

# FAMILY SOLUTION

(Ages 0 through 49)  
Whole Life Insurance

## AGENT GUIDE

Underwriting Guidelines  
Premium Rates

- Immediate Death Benefit Plan  
*(Policy Form No. 9772)*
- Return of Premium Death Benefit Plan  
*(Policy Form No. 9471)*

## 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 extensions that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

DEPARTMENT	PHONE MENU EXTENSION:	EMAIL	FAX
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	arlene.williams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	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

**New Business Application Fax Number:** (254) 297-2100. Be sure to include Fax Application Cover Page.

**New Agent Contract Fax Number:** (254) 297-2110.

### 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.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.



## 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 (M.I.B.) and pharmaceutical related facility. Check the height/weight charts in this guide to determine plan of coverage the Proposed Insured will qualify for based on their build.

## 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 Company 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 on the weekend or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

### **U.S. Only**

**EMSI: 1-866-719-2024**

**8am-9pm Monday thru Friday CST**

**10am-2pm Saturdays CST**

### **Puerto Rico Only**

**Source Access: 866-910-6539**

**8am-5pm Monday thru Friday CST**

**EMSI: 1-800-766-4605**

**8am-9pm Monday thru Friday CST**

**10am-2pm Saturdays 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

- **Full Name of Proposed Insured** – List full legal name
- **Age** – calculate based on age last birthday
- **Height and Weight** – Record the Proposed Insured's current height and weight. Refer to the build charts in this guide to assist in determining the appropriate plan to apply for.
- **Signature** – Power of Attorney (POA) signatures are not acceptable.
- **Owner** – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- **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.
- **Plan Applied For** – Check appropriate box based on the answers to the health questions and the Proposed Insured's build. After the plan write "Family Solution" or use the abbreviation "FS".
- **Will you replace an existing life insurance policy or an annuity?** –Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.
- **Telephone Interview** – Check box YES or NO as to whether the telephone interview was completed at point-of-sale (when applicable) to avoid having the applicant contacted twice. Always provide the applicant's telephone number and the best time to call even if the interview is completed at point-of-sale. Space has been provided in the application right-hand corner for the interview case number provided by the interviewing company.
- **During the past 12 months have you used tobacco in any form?** – This includes the use of cigarettes, pipe, chewing tobacco, cigars, snuff or other tobacco products (excluding occasional cigar or pipe use).
- **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.
- **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.

- **All changes must be crossed out and initialed by Proposed Insured.** No white outs or erasures are permitted on the application.
- **Accelerated Benefit Confined Care Rider Disclosure Statement (Form No. 9761)** – must be presented to the applicant and the agent must certify that it has been presented when applying for the Immediate Death Benefit plan.
- **Terminal Illness Accelerated Benefit Riders Disclosure Statement (Form No. 9474)** – must be presented to the applicant and the agent must certify that it has been presented.

## IMPORTANT

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

## 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 Company website for eCheck procedures. **MONEY ORDERS NOT ACCEPTED.**

## 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

- *Arkansas*—Immediate Death Benefit Plan only.
- *Illinois*—Return of Premium Plan is Graded 2 years only.
- *Kansas*—Immediate Death Benefit Plan only. If any YES answers to application health questions 1-9, do not send/collect initial premium.
- *Maryland*—Immediate Death Benefit Plan only.
- *Massachusetts*—Immediate Death Benefit Plan only.
- *Minnesota*—Immediate Death Benefit Plan only.
- *Nevada*—Immediate Death Benefit Plan only.
- *New Jersey*—Immediate Death Benefit Plan only.
- *North Carolina*—Immediate Death Benefit Plan only.
- *Pennsylvania*—Immediate Death Benefit Plan only.
- *South Carolina*—Immediate Death Benefit Plan only.
- *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

# BUILD CHARTS

## FAMILY SOLUTION IMMEDIATE DEATH BENEFIT

### MAXIMUM WEIGHT TABLE (UNISEX)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	218	225	233	241	248	256
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	264	273	281	289	298	307
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	315	324	334	343	352	361

