

# *Easy Term*

## **Level Term Life Insurance To Age 95 with 10-20-30 Year Level Premium Period**

*Policy Form No. 06-9690 (AA, OL, PA, PS)*

*Policy Form No. LTL101 (IAA)*

## **Level Term Life Insurance To Age 95 with 20-30 Year Level Premium Period with Return of Premium\***

*Policy Form No. 06-9691 (AA, OL, PA, PS)*

*Policy Form No. LTL102 (IAA)*

## **Level Term Life Insurance To Age 95 with 20-30 Year Level Premium Period with Return of Premium\*\***

*Policy Form No. 07-9734 (AA, OL, PA, PS)*

*Policy Form No. LTL102 (IAA)*

AGENT GUIDE FOR AGENT USE ONLY

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\*\* AI, AL, BVI, CA, FL, GA, GU, IA, IL, IN, LA, MA, MN, NC, NE, NJ, NM, OR, PA, RI, TX, USVI, UT

**All products and riders not available in all states. IAA approval may vary from the states listed above. 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 extension 112) for other state approvals.**

# Easy Term

## PLAN DESCRIPTION

*Easy Term* is a simplified issue term to age 95 life insurance plan with 10, 20 and 30 year level premium periods. Also available as a Return of Premium Plan (ROP) (where approved) for the 20 and 30 year level premium periods. The premiums are guaranteed to remain level for the period selected.

## APPLICATION AND REQUIRED FORMS

- Application Form No. 9702 (AA, OL, PA, PS); LTL201 (IAA) – company specific with state exceptions
- Disclosure for the Terminal Illness Accelerated Benefit Rider Form No. 9474 (AA, OL, PA, PS) ; TI501 (IAA) – This form must be presented to the applicant at point of sale.
- Disclosure for the Accelerated Living Benefit Rider Form No. 9543 (AA, OL, PA, PS); AB503 (IAA) – If applying for the Critical Illness Rider, this disclosure statement must be presented to the applicant at point of sale.
- Disclosure for the Accelerated Benefits Rider-Confined Care Form No. 9675 (AA, OL, PA, PS); AB502 (IAA) – This disclosure statement must be presented to the applicant at point-of-sale.
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

## Issue Ages (age nearest)

* 10 year level premium .....	Ages 18 – 70
* 20 year level premium .....	Ages 18 – 65
* 30 year level premium .....	Ages 18 – 55
* 20 year ROP.....	Ages 18 – 60
* 30 year ROP.....	Ages 18 - 50

**Minimum Issue Limits** — \$25,000 face amount or \$15.00 monthly premium (excluding riders), whichever is greater

**Maximum Face Amount** — \$250,000

**Premium Bands** Band 1 .....Face amounts \$25,000 to \$74,999  
Band 2 ..... Face amounts \$75,000 to \$250,000

**Modal Factors** Monthly ..... .094  
Quarterly ..... .273  
Semiannual..... .537

## No Policy Fee

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

**Conversion Privilege** — While the policy is in force, it may be converted to any permanent plan of insurance offered by the company at the time of conversion. Conversion is allowed on or before the earlier of: (a) the Expiry Date; or (b) the policy anniversary following the Insured's attained age 75; or (c) within 5 years from the Policy Date if later than the policy anniversary following the Insured's attained age 75.

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

## BENEFITS AND RIDERS (not available in all states)

- Critical Illness Rider: Available at 25%, 50% or 100% acceleration of the death benefit (Up to \$100,000 Critical Illness benefit)
- Disability Income Rider: 60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1500 maximum monthly benefit
- Waiver of Premium
- Children's Insurance Agreement
- Accidental Death Benefit
- Terminal Illness Accelerated Benefit Rider - available at no additional premium cost
- Accelerated Benefits Rider - Confined Care - available at no additional premium cost

