard	Standard	Standard	Standard	A:1j
Arteriosclerosis		Decline	Decline	Decline	Decline	A:1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	Standard	A:1i
	Rheumatoid - all others	Decline	Decline	Decline	Decline	A:1i
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	A:1d
	Moderate, more than 1 episode a month	Standard	Decline	Standard	Standard	A:1d
	Severe, hospitalization or ER visit in 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
<b>NOTE:</b> * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at <a href="mailto:riskassess@aatx.com">riskassess@aatx.com</a> .						

## 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	Decline	Decline	Decline	Decline	C:3c
	Student Pilot	Decline	Decline	Decline	Decline	C:3c
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	C:3c
Back Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	A:1i
Bi-Polar 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	Decline	Decline	Decline	Decline	A:1d
Buerger's Disease		Decline	Decline	Decline	Decline	A:1a
By-Pass Surgery (CABG or Stent)		Decline	Decline	Decline	Decline	A:1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	A:1e
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	A:1e
	All others or history of metastatic cancer	Decline	Decline	Decline	Decline	A:1e
Cardiomyopathy		Decline	Decline	Decline	Decline	A:1a
Carotid Artery Disease		Decline	Decline	Decline	Decline	A:1a
Cerebral Palsy		Decline	Decline	Decline	Decline	A:1h
Cholesterol	Controlled with medication	Standard	Standard	Standard	Standard	A:1a
Chronic Obstructive Pulmonary Disease (COPD)		Decline	Decline	Decline	Decline	A:1d
Cirrhosis of Liver		Decline	Decline	Decline	Decline	A:1c
Connective Tissue Disease		Decline	Decline	Decline	Decline	A:1h
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	A:1j
Congestive Heart Failure (CHF)		Decline	Decline	Decline	Decline	A:1a
Criminal History	Convicted of Misdemeanor or Felony within the past 5 years	Decline	Decline	Decline	Decline	C:3a
	Probation or Parole within the past 6 months	Decline	Decline	Decline	Decline	C:3a
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	A:1c
Cystic Fibrosis		Decline	Decline	Decline	Decline	A:1h
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	A:1a
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	A:1a
Dementia		Decline	Decline	Decline	Decline	A:1f
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	A:1c
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	A:1c
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	Decline	A:1c
	Controlled with oral medications	Standard	Decline	Standard	Standard	A:1c

**NOTE:** \* Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at riskassess@aatx.com.

## TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	Decline	A: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		Decline	Decline	Decline	Decline	A:1f
Driving Record	Within the past 3 years an alcohol/drug related infraction, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	Decline	C:3a
	License currently suspended or revoked	Decline	Decline	Decline	Decline	C:3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	C:4
	Treatment within past 4 years	Decline	Decline	Decline	Decline	C:4
	Treatment 4 years or more, non-usage since	Standard	Decline	Decline	Standard	C:4
Duodenitis		Standard	Standard	Standard	Standard	A:1c
Emphysema		Decline	Decline	Decline	Decline	A:1d
Epilepsy	Petit Mal	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 been medically diagnosed with heart disease, cerebrovascular disease, internal cancer prior to age 60?	Standard	Standard	Standard	Decline	C:1
Fibrillation		Decline	Decline	Decline	Decline	A:1a
Fibromyalgia		Standard	Decline	Standard	Standard	A:1i
Gallbladder disorder		Standard	Standard	Standard	Standard	A:1c
Gastritis	Acute	Standard	Standard	Standard	Standard	A:1c
Glomerulosclerosis	Acute – after one year	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 2 years	Standard	Decline*	Decline*	Standard	C:3b
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	A:1f
	Migraine, severe or not investigated	Decline	Decline	Decline	Decline	A:1f
Heart Arrhythmia		Decline	Decline	Decline	Decline	A:1a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	Decline	A:1a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	Decline	A:1a
Hemophilia		Decline	Decline	Decline	Decline	A:1b
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	Decline	A:1c
Hepatomegaly		Decline	Decline	Decline	Decline	A:1c
HIV	Tested Positive	Decline	Decline	Decline	Decline	A:1k
Hodgkin's Disease		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