## FAMILY SOLUTION RETURN OF PREMIUM BENEFIT

### MAXIMUM WEIGHT TABLE (UNISEX)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	238	246	254	262	271	280
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	288	297	306	316	325	335
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	344	354	364	374	384	394

## FAMILY SOLUTION ALL PLANS

### MINIMUM WEIGHT TABLE (UNISEX)

Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	88	90	93	95	99	101
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	104	106	110	113	117	120
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	125	129	133	136	140	143

Call Home Office Underwriting Department, regarding juvenile (0-17) build questions.

## MEDICATION GUIDE

To assist you with determining whether the applicant is eligible for coverage or as to which plan is appropriate for the Proposed Insured, we have provided a list of medications which are generally for the treatment of medical conditions we have referenced. This is a brief list of medications designed to provide assistance and is not intended to be all inclusive. If you have any questions concerning the medication list, please contact [underwriting@aatx.com](mailto:underwriting@aatx.com).

### **Alzheimers'/Dementia**

Aricept  
Exelon  
Namenda  
Razadyne  
Reminyl

### **AIDS/HIV**

Abacavir  
Didanosine  
Efavirenz/Sustiva  
Indinavir  
Kaletra  
Nelfinavir  
Nevirapine  
Stavudine

### **Chronic Renal Failure/Insufficiency**

Aranesp  
Epogen/Procrit

### **CHF (Congestive Heart Failure)**

Bidil  
Bumex

**COPD** (*Chronic Obstructive Pulmonary Disease*)  
Spiriva

### **Chronic Hepatitis**

Combivir/Epivir/Lamivudine  
Copegus/Ribavirin  
Hepsera  
Interferon alpha  
Pegasys  
Rebetol/Ribavirin  
Rebetron  
Trizivir

### **Smoking Cessation**

Chantix

### **Transplants**

CellCept  
Imuran  
Myfortic  
Prograf  
RAPA

### **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.



## **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, MLB, etc.

THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records and speeds up issues!

## **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 in advance of the application date, (b) cannot be on the 29th, 30th or 31st of the month or (c) 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 (Form No. 9724). (If a debit card is

used, locate a bank statement to obtain the actual account number and not the number off of the debit card.)

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

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (Form No. 9409). 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.

## **CREDIT CARD PROCEDURES**

### **Acceptable Card Types:**

- Credit Cards - Visa or MasterCard
- Debit Cards – Visa or MasterCard LOGO only (Including Direct Express)

### **Charge for First Premium Once Policy is Approved:**

Complete the Credit Card Authorization (Form No. 9863) and send it in with the application. Please specify a Requested Charge Date, if one is desired. Charges cannot (a) occur more than 30 days in advance of the application date, (b) cannot be on the 29th, 30th or 31st of the month or (c) more than 10 days into the grace period. On the life application, please check the "Other" box in the mode of payment section and write in "Credit Card" or "Debit Card".

### **Immediate Charge for Cash with Application (CWA):**

- 1) In order for the company to charge for the 1st premium upon receipt of the application, please have the applicant sign & date the section at the bottom of the Credit Card Authorization entitled "COMPLETE THIS SECTION TO IMMEDIATELY CHARGE PAYMENT".
- 2) When the application is approved, the premium will be applied to the policy. Future charges will be based on the next premium due date and the requested charge date.

## RIDERS

### Optional Level Term Insurance Rider (Policy Form 8087) (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) (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) (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.

<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		

**Optional Children's Insurance Agreement (CIA) Plan  
(Policy Form 8375)** (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.

**Terminal Illness Accelerated Benefit Rider (Policy Form No. 9473)**

With this benefit you can receive up to 100% of the face amount of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 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) with the applicant.*

**Accelerated Benefits Rider-Confined Care (Policy Form No. 9760)**

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) with the applicant when applying for the Immediate Death Benefit plan.*

## 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  
(Does Not Include \$30 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