

# FAMILY SOLUTION

(Ages 0 through 49)  
Whole Life Insurance

## AGENT GUIDE

Underwriting Guidelines  
Premium Rates

- Immediate Death Benefit Plan  
*Policy Form No. 9772 (AA, OL, PA, PS); GDWL103 (IAA)*
- Return of Premium Death Benefit Plan  
*Policy Form No. 9471 (AA, OL, PA, PS); GDWL101 (IAA)*

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 Marketing Sales Team at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.

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## 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
Marketing Sales Agent Hotline	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. 1, 1, 1

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)  
[www.pioneeramerican.com](http://www.pioneeramerican.com)  
[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)

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

## UNDERWRITING GUIDELINES

Our Family Solution life insurance plans target a broad spectrum of the final expense insurance market. These policies and our application Form 9617 (with state variations); Form GL212 [IAA] accommodate a simplified approach to purchasing life insurance.

Family Solution "Immediate Death Benefit" policy is for those with no serious health history and can answer "NO" to all health questions 1 through 9 on the application.

Family Solution "Return of Premium Benefit" policy is for those who answer "NO" to questions 1 through 6, "YES" to any health questions 7 through 9.

If health questions 1 through 6 are answered "YES", the applicant is not eligible for any of the Family Solution plans.

The Family Solution application features simple "YES" or "NO" questions that enable you to quickly determine which plan of insurance the applicant may be eligible for.

## POLICY SPECIFICATIONS

<b>Issue Ages (Age Last Birthday):</b>	<b>0 to 49</b>
<b>Premium Paying Period:</b>	<b>To age 100</b>
<b>Minimum Death Benefit</b>	<b>\$5,000</b>
<b>Maximum Immediate Death Benefit</b>	<b>Ages 0 to 49: \$35,000</b>
<b>Maximum Return of Premium Death Benefit</b>	<b>Ages 18 to 49: \$20,000</b>
<b>Policy Fee</b>	<b>\$30 (Commissionable)</b>
<b>Modal Factors:</b>	
Monthly EFT	<b>0.088</b>
Quarterly	<b>0.262</b>
Semi-Annual	<b>0.519</b>
<b>No Cost Riders Included:</b>	<b>Availability:</b>
Terminal Illness Accelerated Benefit Rider*	<b>All plans</b>
Accelerated Benefit Confined Care Rider*	<b>Not Available on ROP Plan</b>
<b>Optional Benefits and Riders:</b>	<b>Availability:</b>
Level Term Insurance Rider (Available on Spouse only)	<b>All plans</b>
Waiver of Premium Rider (WP)	<b>Not Available on ROP Plan</b>
Children's Insurance Agreement Rider (CIA)	<b>Not Available on ROP Plan</b>
Accidental Death Benefit Rider (ADB)	<b>Not Available on ROP Plan</b>
<b>Application No (with some state variations)</b>	9617
<b>* Included at no additional premium, where available.</b>	

## PLAN DESCRIPTIONS

### Family Solution "Immediate Death Benefit":

Simplified issue whole life policy with level death benefit of 100% of face amount paid immediately.

### Family Solution "Return of Premium Benefit":

Simplified issue whole life policy which pays return of premium plus 10% interest if death occurs during the 1st 3 years. 100% paid after graded period. 100% paid for accidental death, all years.

## SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified "YES/NO" application, a telephone interview (when required), liberal height and weight chart, and a check with the Medical Information Bureau (MIB, Inc.) and pharmaceutical related facility. Check the height/weight charts in this guide to determine which plan of coverage the Proposed Insured will qualify for based on their build. **NOTE:** Underwriting reserves the right to request medical records only if or when deemed necessary. A Motor Vehicle Report (MVR) will be ordered when applying for Accidental Death Benefit (ADB).

## TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured is required on applications with issue ages 40 through 49 prior to the policy being issued.

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 upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling the toll free number below. When calling be sure to identify yourself, Company and product being applied for "Family Solution". The applicant must always complete the telephone interview without assistance from the agent or another person. 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 the question "NO" in the upper right-hand corner of the application. Upon receipt of the application, the Company will request that the telephone interview vendor contact the Proposed Insured.