**NOTE:** \* Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at riskassess@aatx.com.



## TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER		CRITICAL ILL RIDER	QUESTION ON APP
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	Standard	A:1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	Decline	A:1a
	In combination with 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
Knee Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	A:1i
Leukemia		Decline	Decline	Decline	Decline	A:1e
Liver Impairments		Decline	Decline	Decline	Decline	A:1c
Lung Disease/ Disorder		Decline	Decline	Decline	Decline	A:1d
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	A:1h
Marfan Syndrome		Decline	Decline	Decline	Decline	A:1h
Melanoma	See Cancer/Melanoma					A:1e
Memory Loss		Decline	Decline	Decline	Decline	A:1f
Meniere's Disease		Standard	Decline	Standard	Standard	A:1j
Mental Incapacity		Decline	Decline	Decline	Decline	A:1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	A:1f
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	A:1f
Mitral Insufficiency		Decline	Decline	Decline	Decline	A:1a
Multiple Myeloma		Decline	Decline	Decline	Decline	A:1e
Multiple Sclerosis		Decline	Decline	Decline	Decline	A:1h
Muscular Dystrophy		Decline	Decline	Decline	Decline	A:1h
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	Standard	A:1j
Nursing Facility	Currently confined to a Nursing Facility	Decline	Decline	Decline	Decline	A:3
Pacemaker		Decline	Decline	Decline	Decline	A:1a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	Decline	A:1c
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	Decline	A:1i
Parkinson's Disease		Decline	Decline	Decline	Decline	A:1h
Peripheral Vascular Disease		Decline	Decline	Decline	Decline	A:1a
Pregnancy	Current; no complications	Standard	Standard	Standard	Standard	A:4a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	Standard	A:1g
	Cancer - See Cancer/Melanoma					A:1e
Psychiatric Disorder		Decline	Decline	Decline	Decline	A:1f
Pulmonary Embolism		Standard	Standard	Standard	Decline	A:1a
Retardation	Mild to moderate	Standard	Decline	Standard	Standard	A:1f
	Severe	Decline	Decline	Decline	Decline	A:1f
Rheumatic Fever	One attack-recovered	Standard	Standard	Standard	Decline	A:1a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	Decline	A:1d

**NOTE:** \* Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at riskassess@aatx.com.

TERM MADE SIMPLE MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	CRITERIA	LIFE	DI RIDER		CRITICAL ILL RIDER	QUESTION ON APP
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	A:1f
	All others	Decline	Decline	Decline	Decline	A:1f
Sexually Transmitted Disease		Decline	Decline	Decline	Decline	A:1g
Shoulder Injury	Within the past 12 months	Standard	Decline*	Decline	Standard	A:1i
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	Decline	A:1d
Spina Bifida		Decline	Decline	Decline	Decline	A:1i
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	Standard	A:1i
Stroke / CVA		Decline	Decline	Decline	Decline	A:1b
Subarachnoid Hemorrhage		Decline	Decline	Decline	Decline	A:1b
Suicide Attempt		Decline	Decline	Decline	Decline	A:1f
Thyroid Disorder		Standard	Standard	Standard	Standard	A:1J
	In combination with Hypertension (HBP)	Standard	Standard	Standard	Decline	A:1J
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Standard	Decline	A:1b
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	Decline	A:1b
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	Decline	A:1e
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	Decline	A:1d
	Over 2 years with no residuals	Standard	Standard	Standard	Standard	A:1d
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard	Standard	A:1c
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	A:1c
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	Decline	A:2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	A:1a
Vascular Impairments		Decline	Decline	Decline	Decline	A:1a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	Decline	Decline	A:1j
	After 1 year since surgery with no complications	Standard	Decline	Standard	Standard	A:1j
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	Decline	A:1j
<b>NOTE:</b> * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com						