EASY TERM ANNUAL PREMIUMS PER \$1,000								
10 YEAR PLAN								
Issue Age	MALE				FEMALE			
	FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000		FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	2.52	4.13	1.61	3.12	1.96	2.61	1.09	1.69
19	2.53	4.14	1.62	3.13	1.97	2.62	1.10	1.70
20	2.54	4.15	1.63	3.14	1.98	2.63	1.11	1.71
21	2.55	4.16	1.64	3.15	1.99	2.64	1.12	1.72
22	2.56	4.17	1.65	3.16	2.00	2.66	1.13	1.74
23	2.57	4.18	1.66	3.17	2.01	2.69	1.14	1.77
24	2.58	4.19	1.67	3.18	2.02	2.74	1.15	1.82
25	2.59	4.20	1.68	3.19	2.03	2.80	1.16	1.88
26	2.61	4.22	1.69	3.21	2.05	2.87	1.17	1.95
27	2.63	4.24	1.70	3.23	2.07	2.95	1.19	2.03
28	2.65	4.26	1.71	3.25	2.09	3.04	1.22	2.12
29	2.67	4.29	1.72	3.28	2.11	3.14	1.25	2.22
30	2.69	4.33	1.73	3.32	2.13	3.26	1.29	2.34
31	2.71	4.38	1.75	3.37	2.16	3.39	1.33	2.47
32	2.73	4.44	1.77	3.43	2.20	3.53	1.38	2.61
33	2.75	4.52	1.80	3.51	2.25	3.68	1.43	2.76
34	2.77	4.62	1.83	3.61	2.31	3.84	1.49	2.92
35	2.80	4.74	1.87	3.73	2.38	4.01	1.55	3.09
36	2.84	4.89	1.92	3.87	2.46	4.19	1.62	3.27
37	2.90	5.09	1.98	4.05	2.55	4.39	1.69	3.45
38	2.98	5.36	2.05	4.27	2.65	4.61	1.77	3.64
39	3.08	5.66	2.13	4.52	2.76	4.85	1.85	3.84
40	3.19	6.00	2.23	4.86	2.88	5.13	1.94	4.04
41	3.37	6.44	2.38	5.25	3.01	5.44	2.04	4.31
42	3.55	6.90	2.54	5.67	3.15	5.79	2.16	4.60
43	3.74	7.39	2.71	6.12	3.31	6.16	2.28	4.93
44	3.94	7.91	2.89	6.60	3.47	6.55	2.42	5.28
45	4.16	8.47	3.08	7.13	3.63	6.96	2.56	5.64
46	4.40	9.11	3.31	7.72	3.79	7.37	2.70	6.02
47	4.67	9.82	3.56	8.39	3.94	7.78	2.84	6.41
48	4.97	10.63	3.85	9.15	4.07	8.16	2.98	6.78
49	5.30	11.51	4.17	10.00	4.19	8.50	3.12	7.14
50	5.65	12.47	4.52	10.92	4.27	8.79	3.24	7.47
51	6.06	13.51	4.87	11.87	4.55	9.45	3.47	8.06
52	6.49	14.63	5.26	12.90	4.82	10.12	3.71	8.66
53	6.97	15.87	5.68	14.03	5.10	10.80	3.94	9.28
54	7.48	17.20	6.14	15.26	5.37	11.49	4.19	9.92
55	8.02	18.62	6.63	16.57	5.64	12.19	4.43	10.57
56	8.57	20.11	7.14	17.97	5.90	12.90	4.67	11.23
57	9.14	21.67	7.68	19.43	6.15	13.61	4.92	11.91
58	9.73	23.32	8.25	20.99	6.40	14.35	5.17	12.61
59	10.32	25.06	8.84	22.64	6.64	15.10	5.43	13.34
60	10.92	26.86	9.45	24.36	6.89	15.89	5.69	14.11
61	11.93	29.66	10.37	26.96	7.36	17.13	6.11	15.26
62	13.00	32.64	11.35	29.72	7.86	18.48	6.57	16.50
63	14.17	35.86	12.43	32.72	8.41	19.95	7.07	17.87
64	15.45	39.34	13.60	35.96	9.01	21.57	7.62	19.37
65	16.83	43.09	14.88	39.46	9.66	23.35	8.22	21.03
66	18.33	47.22	16.29	43.31	10.37	25.28	8.87	22.84
67	19.98	51.78	17.84	47.57	11.13	27.38	9.59	24.80
68	21.82	56.88	19.56	52.34	11.96	29.66	10.37	26.94
69	23.87	62.64	21.51	57.73	12.85	32.12	11.22	29.26
70	26.17	69.13	23.69	63.81	13.81	34.78	12.15	31.77

Not available in NJ.