**Apptical: 1-877-351-1773**  
**7:30am-1am Monday thru Friday CST**  
**9:00am-9:00pm Saturday & Sunday CST**

If a Third Party Payor is involved (Issue Ages 25 to 29), there will be a telephone interview required. This interview will be initiated by the Home Office ONLY (cannot be completed at point-of-sale). In addition, we will not accept an application on a Proposed Insured with an issue age between 30-49 if a Third Party Payor is involved.

## APPLICATION COMPLETION

The following section is provided to assist agents with the completion of the life insurance application (Form No. 9617). 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.

### Page 1 of Application:

- **Proposed Insured** — Provide the Proposed Insured's **full legal name**.
- **Address** — Physical address
- **City / State / Zip Code**
- **Telephone Case Number** — Provide the case number provided to you by the vendor (if interview completed point-of-sale).
- **Phone Interview Completed (Age 40-49):**
  - If completed point-of-sale, check the "Yes" box. Otherwise check "No"
  - 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
- **Male / Female** — Select appropriate gender
- **Date of Birth** — Month/Day/Year
- **Age** — Calculate based upon **age last birthday** as of the policy date
- **State of Birth**
- **Social Security Number**
- **DL Number (Paper)** — List the Proposed Insured 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.
- **Height and Weight** — Record the Proposed Insured's current height and weight. Refer to the build tables in this guide to assist in determining the appropriate plan to apply for based on build.
- **Occupation** — Provide a job title or duties performed
- **Owner:**
  - Name
  - Social Security Number
  - Address
- **Payor:**
  - Name
  - Social Security Number
  - Address

- **Beneficiary** — Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the Insured. Examples include family members, a Trust or an Insured's Estate. **Funeral homes are not acceptable beneficiary designations.**
- **Plan** — Check the box for the appropriate death benefit plan being applied for. This is based on the answers to the health questions and the Proposed Insured's build.
- **Automatic Premium Loan (APL)** — Check "Yes" or "No"
- **Tobacco Use** — Please check the box "Yes" or "No" to the tobacco use question. The question reads **"During the past 12 months have you used tobacco in any form?"** — 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.*
- **Face Amt \$** — Enter the amount of coverage being applied for.
- **Mail Policy To** — Check the box to indicate the preference to whom the policy contract should be mailed.
- **Rider** (Be sure to check the box next to the rider being applied for):
  - Child Rider
    - Indicate the number of children applying for coverage
    - Enter 1 unit (\$3,000), 2 units (\$6,000) or 3 units (\$9,000) of coverage
  - Accidental Death Benefit Rider
    - Check the box for ADB
    - Indicate the amount of coverage
- **Mode:**
  - **Bank Draft** - Monthly bank draft
  - **Quarterly** - Quarterly bank draft
  - **Semi-Annual** - Semi-annual bank draft
  - **Annual** - Annual bank draft
  - **Draft 1st Premium on Requested Date** - Monthly bank draft for which the 1st draft will occur upon the "Policy Date Request" you will enter.
- **Modal Premium** — Enter the desired premium based on the frequency by which the client will pay
- **CWA** (check appropriate box, if applicable):
  - **E-Check Immediate 1st Premium** — Only select this option if the Company is to draft the Proposed Insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
  - **Collected \$** - Only select this option if actually collecting initial payment and mailing it to the Home Office.
- **Policy Date Request** — The Requested Policy Date or the initial draft, if applicable, **cannot be more than 30 days out from the date the application was signed.**
- **Replacement Section:**
  - Answer questions A & B
  - If replacing coverage, please provide the other insurance Company name, policy # & amount of coverage.
  - **NOTE: Complete any state required Replacement forms**
- **Physician Name, City/State & Phone** — provide the name and contact information of the Proposed Insured's doctor (or clinic)
- **Health Questions:**
  - **If any answer to questions 1 through 6 is answered "Yes" the Proposed Insured is not eligible for any coverage.**
  - **If any answer to questions 7 through 9 is answered "Yes" the Proposed Insured is eligible for the Return of Premium Death Benefit Plan.**
  - **If all questions 1 through 9 are answered "No" the Proposed Insured is eligible for the Immediate Death Benefit Plan.**