## PRESCRIPTION REFERENCE GUIDE

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See “#” Below
Actos	Diabetes	N/A	See “#” Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See “#” Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Amlodipine Besylate/ Benaz	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline
Arimidex	Cancer	8 years > 8 years	Decline Standard

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

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

## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

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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
Benzotropine Mesylate	Parkinson’s	N/A	Decline
	Other Use	N/A	Standard

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

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

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

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

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

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See “#” Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See “#” Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See “*” Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson’s	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See “*” Below

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See “*” Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propanolol 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
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

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

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

## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heartbeat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heartbeat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below

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



## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Theodur	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
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	8 years > 8 years	Decline Standard

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

## PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

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

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

TERM MADE SIMPLE 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	1.38	1.53	2.96	1.24	1.38	2.66	0.94	1.04	1.61	0.85	0.94	1.45
19	1.39	1.54	2.97	1.25	1.39	2.67	0.95	1.05	1.62	0.86	0.95	1.46
20	1.40	1.55	2.98	1.26	1.40	2.68	0.95	1.05	1.62	0.86	0.95	1.46
21	1.40	1.56	2.99	1.26	1.40	2.69	0.95	1.06	1.63	0.86	0.95	1.47
22	1.41	1.57	3.00	1.27	1.41	2.70	0.96	1.07	1.65	0.86	0.96	1.49
23	1.42	1.58	3.01	1.28	1.42	2.71	0.97	1.08	1.68	0.87	0.97	1.51
24	1.43	1.59	3.02	1.29	1.43	2.72	0.98	1.09	1.73	0.88	0.98	1.56
25	1.44	1.60	3.03	1.30	1.44	2.73	0.99	1.10	1.79	0.89	0.99	1.61
26	1.45	1.61	3.05	1.31	1.45	2.75	1.00	1.11	1.85	0.90	1.00	1.67
27	1.46	1.62	3.07	1.31	1.46	2.76	1.02	1.13	1.93	0.92	1.02	1.74
28	1.46	1.62	3.09	1.31	1.46	2.78	1.04	1.16	2.01	0.94	1.04	1.81