- **Issue Ages** — based on age nearest birthday
- **Modal Factors** — Monthly: .094 / Quarterly: .273 / Semi-Annual: .537

EASY TERM ANNUAL PREMIUMS PER \$1,000								
20 YEAR PLAN								
Issue Age	MALE				FEMALE			
	FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000		FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
19	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
20	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
21	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
22	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
23	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
24	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
25	3.07	5.26	2.33	4.61	2.76	4.09	2.01	3.39
26	3.10	5.26	2.36	4.61	2.77	4.19	2.02	3.49
27	3.13	5.26	2.39	4.61	2.81	4.29	2.06	3.60
28	3.14	5.26	2.40	4.61	2.82	4.37	2.07	3.68
29	3.15	5.26	2.41	4.61	2.83	4.46	2.08	3.78
30	3.15	5.26	2.41	4.61	2.86	4.58	2.11	3.90
31	3.22	5.47	2.48	4.83	2.88	4.66	2.13	3.98
32	3.22	5.66	2.48	5.03	2.89	4.75	2.14	4.08
33	3.22	5.88	2.48	5.26	2.91	4.85	2.16	4.18
34	3.25	6.11	2.52	5.49	2.93	4.95	2.18	4.29
35	3.27	6.33	2.54	5.72	2.94	5.03	2.19	4.37
36	3.36	6.59	2.63	5.99	3.00	5.32	2.25	4.67
37	3.51	6.79	2.79	6.20	3.13	5.62	2.39	4.98
38	3.64	7.17	2.92	6.60	3.22	5.94	2.48	5.32
39	3.80	7.61	3.09	7.06	3.35	6.36	2.62	5.76
40	3.98	8.21	3.28	7.68	3.48	6.85	2.76	6.27
41	4.23	8.89	3.54	8.39	3.65	7.33	2.93	6.77
42	4.53	9.66	3.85	9.19	3.79	7.78	3.08	7.23
43	4.85	10.48	4.18	10.05	4.01	8.28	3.31	7.75
44	5.19	11.49	4.54	11.10	4.14	8.74	3.44	8.23
45	5.62	12.43	4.98	12.08	4.32	9.18	3.63	8.69
46	6.00	13.76	5.38	13.46	4.58	9.98	3.90	9.53
47	6.44	15.07	5.84	14.83	4.81	10.65	4.14	10.22
48	6.89	16.32	6.31	16.13	5.06	11.30	4.40	10.90
49	7.38	17.62	6.82	17.48	5.32	12.05	4.67	11.68
50	7.90	18.75	7.36	18.66	5.62	12.82	4.98	12.48
51	8.49	20.00	7.97	19.96	5.91	13.57	5.29	13.27
52	9.09	21.10	8.60	21.11	6.25	14.46	5.64	14.19
53	9.38	22.97	8.90	23.06	6.61	15.47	6.02	15.24
54	10.12	24.91	9.67	25.08	6.99	16.36	6.41	16.17
55	11.00	26.88	10.59	27.13	7.41	17.39	6.85	17.24
56	12.03	30.81	11.66	31.22	7.84	18.49	7.30	18.39
57	13.31	34.88	12.99	35.46	8.29	19.23	7.77	19.16
58	14.20	37.27	13.92	37.95	9.09	21.02	8.60	21.03
59	15.48	39.37	15.25	40.14	9.89	22.58	9.43	22.65
60	17.45	41.19	17.31	42.04	10.78	24.19	10.36	24.33
61	19.16	44.49	19.01	45.41	11.73	26.02	11.27	26.17
62	21.03	47.99	20.86	48.99	12.78	28.00	12.28	28.16
63	23.04	51.69	22.86	52.76	13.94	30.15	13.40	30.33
64	25.22	55.58	25.02	56.73	15.22	32.47	14.63	32.66
65	27.56	59.69	27.34	60.92	16.62	34.97	15.97	35.17

Not available in NJ.

- **Issue Ages** — based on age nearest birthday
- **Modal Factors** — Monthly: .094 / Quarterly: .273 / Semi-Annual: .537