### **Back of the Application:**

- **List children for coverage under the Children's Insurance Agreement:**
  - For each child to be covered provide their name, height & weight, sex, & birthdate.
  - If more space is needed to list the children covered, please provide their information on a separate sheet of paper and submit along with the application.
- **Proposed Children's Health Information:**
  - This question applies to all of the children proposed for coverage
  - Those who do not qualify for coverage based on this health question should be listed on the line for "Exceptions".
- **Signature of Proposed Insured:**
  - The Proposed Insured should sign their own application.
  - Power of Attorney (POA) signatures are not acceptable.
- **Date Signed** — The date signed should always be the date the Proposed Insured answered all the medical questions and signed the application.
- **Signed at** — Provide both the city and state indicating where the applicant was when the application was taken.
- **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:
  - Answer both replacement questions
  - Agent's Remark – Provide any special instructions or notes for the Company.
  - Agent's Signature
  - Agent Number
  - Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)
- **Bank Draft Authorization** — Complete the following if premiums are being paid via bank draft. A complete explanation of acceptable draft dates is found later in this guide:
  - Insured name
  - Account Holder name
  - Name of the bank or financial institution
  - Address of the bank
  - Transit/ABA Number (a.k.a. Routing Number)
  - Account Number
  - Check if the account is either a "Checking" or "Savings" account
  - Requested Draft Day – Day of the month for recurring drafts
  - Signature of the account holder
  - Date

## CUSTOMER BENEFITS

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

## STATE SPECIFICS

- *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 any of his / her personal information.
  - Terminal Illness Accelerated Death Benefit Disclosure Form No. 3575-D must be presented to the Applicant at point-of-sale.
- *Connecticut*—Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.
- *Florida*—If applying for Children's Insurance Agreement and/or the Grandchild Rider, the Proposed Insured must sign and have legal guardianship. If someone other than Parent is signing the application, proof of child guardianship must be provided.
- *Illinois*—Return of Premium Plan is Graded 2 years only.
- *Kansas*:
  - If any YES answers to application health questions 1-9, do not send/collect initial premium.
  - 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. 9712-KS must be completed and submitted with the application if the mode of payment is bank draft.
- *Kentucky*—Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- *New Jersey*—Return of Premium Plan is Graded 2 years only.
- *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.
- *South Dakota*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses and build charts.
- *Virginia*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses and build charts.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE  
 ALL PRODUCTS NOT APPROVED IN ALL STATES  
 SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY



## OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

- **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.
- **Terminal Illness Accelerated Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (IAA)** – Must be presented to the applicant and the agent must certify that it has been presented. In California, Disclosure Form No. 3575-D is required to be presented at point-of-sale. (The states of MA and VA require this disclosure form to be signed by the applicant and submitted with the life application.)
- **Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (IAA)** – Must be presented to the applicant and the agent must certify that it has been presented when applying for the Immediate Death Benefit plan.
- **HIPAA, Form No. 9526** – Must be submitted with each application.
- **Replacement Form (if required)** – Complete all replacement requirements as per individual state insurance replacement regulations. Replacement forms can be found on the Company website under the "Order Supply" section.
- **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 of 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 on a daily basis. 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.
- **All changes must be crossed out and initialed by Proposed Insured.** – No white outs or erasures are permitted on the application.
- **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.
- **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.
- **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.
- **Applications on Juveniles (Issue Ages 0-17)**
  - All children within the family should be insured equally.
  - We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
  - Juvenile questionnaires (Form No. 9825) are required to be submitted with the applications.
- **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 Family Solution 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 0 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and 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.



- **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.
  - It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:
    - **Re-date and Reinstatement Request\*:**
      - If the request is being made within 60 days of the policy date:
        - A policy can be re-dated simply by sending an email request to our lient Experience Department. These requests can be sent to lient Experience at [cx@aatx.com](mailto:cx@aatx.com).
        - There is no additional paperwork necessary.
      - \* A policy can be re-dated ONE time only.
    - **Reinstatement Requests Only\*\*:**
      - If the policy lapse has occurred 60 days after the policy date & within the first policy year:
        - We require both a "Statement of Health" (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
        - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
        - The documents above should be faxed to lient Experience at **(254) 297-2105**.
        - As an alternative a new application can completed and submitted with "Reinstatement" and the policy number indicated at the top. These should also be faxed to lient Experience at **(254) 297-2105**.
      - If the policy lapse occurred more than one year after the policy date:
        - We require a new application to be completed and submitted to the New Business Department at **fax # (254) 297-2100**.
        - Make sure to send a note with the application indicating this is a "Reinstatement" & indicate the original policy number.
- \*\* Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstate.