29	1.47	1.63	3.12	1.32	1.47	2.81	1.07	1.19	2.11	0.96	1.07	1.90
30	1.48	1.64	3.15	1.33	1.48	2.84	1.11	1.23	2.22	1.00	1.11	2.00
31	1.49	1.66	3.20	1.34	1.49	2.88	1.13	1.26	2.35	1.02	1.13	2.12
32	1.51	1.68	3.26	1.36	1.51	2.93	1.18	1.31	2.48	1.06	1.18	2.23
33	1.54	1.71	3.33	1.39	1.54	3.00	1.22	1.36	2.62	1.10	1.22	2.36
34	1.57	1.74	3.43	1.41	1.57	3.09	1.28	1.42	2.77	1.15	1.28	2.49
35	1.60	1.78	3.54	1.44	1.60	3.19	1.32	1.47	2.94	1.19	1.32	2.65
36	1.64	1.82	3.68	1.48	1.64	3.31	1.39	1.54	3.11	1.25	1.39	2.80
37	1.69	1.88	3.85	1.52	1.69	3.47	1.45	1.61	3.28	1.31	1.45	2.95
38	1.76	1.95	4.06	1.59	1.77	3.69	1.51	1.68	3.46	1.36	1.51	3.11
39	1.82	2.02	4.29	1.67	1.86	3.95	1.58	1.76	3.65	1.42	1.58	3.29
40	1.91	2.12	4.62	1.78	1.98	4.31	1.66	1.84	3.84	1.49	1.66	3.46
41	2.03	2.26	4.99	1.92	2.13	4.71	1.75	1.94	4.09	1.58	1.75	3.68
42	2.17	2.41	5.39	2.07	2.30	5.14	1.85	2.05	4.37	1.67	1.85	3.95
43	2.31	2.57	5.81	2.22	2.47	5.59	1.95	2.17	4.68	1.79	1.99	4.29
44	2.48	2.75	6.27	2.40	2.67	6.08	2.07	2.30	5.02	1.92	2.13	4.65
45	2.66	2.96	6.84	2.64	2.93	6.78	2.21	2.46	5.41	2.03	2.26	4.97
46	2.86	3.18	7.41	2.84	3.15	7.34	2.33	2.59	5.78	2.17	2.41	5.37
47	3.08	3.42	8.05	3.05	3.39	7.98	2.46	2.73	6.15	2.31	2.57	5.78
48	3.33	3.70	8.78	3.30	3.67	8.71	2.57	2.86	6.51	2.44	2.71	6.17
49	3.60	4.00	9.60	3.57	3.97	9.53	2.70	3.00	6.85	2.58	2.87	6.55
50	3.91	4.34	10.48	3.87	4.30	10.38	2.80	3.11	7.17	2.66	2.95	6.80
51	4.21	4.68	11.40	4.19	4.65	11.33	3.00	3.33	7.74	2.87	3.19	7.41
52	4.55	5.05	12.38	4.51	5.01	12.28	3.20	3.56	8.31	3.09	3.43	8.01
53	4.91	5.45	13.47	4.85	5.39	13.33	3.40	3.78	8.91	3.30	3.67	8.64
54	5.30	5.89	14.65	5.24	5.82	14.48	3.62	4.02	9.52	3.53	3.92	9.29
55	5.79	6.43	16.07	5.73	6.37	15.93	3.87	4.30	10.25	3.78	4.20	10.01
56	6.24	6.93	17.43	6.17	6.85	17.22	4.08	4.53	10.89	3.97	4.41	10.60
57	6.71	7.45	18.85	6.61	7.34	18.58	4.29	4.77	11.55	4.17	4.63	11.21
58	7.20	8.00	20.36	7.08	7.87	20.02	4.51	5.01	12.23	4.37	4.85	11.84
59	7.71	8.57	21.96	7.57	8.41	21.56	4.74	5.27	12.94	4.58	5.09	12.50
60	8.33	9.26	23.87	8.19	9.10	23.46	5.02	5.58	13.83	4.84	5.38	13.34
61	9.14	10.16	26.42	8.99	9.99	25.99	5.39	5.99	14.95	5.20	5.78	14.43
62	10.01	11.12	29.13	9.86	10.95	28.67	5.80	6.44	16.17	5.60	6.22	15.61
63	10.96	12.18	32.07	10.80	12.00	31.58	6.24	6.93	17.51	6.02	6.69	16.91
64	12.00	13.33	35.24	11.82	13.13	34.72	6.72	7.47	18.98	6.50	7.22	18.34
65	13.12	14.58	38.67	12.92	14.36	38.08	7.25	8.06	20.61	7.00	7.78	19.89
66	14.36	15.96	42.44	14.07	15.63	41.57	7.82	8.69	22.38	7.58	8.42	21.69
67	15.73	17.48	46.62	15.35	17.05	45.48	8.46	9.40	24.30	8.23	9.14	23.64
68	17.25	19.17	51.29	16.78	18.64	49.87	9.14	10.16	26.40	8.93	9.92	25.76
69	18.97	21.08	56.58	18.40	20.44	54.87	9.90	11.00	28.67	9.68	10.76	28.05
70	20.90	23.22	62.53	20.22	22.47	60.51	10.72	11.91	31.13	10.49	11.66	30.48
71	23.89	26.54	68.47	23.20	25.78	66.50	12.88	14.31	33.88	12.65	14.05	33.27
72	26.87	29.86	74.41	26.18	29.09	72.48	15.04	16.71	36.63	14.80	16.44	36.04
73	29.86	33.18	80.35	29.15	32.39	78.45	17.20	19.11	39.38	16.95	18.83	38.81
74	32.85	36.50	86.29	32.13	35.70	84.41	19.36	21.51	42.13	19.10	21.22	41.56
75	35.84	39.82	92.23	35.10	39.00	90.33	21.52	23.91	44.88	21.25	23.61	44.32