EASY TERM ANNUAL PREMIUMS PER \$1,000								
30 YEAR PLAN								
Issue Age	MALE				FEMALE			
	FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000		FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
19	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
20	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
21	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
22	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
23	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
24	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
25	3.62	5.78	2.90	5.15	3.04	4.31	2.30	3.62
26	3.70	5.95	2.98	5.33	3.12	4.46	2.38	3.78
27	3.77	6.12	3.06	5.51	3.20	4.63	2.46	3.95
28	3.85	6.30	3.14	5.69	3.27	4.79	2.54	4.12
29	3.94	6.47	3.23	5.87	3.35	4.95	2.62	4.29
30	4.02	6.65	3.32	6.06	3.42	5.11	2.69	4.45
31	4.12	6.93	3.42	6.35	3.55	5.35	2.83	4.70
32	4.25	7.09	3.56	6.52	3.62	5.51	2.90	4.87
33	4.33	7.26	3.64	6.69	3.70	5.68	2.98	5.05
34	4.42	7.43	3.73	6.87	3.77	5.86	3.06	5.23
35	4.49	7.59	3.81	7.04	3.86	6.04	3.15	5.42
36	4.78	8.23	4.11	7.70	4.03	6.41	3.33	5.81
37	5.09	8.90	4.43	8.40	4.20	6.82	3.51	6.23
38	5.42	9.66	4.78	9.19	4.40	7.27	3.71	6.70
39	5.80	10.48	5.17	10.05	4.61	7.75	3.93	7.20
40	6.21	11.38	5.60	10.99	4.83	8.28	4.16	7.75
41	6.67	12.40	6.08	12.05	5.07	8.86	4.41	8.36
42	7.16	13.54	6.59	13.23	5.33	9.48	4.68	9.01
43	7.72	14.76	7.17	14.51	5.61	10.18	4.97	9.73
44	8.31	16.14	7.79	15.94	5.90	10.92	5.28	10.51
45	8.98	17.65	8.48	17.52	6.23	11.71	5.62	11.33
46	9.73	19.33	9.27	19.27	6.63	12.49	6.04	12.14
47	10.58	21.18	10.15	21.19	7.06	13.36	6.48	13.05
48	11.51	23.23	11.12	23.33	7.53	14.25	6.97	13.97
49	12.52	25.50	12.17	25.69	8.04	15.24	7.51	15.00
50	13.65	27.97	13.35	28.27	8.60	16.30	8.09	16.11
51	15.91	32.88	15.70	33.38	9.91	19.05	9.45	18.97
52	18.60	38.76	18.51	39.50	11.44	22.34	11.05	22.40
53	21.81	45.72	21.85	46.75	13.25	26.24	12.93	26.46
54	25.58	53.92	25.78	55.30	15.37	30.84	15.14	31.25
55	30.08	63.70	30.46	65.48	17.88	36.31	17.76	36.95

Not available in NJ.

- **Issue Ages** — based on age nearest birthday
- **Modal Factors** — Monthly: .094 / Quarterly: .273 / Semi-Annual: .537