## BUILD CHARTS (Unisex)

(Use the chart below to help determine the appropriate plan)

HT.	MAXIMUM WEIGHT FOR PLAN		MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	RETURN OF PREMIUM*	IMMEDIATE	RETURN OF PREMIUM**
4'10"	211	212 - 230	92	87 - 91
4'11"	218	219 - 238	94	89 - 93
5'	225	226 - 246	96	91 - 95
5'1"	233	234 - 254	99	94 - 98
5'2"	241	242 - 262	101	96 - 100
5'3"	248	249 - 271	105	100 - 104
5'4"	256	257 - 280	107	102 - 106
5'5"	264	265 - 288	110	105 - 109
5'6"	273	274 - 297	112	107 - 111
5'7"	281	282 - 306	116	111 - 115
5'8"	289	290 - 316	119	114 - 118
5'9"	298	299 - 325	123	118 - 122
5'10"	307	308 - 335	126	121 - 125
5'11"	315	316 - 344	131	126 - 130
6'	324	325 - 354	135	130 - 134
6'1"	334	335 - 364	139	134 - 138
6'2"	343	344 - 374	142	137 - 141
6'3"	352	353 - 384	146	141 - 145
6'4"	361	362 - 394	149	144 - 148

\* Above the weight on the high end of this range is a decline

\*\* Below the weight on low end of this range is a decline

## JUVENILE BUILD CHART

AGES 0-2			AGES 3-9			AGES 10-14		
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
24"	8	23	30"	18	40	48"	44	92
26"	10	26	34"	22	44	52"	54	108
28"	13	31	38"	26	54	56"	63	126
30"	15	36	42"	32	64	60"	74	144
32"	18	40	46"	38	78	64"	87	166
34"	21	42	50"	46	94	68"	100	186
36"	23	45	54"	56	111	72"	113	206
38"	26	48	58"	66	128	76"	126	228
AGES 15-17								
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
4' 8"	74	169	5' 3"	93	215	5' 10"	115	265
4' 9"	76	176	5' 4"	96	221	5' 11"	118	272
4' 10"	79	182	5' 5"	99	228	6'	122	280
4' 11"	82	188	5' 6"	102	235	6' 1"	125	288
5'	84	195	5' 7"	105	243	6' 2"	129	296
5' 1"	87	201	5' 8"	109	250	6' 3"	132	304
5' 2"	90	208	5' 9"	112	257	6' 4"	136	312

Applicants with weights below the minimum or above the maximum in this chart are not eligible for coverage. The chart above serves as a general guide relating to juvenile build. However, Underwriting reserves the right to use discretion concerning appropriate build for age as well as the height and weight limits for such applicants.

## **FAMILY SOLUTION: Field Underwriting Hints**

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

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

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

### **Practice these simple guidelines**

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.

THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records 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. Medical records on those applicants will be requested until the Underwriting Department believes that agent has corrected their field underwriting problems.

Do not let poor field underwriting contribute to unnecessary delays in both the issuing of your business and the payment of your compensation.

## **BANK DRAFT PROCEDURES**

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

- (1) Complete the Bank Authorization Form on the back of the application. Please specify a Requested Draft Date, if one is desired.
  - (a) Drafts cannot occur more than 30 days after the date the application was signed.
  - (b) Drafts cannot be on the 29th, 30th or 31st of the month.
  - (c) Drafts more than 10 days into the grace period.
- (2) A copy of a void check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (the Bank Verification Section of Form 9903). If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card. Green Dot Bank (and other pre-paid cards) not accepted.

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

- (1) In addition to items 1 & 2 above, complete the eCheck Authorization (the eCheck Bank Draft Authorization Section of Form 9903). With the use of this form, the Company will draft for the 1st premium upon receipt of the application.
- (2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

## **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**" section found on the back page of the application, you will need to write in one of the following options:
  - "**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.

## 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 cash 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 completed on paper 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 any and 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.)

## RIDERS

### **Optional Level Term Insurance Rider, Policy Form 8087 (AA, OL, PA, PS); LT301 (IAA) (Available on Spouse only)**

The Spouse Term Rider provides 20 year level term insurance on the Spouse. If any of the Spouse health questions 1 through 9 are answered "Yes", the Spouse is not eligible for any rider coverage.