• **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

TERM MADE SIMPLE 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	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
19	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
20	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
21	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
22	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
23	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
24	1.69	1.94	3.57	1.69	1.94	3.43	0.93	1.07	2.52	0.84	0.97	2.50
25	1.39	1.60	3.81	1.39	1.60	3.71	0.96	1.10	2.55	0.86	0.99	2.55
26	1.48	1.70	3.86	1.47	1.69	3.75	0.97	1.11	2.50	0.96	1.10	2.50
27	1.60	1.84	3.87	1.54	1.77	3.80	0.98	1.13	2.56	0.98	1.13	2.56
28	1.67	1.92	3.89	1.60	1.84	3.84	1.01	1.16	2.63	1.01	1.16	2.60
29	1.71	1.97	3.90	1.64	1.89	3.88	1.16	1.33	2.72	1.12	1.28	2.64
30	1.77	2.03	3.93	1.64	1.88	3.93	1.15	1.32	2.81	1.15	1.32	2.74
31	1.76	2.02	4.01	1.63	1.87	3.88	1.28	1.47	2.97	1.21	1.39	2.80
32	1.73	1.99	4.10	1.61	1.85	3.90	1.38	1.59	3.12	1.26	1.45	2.90
33	1.72	1.98	4.21	1.61	1.85	3.97	1.46	1.68	3.27	1.32	1.51	3.04
34	1.74	2.00	4.34	1.63	1.87	4.06	1.52	1.75	3.41	1.37	1.58	3.17
35	1.76	2.02	4.47	1.64	1.89	4.21	1.48	1.70	3.54	1.37	1.58	3.26
36	1.81	2.08	4.71	1.69	1.94	4.38	1.56	1.79	3.79	1.44	1.66	3.49
37	1.89	2.17	4.93	1.77	2.03	4.54	1.67	1.92	4.03	1.53	1.76	3.72
38	1.97	2.27	5.27	1.84	2.12	4.82	1.75	2.01	4.30	1.60	1.84	3.96
39	2.06	2.37	5.65	1.93	2.22	5.14	1.85	2.13	4.64	1.69	1.94	4.24
40	2.15	2.47	6.15	2.07	2.38	5.61	1.96	2.25	5.00	1.82	2.09	4.57
41	2.31	2.65	6.76	2.21	2.54	6.10	2.04	2.34	5.39	1.93	2.22	4.90
42	2.48	2.85	7.44	2.38	2.73	6.65	2.11	2.43	5.77	2.03	2.33	5.21
43	2.67	3.07	8.18	2.56	2.94	7.25	2.24	2.57	6.20	2.18	2.50	5.58
44	2.88	3.31	9.05	2.76	3.17	7.94	2.32	2.67	6.61	2.28	2.62	5.95