**20 YEAR RETURN OF PREMIUM PLAN ANNUAL PREMIUMS PER \$1,000**

Issue Age	MALE				FEMALE			
	FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000		FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	5.67	9.46	3.73	7.05	4.45	5.87	2.83	4.26
19	5.68	9.47	3.74	7.06	4.50	6.04	2.87	4.40
20	5.69	9.48	3.75	7.07	4.55	6.21	2.91	4.54
21	5.70	9.49	3.76	7.08	4.60	6.38	2.95	4.68
22	5.71	9.51	3.77	7.10	4.66	6.55	3.00	4.82
23	5.72	9.53	3.79	7.13	4.72	6.72	3.05	4.97
24	5.74	9.56	3.81	7.17	4.79	6.88	3.10	5.12
25	5.76	9.60	3.84	7.22	4.86	7.05	3.16	5.27
26	5.79	9.65	3.88	7.29	4.93	7.22	3.21	5.42
27	5.83	9.71	3.92	7.35	5.01	7.38	3.27	5.58
28	5.88	9.77	3.96	7.44	5.09	7.55	3.34	5.75
29	5.93	9.84	4.00	7.53	5.17	7.72	3.41	5.93
30	5.99	9.91	4.10	7.61	5.25	7.91	3.48	6.12
31	6.17	10.34	4.25	8.00	5.45	8.36	3.64	6.50
32	6.37	10.82	4.42	8.44	5.67	8.86	3.81	6.92
33	6.60	11.34	4.62	8.93	5.91	9.39	3.99	7.38
34	6.85	11.92	4.83	9.47	6.15	9.96	4.19	7.88
35	7.13	12.57	5.07	10.08	6.40	10.56	4.40	8.40
36	7.44	13.29	5.34	10.76	6.66	11.18	4.61	8.96
37	7.77	14.06	5.64	11.51	6.92	11.84	4.84	9.56
38	8.12	14.88	5.96	12.31	7.18	12.53	5.07	10.19
39	8.47	15.71	6.29	13.16	7.44	13.24	5.32	10.85
40	8.81	16.57	6.63	14.05	7.69	13.96	5.57	11.55
41	9.38	17.72	7.13	15.09	8.14	14.84	5.96	12.38
42	9.99	18.95	7.67	16.21	8.60	15.75	6.36	13.24
43	10.65	20.27	8.27	17.42	9.07	16.68	6.79	14.14
44	11.35	21.68	8.92	18.72	9.55	17.62	7.24	15.08
45	12.10	23.17	9.62	20.11	10.02	18.56	7.70	16.04
46	12.89	24.74	10.38	21.58	10.49	19.49	8.18	17.03
47	13.71	26.37	11.20	23.13	10.95	20.41	8.67	18.03
48	14.57	28.10	12.07	24.78	11.39	21.29	9.17	19.05
49	15.46	29.91	13.01	26.53	11.81	22.13	9.68	20.06
50	16.38	31.78	14.01	28.36	12.20	22.93	10.20	21.08
51	17.44	33.99	15.00	30.62	12.94	24.28	10.89	22.32
52	18.53	36.30	16.03	33.01	13.71	25.67	11.62	23.59
53	19.69	38.74	17.14	35.58	14.51	27.10	12.39	24.91
54	20.88	41.28	18.30	38.31	15.34	28.57	13.20	26.25
55	22.09	43.91	19.50	41.17	16.20	30.08	14.06	27.64
56	23.32	46.64	20.74	44.19	17.09	31.62	14.96	29.05
57	24.55	49.47	22.02	47.39	18.01	33.19	15.90	30.49
58	25.81	52.48	23.36	50.84	18.96	34.79	16.90	31.96
59	27.10	55.68	24.76	54.55	19.93	36.42	17.95	33.46
60	28.39	59.05	26.21	58.54	20.94	38.08	19.06	34.98

- **Issue Ages** — based on age nearest birthday
- **Modal Factors** — Monthly: .094 / Quarterly: .273 / Semi-Annual: .537

30 YEAR RETURN OF PREMIUM PLAN ANNUAL PREMIUMS PER \$1,000								
Issue Age	MALE				FEMALE			
	FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000		FACE AMOUNTS \$25,000 - \$74,999		FACE AMOUNTS \$75,000 - \$250,000	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	4.12	6.45	3.21	5.59	3.34	4.60	2.55	3.88
19	4.15	6.57	3.24	5.70	3.42	4.78	2.61	4.02
20	4.18	6.69	3.27	5.81	3.50	4.96	2.67	4.16
21	4.21	6.81	3.30	5.92	3.58	5.14	2.73	4.30
22	4.26	6.92	3.34	6.03	3.67	5.32	2.79	4.45
23	4.31	7.04	3.38	6.14	3.77	5.52	2.85	4.61
24	4.38	7.16	3.43	6.26	3.88	5.71	2.92	4.76
25	4.45	7.29	3.50	6.39	3.98	5.91	2.98	4.91
26	4.54	7.42	3.57	6.52	4.09	6.10	3.05	5.06
27	4.64	7.56	3.65	6.66	4.19	6.27	3.11	5.19
28	4.75	7.70	3.74	6.80	4.29	6.44	3.16	5.31
29	4.87	7.83	3.84	6.94	4.38	6.57	3.20	5.40
30	4.99	7.96	3.94	7.08	4.45	6.68	3.23	5.47
31	5.21	8.40	4.14	7.49	4.67	7.13	3.41	5.85
32	5.46	8.89	4.36	7.93	4.90	7.59	3.60	6.26
33	5.72	9.41	4.60	8.41	5.13	8.08	3.79	6.68
34	6.00	9.98	4.86	8.93	5.36	8.59	3.99	7.12
35	6.30	10.59	5.14	9.49	5.58	9.11	4.19	7.58
36	6.61	11.22	5.44	10.08	5.80	9.65	4.40	8.06
37	6.92	11.89	5.75	10.69	6.02	10.20	4.61	8.55
38	7.23	12.56	6.07	11.33	6.23	10.78	4.82	9.07
39	7.53	13.25	6.39	11.97	6.44	11.37	5.03	9.61
40	7.82	13.95	6.71	12.63	6.63	11.99	5.25	10.18
41	8.44	15.25	7.33	13.95	7.01	12.73	5.61	10.95
42	9.09	16.66	7.99	15.38	7.40	13.50	5.99	11.77
43	9.81	18.18	8.73	16.95	7.81	14.31	6.40	12.65
44	10.57	19.82	9.53	18.66	8.24	15.15	6.83	13.59
45	11.38	21.58	10.39	20.50	8.67	16.03	7.29	14.59
46	12.25	23.48	11.33	22.50	9.12	16.93	7.77	15.65
47	13.17	25.52	12.35	24.67	9.58	17.86	8.28	16.77
48	14.17	27.75	13.46	27.05	10.04	18.80	8.82	17.94
49	15.23	30.17	14.68	29.65	10.50	19.74	9.38	19.17
50	16.38	32.81	16.01	32.50	10.96	20.70	9.96	20.45