**Spouse Issue Ages:** 15-49

**Minimum Amount:** \$5,000

**Maximum Amount:** \$35,000 (not to exceed face amount of base policy)

LEVEL TERM RATES							
ANNUAL PREMIUMS PER \$1,000							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
15	\$1.73	24	\$ 2.17	33	\$4.11	42	\$7.80
16	1.77	25	2.23	34	4.33	43	8.67
17	1.81	26	2.36	35	4.59	44	9.18
18	1.86	27	2.52	36	4.88	45	9.75
19	1.90	28	2.69	37	5.20	46	11.14
20	1.95	29	2.89	38	5.57	47	12.00
21	2.00	30	3.12	39	6.00	48	13.00
22	2.05	31	3.39	40	6.50	49	14.18
23	2.11	32	3.71	41	7.09		

### **Optional Accidental Death Benefit (ADB), Policy Form 7159 (AA, OL, PA, PS); ADB302 (IAA)** (not available on Return of Premium)

ADB provides an additional amount of death benefit should the Insured die as a result of an accident.

**Issue Ages:** 0-49

**Minimum Amount:** \$2,500

**Maximum Amount:** Equal to the face amount of the policy

**Premium:** \$1.50 per \$1,000 ADB coverage

**Optional Waiver of Premium (WP), Policy Form 7180 (AA, OL, PA, PS); WPD301 (IAA)**

(not available on ROP Plan)

**Issue Ages: 0-49**

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 agreement. The principal points in the agreement are:

- (1) Total disability has existed continuously for at least six consecutive months.
- (2) For policies issued prior to age 15, premiums will be waived after the policy anniversary nearest the Insured's attained age 15.
- (3) Due proof that the Insured became totally disabled while this agreement was in force must be furnished to the Company at the Home Office.
- (4) Premium for the benefit ceases when the benefit terminates.
- (5) Cash and loan values continue to increase if premiums are being waived.
- (6) Premiums shall not be waived if disability results directly or indirectly from service in the military, naval or air forces of any country while engaged in war, whether declared or undeclared.
- (7) Rider coverage expires at age 60 (unless rider is in effect).

<b>WAIVER OF PREMIUM</b>			
<b>ISSUE AGE</b>	<b>ANNUAL PER \$100</b>	<b>ISSUE AGE</b>	<b>ANNUAL PER \$100</b>
0-5	1.39	28	2.93
6	1.43	29	3.05
7	1.47	30	3.17
8	1.51	31	3.31
9	1.55	32	3.45
10	1.60	33	3.60
11	1.64	34	3.76
12	1.69	35	3.94
13	1.75	36	4.12
14	1.80	37	4.31
15	1.86	38	4.52
16	1.92	39	4.75
17	1.99	40	5.00
18	2.06	41	5.26
19	2.14	42	5.55
20	2.21	43	5.86
21	2.29	44	6.21
22	2.36	45	6.59
23	2.45	46	7.15
24	2.53	47	7.78
25	2.62	48	8.50
26	2.72	49	9.31
27	2.82		
27	2.82		

**Optional Children's Insurance Agreement (CIA) Plan**  
**Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA)**

(Not available on Return of Premium Death Benefit Plan)

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

**Issue Ages:** Primary Insured: 15 - 49  
 Children: 15 days - 17 years

**Premium:** \$8.50 annually per unit

**Maximum:** 3 units (\$9,000 face amount of coverage)

CIA Calculation Example: 2 units of CIA (\$8.50 X 2) multiplied X .088 = \$1.50 per month. Add this to life coverage monthly premium for the total monthly premium.

**RIDERS INCLUDED AT NO ADDITIONAL COST**

**Terminal Illness Accelerated Benefit Rider**

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

With this benefit you can receive up to 100% of the death benefit 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 9474 (AA, OL, PA, PS); T1501 (IAA), or 3575-D in CA, with the applicant.