45	3.15	3.62	9.91	3.03	3.48	8.76	2.47	2.84	7.00	2.45	2.82	6.34
46	3.40	3.91	11.06	3.25	3.73	9.55	2.63	3.02	7.58	2.61	3.00	6.87
47	3.69	4.24	12.23	3.49	4.01	10.36	2.78	3.19	8.05	2.76	3.17	7.33
48	4.00	4.60	13.39	3.76	4.32	11.16	2.92	3.36	8.52	2.91	3.34	7.77
49	4.33	4.98	14.59	4.05	4.66	12.03	3.09	3.55	9.03	3.07	3.53	8.25
50	4.75	5.46	15.96	4.43	5.09	13.03	3.26	3.75	9.67	3.24	3.72	8.75
51	5.13	5.90	17.29	4.80	5.52	14.25	3.47	3.99	10.33	3.44	3.96	9.51
52	5.55	6.38	18.52	5.19	5.97	15.42	3.70	4.25	11.06	3.67	4.21	10.33
53	5.86	6.73	20.39	5.51	6.33	16.98	3.93	4.52	11.87	3.90	4.48	11.23
54	6.35	7.30	22.35	5.97	6.86	18.64	4.18	4.80	12.62	4.14	4.76	12.09
55	6.93	7.97	24.39	6.53	7.50	20.43	4.45	5.11	13.53	4.40	5.06	13.04
56	7.60	8.73	27.88	7.15	8.22	22.93	4.66	5.36	14.45	4.60	5.29	13.88
57	8.36	9.61	31.47	8.02	9.22	26.22	4.90	5.63	15.18	4.85	5.58	14.66
58	9.00	10.34	33.62	8.80	10.12	28.77	5.24	6.02	16.51	5.24	6.02	16.12
59	9.80	11.26	35.54	9.78	11.24	31.23	5.58	6.41	17.72	5.58	6.41	17.50
60	11.02	12.67	37.66	11.02	12.67	33.91	5.99	6.89	19.17	5.99	6.89	19.16
61	12.16	13.98	38.62	12.15	13.96	35.44	6.67	7.67	21.15	6.64	7.63	20.95
62	13.40	15.40	40.23	13.15	15.11	37.53	7.40	8.51	23.26	7.20	8.28	22.78
63	14.74	16.94	42.33	14.24	16.37	40.04	8.20	9.43	25.55	7.91	9.10	25.21
64	16.20	18.62	44.84	15.68	18.02	43.52	9.07	10.43	28.01	8.70	10.00	27.81
65	17.76	20.41	47.72	17.19	19.76	47.15	10.01	11.50	30.64	9.55	10.97	30.51
66	20.43	23.47	52.52	19.71	22.66	51.92	11.51	13.21	33.52	11.05	12.69	33.38
67	23.10	26.53	57.32	22.23	25.56	56.69	13.00	14.92	36.40	12.54	14.41	36.25
68	25.77	29.59	62.12	24.75	28.46	61.46	14.49	16.63	39.28	14.03	16.13	39.12
69	28.44	32.65	66.92	27.27	31.36	66.23	15.99	18.34	42.16	15.52	17.85	41.99
70	31.11	35.71	71.72	29.80	34.28	71.00	17.48	20.05	45.04	16.99	19.55	44.84