**Accelerated Benefits Rider-Confined Care**

**Policy Form No. 9760 or 3156 in NC (AA, OL, PA, PS); AB303 (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 equal to 5.0% of the face amount per month. This rider is added to policies issued as the Immediate Death Benefit Plan (where available) at no additional premium. Not available on the Return of Premium Death Benefit plan. Remember to leave disclosure statement Form 9761 or 3157 in NC(AA, OL, PA, PS); AB504 (IAA) with the applicant when applying for the Immediate Death Benefit plan. (Rider not available in CA, CT, DC, FL, IL, IN, MA, NJ, OH, SD, or VA)

RIDER AVAILABILITY CHART		
Rider availability can vary by death benefit plan. See chart below for availability.		
RIDER NAME	DEATH BENEFIT PLAN	
	IMMEDIATE	RETURN OF PREMIUM
Level Term (Spouse)	Yes	Yes
Accidental Death	Yes	No
Waiver of Premium	Yes	No
Children's	Yes	No
Terminal Illness	Yes	Yes
Confined Care	Yes	No

## PRESCRIPTION REFERENCE GUIDE

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

The "Rx Fill Within" column means the drug was prescribed within the time period noted.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Accuretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Acebutolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Aceon	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium

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# Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.



Medication	Common Uses	RX Fill Within	Plan Eligibility
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetadine	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage
Capoten	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
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) CHF	N/A N/A	See "*" Below No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heartbeat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depakote	Seizures	3 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Epitol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below

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# Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Furosemide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Gabapentin	Seizures Diabetic Neuropathy Restless Leg Syndrome	3 years N/A N/A	Return of Premium No Coverage Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
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	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Hizentra	Immunodeficiency	N/A	Decline
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Imdur	Angina / CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Inspira	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lamtrofine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lanoxicaps	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lanoxin	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate

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# Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	5 years	No Coverage
		> 5 years	Immediate
Lyrica	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heartbeat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heartbeat	3 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Prinzide	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See "*" Below No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Ramipril	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium
Renagel	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Renvela	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Requip	Parkinson's	N/A	Return of Premium
	Restless Leg Syndrome	N/A	Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Rythmol	Irregular Heartbeat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heartbeat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Theodur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
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	No Coverage
Toremide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage

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# Diabetes - If diagnosed, treated or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trandolapril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tresiba (Insulin)	Diabetes*	N/A	Immediate
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Valstar	Cancer	5 years > 5 years	No Coverage Immediate
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage
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## FAMILY SOLUTION IMPAIRMENT GUIDE

The following list is intended as a guide to assist the agent in determining the appropriate plan of coverage for which the Proposed Insured should apply. It is not intended to replace the health questions on the life application as the ultimate means for determining client eligibility.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Been medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism/Alcohol Abuse	Within the past 24 months abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use	No Coverage	2
Amputation	Have ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Blood Clot	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Within the past 5 years been medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease	No Coverage	4
Cardiomyopathy	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Chronic Bronchitis	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Congestive Heart Failure (CHF)	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Connective Tissue Disease	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Criminal Background	Been convicted of any felony within the past 24 months	No Coverage	2
	Been on probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Cystic Fibrosis	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Decline for Insurance	Been declined for life insurance coverage within the past 12 months	Return of Premium	8
Diabetes	Been medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Been medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated or taken medication for prior to age 39	Return of Premium	7a
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	Return of Premium	8
Disability	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 within the past 12 months	No Coverage	3
	Currently receiving benefits, compensation, or pension for disability, or currently unemployed due to medical reasons	No Coverage	3
Down Syndrome	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b

\* Applies to standard life application Form No. 9617. The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.



Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Driving Record	Had driver's license suspended or revoked, or been convicted of driving under the influence of alcohol or drugs within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease/Disorder	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Heart Valve Disease	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Hemophilia	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Hepatitis C	Medically diagnosed, treated or taken medication for	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Have been tested positive for	No Coverage	1
Huntington's Disease	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Immune Deficiency Related Disorder	Been medically treated or diagnosed by a medical professional as having	No Coverage	1
Irregular Heartbeat	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Kidney Failure	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Leukemia	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Liver Disease	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Liver Failure	Have been medically diagnosed, treated, or taken medication for liver failure	No Coverage	6b
Marfan Syndrome	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Mental Retardation	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Motor Neuron Disease	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Muscular Dystrophy	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Neuro-Muscular Disease	Have been medically diagnosed or treated, or taken medication for (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease)	Return of Premium	7b
Obesity	Had surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Have ever had or been medically advised to have	No Coverage	6b
Paralysis	Been medically diagnosed or treated, or taken medication for paralysis of two or more extremities	Return of Premium	7b
Parkinson's Disease	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Renal Insufficiency	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated or taken medication for	Return of Premium	7b
Schizophrenia	Have been medically diagnosed, treated, or taken medication for	No Coverage	6b
Seizures	Have been medically diagnosed or treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Stroke	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Systemic Lupus (SLE)	Have been medically diagnosed, treated, or taken medication for	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated or taken medication for	Return of Premium	7b

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**FAMILY SOLUTION  
IMMEDIATE DEATH BENEFIT**

Annual Premiums Per \$1,000 of Insurance  
(Add \$30 Annual Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
0-10	\$ 11.00	\$ 10.00	N/A	N/A
11	11.24	10.20	N/A	N/A
12	11.47	10.41	N/A	N/A
13	11.70	10.61	N/A	N/A
14	11.91	10.81	N/A	N/A
15	12.12	11.01	N/A	N/A
16	12.32	11.21	N/A	N/A
17	12.50	11.41	N/A	N/A
18	12.69	11.61	\$15.14	\$11.96
19	12.87	11.80	15.73	12.46
20	13.06	12.00	16.34	12.98
21	13.42	12.25	16.90	13.40
22	13.80	12.51	17.49	13.83
23	14.20	12.77	18.10	14.28
24	14.61	13.04	18.73	14.74
25	15.03	13.30	19.39	15.22
26	15.47	13.57	20.07	15.72
27	15.92	13.85	20.78	16.24
28	16.40	14.12	21.53	16.77
29	16.90	14.39	22.33	17.32
30	17.42	14.67	23.17	17.90
31	17.99	15.16	24.17	18.73
32	18.58	15.66	25.24	19.59
33	19.21	16.19	26.36	20.51
34	19.86	16.73	27.55	21.47
35	20.53	17.30	28.80	22.47
36	21.24	17.88	30.13	23.53
37	21.98	18.49	31.53	24.65
38	22.74	19.12	33.00	25.83
39	23.55	19.78	34.56	27.08
40	24.38	20.47	36.20	28.40
41	25.06	21.02	36.86	28.83
42	25.76	21.58	37.50	29.25
43	26.47	22.15	38.12	29.66
44	27.20	22.74	38.72	30.04
45	27.94	23.34	39.29	30.40
46	28.70	23.95	39.84	30.73
47	29.48	24.58	40.36	31.02
48	30.29	25.21	40.88	31.27
49	31.13	25.85	41.38	31.46

Premium Calculation Example: Male Non-Tobacco Age 35, Monthly, \$10,000:  $(\$20.53 \times 10 + \$30.00) \times .088 = \$20.71$  per Month

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

**FAMILY SOLUTION  
RETURN OF PREMIUM**

Annual Premiums Per \$1,000 of Insurance  
(Add \$30 Annual Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
18	\$ 16.04	\$ 13.02	\$ 22.08	\$ 16.82
19	16.42	13.44	22.62	17.82
20	16.90	13.92	23.40	19.80
21	17.52	14.60	24.32	20.96
22	18.24	15.10	25.20	21.90
23	18.92	15.56	26.24	22.40
24	19.64	16.02	27.44	23.24
25	20.23	16.55	28.20	24.06
26	21.68	17.67	30.47	24.60
27	23.22	18.72	32.66	25.34
28	24.72	19.70	34.82	26.12
29	25.94	20.72	37.21	26.92
30	27.06	21.64	38.82	27.81
31	27.72	22.40	39.80	28.64
32	28.30	23.02	40.74	29.12
33	28.80	23.66	41.62	29.74
34	29.17	24.12	42.50	30.14
35	29.39	24.47	43.43	30.46
36	30.17	25.10	44.32	30.72
37	30.76	25.52	45.10	30.96
38	31.32	25.90	45.84	31.16
39	31.86	26.24	46.52	31.34
40	32.30	26.50	47.20	31.52
41	32.80	26.82	47.82	31.64
42	33.42	27.14	48.56	31.76
43	33.88	27.52	49.40	31.86
44	34.00	28.00	50.00	31.92
45	36.50	28.50	53.00	32.00
46	38.05	29.93	55.47	33.75
47	39.74	31.48	58.16	35.66
48	41.57	33.16	61.08	37.72
49	43.40	34.84	64.00	39.78

Premium Calculation Example: Male Non-Tobacco Age 35, Monthly, \$12,000 ( $\$29.39 \times 12 + \$30.00$ )  $\times .088 = \$33.68$  per Month

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519