• **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

TERM MADE SIMPLE 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	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
19	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
20	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
21	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
22	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
23	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
24	1.86	2.14	4.24	1.71	1.97	3.90	1.61	1.85	3.12	1.48	1.70	2.87
25	1.86	2.14	4.24	1.73	1.99	3.94	1.61	1.85	3.12	1.48	1.70	2.87
26	1.89	2.17	4.24	1.76	2.02	3.94	1.62	1.86	3.21	1.49	1.71	2.95
27	1.91	2.20	4.24	1.78	2.05	3.94	1.65	1.90	3.31	1.52	1.75	3.05
28	1.92	2.21	4.24	1.79	2.06	3.94	1.65	1.90	3.39	1.52	1.75	3.12
29	1.93	2.22	4.24	1.79	2.06	3.94	1.66	1.91	3.48	1.53	1.76	3.20
30	1.93	2.22	4.24	1.79	2.06	3.94	1.69	1.94	3.59	1.55	1.78	3.30
31	1.98	2.28	4.44	1.85	2.13	4.14	1.71	1.96	3.66	1.57	1.80	3.37
32	1.98	2.28	4.63	1.87	2.15	4.37	1.71	1.97	3.75	1.60	1.84	3.51
33	1.98	2.28	4.84	1.90	2.18	4.62	1.73	1.99	3.85	1.66	1.91	3.69
34	2.02	2.32	5.05	1.95	2.24	4.87	1.75	2.01	3.95	1.71	1.97	3.87
35	2.04	2.34	5.26	2.02	2.32	5.22	1.75	2.01	4.02	1.69	1.94	3.88
36	2.11	2.42	5.51	2.09	2.40	5.48	1.80	2.07	4.30	1.76	2.02	4.19
37	2.24	2.57	5.70	2.23	2.56	5.67	1.91	2.20	4.58	1.89	2.17	4.51
38	2.34	2.69	6.07	2.33	2.68	6.04	1.98	2.28	4.89	1.97	2.26	4.85
39	2.47	2.84	6.50	2.44	2.81	6.44	2.10	2.41	5.30	2.08	2.39	5.25
40	2.63	3.02	7.07	2.60	2.99	7.00	2.21	2.54	5.77	2.18	2.51	5.71
41	2.84	3.26	7.72	2.80	3.22	7.62	2.35	2.70	6.23	2.33	2.68	6.19
42	3.08	3.54	8.45	3.04	3.49	8.32	2.46	2.83	6.65	2.44	2.80	6.58
43	3.35	3.85	9.25	3.29	3.78	9.09	2.65	3.05	7.13	2.61	3.00	7.02
44	3.64	4.18	10.21	3.57	4.10	10.02	2.75	3.16	7.57	2.70	3.10	7.43
45	3.98	4.58	11.11	3.92	4.51	10.95	2.91	3.34	7.99	2.88	3.31	7.92
46	4.31	4.95	12.38	4.26	4.90	12.25	3.12	3.59	8.77	3.10	3.56	8.70
47	4.67	5.37	13.64	4.64	5.33	13.54	3.31	3.81	9.40	3.29	3.78	9.33
48	5.05	5.81	14.84	5.00	5.75	14.69	3.52	4.05	10.03	3.50	4.02	9.96
49	5.45	6.27	16.08	5.40	6.21	15.92	3.74	4.30	10.75	3.71	4.27	10.68
50	6.02	6.92	17.54	5.99	6.88	17.45	4.07	4.68	11.73	4.04	4.64	11.63
51	6.52	7.49	18.76	6.47	7.44	18.64	4.32	4.97	12.47	4.28	4.92	12.34
52	7.03	8.08	19.84	6.98	8.02	19.70	4.61	5.30	13.34	4.56	5.24	13.18
53	7.28	8.37	21.68	7.22	8.30	21.51	4.92	5.66	14.33	4.86	5.59	14.14
54	7.91	9.09	23.58	7.84	9.01	23.38	5.25	6.03	15.20	5.17	5.94	14.99
55	8.66	9.95	25.50	8.55	9.83	25.18	5.60	6.44	16.21	5.51	6.33	15.94
56	9.54	10.96	29.35	9.06	10.41	27.88	5.97	6.86	17.29	5.72	6.58	16.58
57	10.62	12.21	33.33	10.09	11.60	31.66	6.35	7.30	18.01	6.04	6.94	17.11
58	11.38	13.08	35.67	10.81	12.43	33.89	7.03	8.08	19.77	6.68	7.68	18.78
59	12.48	14.34	37.73	11.85	13.62	35.84	7.71	8.86	21.29	7.33	8.42	20.23
60	14.30	16.44	39.94	13.59	15.62	37.94	8.56	9.84	23.11	8.13	9.35	21.95
61	15.71	18.06	43.14	14.93	17.16	40.98	9.32	10.71	24.86	8.85	10.17	23.62
62	17.24	19.82	46.54	16.38	18.83	44.21	10.15	11.67	26.75	9.60	11.04	25.31
63	18.90	21.72	50.12	17.95	20.63	47.60	11.08	12.73	28.81	10.67	12.27	27.77
64	20.68	23.77	53.89	20.13	23.14	52.45	12.09	13.90	31.03	11.84	13.61	30.38
65	22.59	25.97	57.87	22.37	25.71	57.29	13.20	15.17	33.41	13.08	15.03	33.10

• **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

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.

ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD									
*NOTE: These premiums are not for use in calculating initial premium.									
ANNUAL PREMIUM PER \$1,000									
Age	MALE		FEMALE		Age	MALE		FEMALE	
	Standard and Preferred Non-Tobacco	Standard Tobacco	Standard and Preferred Non-Tobacco	Standard Tobacco		Standard and Preferred Non-Tobacco	Standard Tobacco	Standard and Preferred Non-Tobacco	Standard Tobacco
28	3.37	6.62	1.60	2.83	38.57	70.23	30.67	58.75	57.16
29	3.32	6.59	1.72	3.06	43.36	78.12	33.20	63.31	61.53
30	3.29	6.55	1.77	3.17	48.40	86.21	35.95	68.14	66.15
31	3.24	6.56	1.89	3.44	53.73	94.24	38.99	73.42	71.19
32	3.22	6.65	1.97	3.66	59.13	102.02	42.36	79.03	76.55
33	3.29	6.85	2.02	3.87	64.61	109.62	46.04	85.33	82.57
34	3.31	7.12	2.12	4.13	70.52	117.65	50.17	92.23	89.18
35	3.35	7.35	2.27	4.51	76.65	125.65	54.69	99.73	96.36
36	3.49	7.78	2.36	4.77	84.08	135.33	59.69	108.10	104.37
37	3.59	8.23	2.55	5.10	92.41	145.94	65.45	117.62	113.51
38	3.85	8.87	2.61	5.26	103.34	160.29	71.92	128.09	123.59
39	4.09	9.53	2.79	5.56	114.90	174.77	78.94	139.38	134.44
40	4.37	10.30	3.02	5.87	127.08	189.47	86.68	151.76	146.34
41	4.74	11.27	3.25	6.27	140.42	206.50	95.27	164.27	158.31
42	5.22	12.39	3.53	6.77	154.98	224.62	104.74	177.93	171.36
43	5.76	13.70	3.88	7.37	171.91	245.48	115.19	192.64	185.40
44	6.43	15.24	4.29	8.08	191.70	269.52	126.80	208.51	200.52
45	7.21	16.87	4.76	8.87	214.56	296.84	139.42	225.76	216.86
46	7.94	18.39	5.27	9.72	239.55	326.06	153.59	244.52	234.47
47	8.74	20.09	5.90	10.83	268.03	358.75	172.62	270.64	259.25
48	9.19	21.07	6.59	12.23	297.79	392.00	194.06	299.08	286.16
49	9.70	22.19	7.33	13.82	329.99	427.21	215.62	326.96	312.38
50	10.43	23.79	8.17	15.55	365.73	465.62	239.76	356.76	340.55
51	11.28	25.67	9.08	17.41	405.76	510.77	267.06	387.12	368.94
52	12.45	28.23	10.10	19.47	450.26	560.33	292.13	413.10	392.60
53	13.72	31.12	11.18	21.60	499.02	613.79	329.16	452.94	430.12
54	15.38	34.72	12.30	23.95	551.46	670.17	368.15	492.92	467.57
55	17.45	38.80	13.54	26.39	606.99	728.68	409.93	533.28	505.23
56	19.58	42.97	15.03	28.96	665.11	788.51	449.10	566.53	535.68
57	23.51	45.19	19.95	39.17	720.20	843.01	471.19	576.04	542.29
58	25.57	48.57	21.93	42.54	777.70	898.61	511.07	606.08	569.31
59	27.95	52.50	23.92	46.27	838.33	955.92	568.39	652.62	612.85
60	30.82	57.25	25.97	50.16	897.52	970.00	639.81	711.12	668.4
61	34.31	63.13	28.22	54.19					

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



## Company Contact Information

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

DEPARTMENT	PHONE MENU PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	mktfinance@aatx.com	254-297-2126
Client Experience	1 1 7	cx@aatx.com	254-297-2105
Earned Commissions	1 1 5	mktfinance@aatx.com	254-297-2110
New Business Agent Support	1 1 1	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

**Not Sure Who To Call? Contact our Agent Hotline:** (800) 736-7311, prompt. 11

ITEMS TO SEND	WEBSITE	FAX
New Business Applications (completed on paper)	www.insuranceapplication.com (select "App Drop")	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

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

Want to Chat With Us? Go to the marketing page of your agent portal and click on the department you need (new business, agent hotline, client experience "CX", underwriting assessment, commission advances).

### Mailing Addresses:

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

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

### Online Services:

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

Access product information, forms, agent e-file, and other valuable information at the Company websites.