- **Issue Ages** — based on age nearest birthday
- **Modal Factors** — Monthly: .094 / Quarterly: .273 / Semi-Annual: .537

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

<b>ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD</b>									
<b>*NOTE: These premiums are not for use in calculating initial premium.</b>									
<b>ANNUAL PREMIUM PER \$1,000</b>									
<b>Attained Age</b>	<b>MALE</b>		<b>FEMALE</b>		<b>Attained Age</b>	<b>MALE</b>		<b>FEMALE</b>	
	<b>Non Tobacco</b>	<b>Tobacco</b>	<b>Non Tobacco</b>	<b>Tobacco</b>		<b>Non Tobacco</b>	<b>Tobacco</b>	<b>Non Tobacco</b>	<b>Tobacco</b>
28	3.68	6.37	2.03	3.22	62	38.99	69.76	30.52	57.16
29	3.61	6.34	2.17	3.47	63	43.79	77.49	33.01	61.53
30	3.57	6.30	2.24	3.61	64	48.83	85.40	35.70	66.15
31	3.54	6.30	2.38	3.92	65	54.15	93.21	38.68	71.19
32	3.54	6.37	2.52	4.17	66	59.54	100.73	41.97	76.55
33	3.64	6.55	2.66	4.48	67	65.00	108.05	45.57	82.57
34	3.71	6.79	2.87	4.87	68	70.88	115.75	49.60	89.18
35	3.82	7.00	3.12	5.36	69	76.97	123.38	54.01	96.36
36	4.03	7.39	3.33	5.78	70	84.35	132.62	58.87	104.37
37	4.20	7.81	3.61	6.27	71	92.61	142.73	64.47	113.51
38	4.52	8.40	3.75	6.58	72	103.46	156.49	70.74	123.59
39	4.80	9.00	3.96	7.00	73	114.91	170.31	77.53	134.44
40	5.11	9.70	4.20	7.42	74	126.95	184.28	84.98	146.34
41	5.53	10.61	4.45	7.91	75	140.11	200.52	93.24	158.31
42	6.06	11.66	4.73	8.51	76	154.46	217.81	102.31	171.36
43	6.65	12.92	5.08	9.21	77	171.12	237.79	112.28	185.40
44	7.35	14.42	5.50	10.01	78	190.58	260.89	123.31	200.52
45	8.16	16.00	5.99	10.96	79	213.05	287.18	135.21	216.86
46	8.93	17.47	6.55	12.01	80	237.55	315.25	148.51	234.47
47	9.77	19.11	7.25	13.34	81	265.44	346.68	166.57	259.25
48	10.26	20.02	8.02	14.98	82	294.49	378.39	186.94	286.16
49	10.82	21.07	8.86	16.84	83	325.82	411.64	207.24	312.38
50	11.62	22.58	9.84	18.87	84	360.50	447.79	229.67	340.55
51	12.57	24.36	10.92	21.07	85	399.25	490.32	254.94	368.94
52	13.86	26.81	12.15	23.49	86	442.19	536.87	277.87	392.60
53	15.26	29.58	13.48	26.04	87	489.09	586.92	312.38	430.12
54	17.05	33.04	14.88	28.84	88	539.35	639.52	348.43	467.57
55	19.25	36.96	16.38	31.78	89	592.38	693.95	386.86	505.23
56	21.49	40.95	18.13	34.93	90	647.71	749.46	422.28	535.68
57	23.91	45.19	19.95	38.29	91	699.76	799.51	440.20	542.29
58	25.97	48.51	21.91	41.55	92	754.01	850.57	475.44	569.31
59	28.35	52.36	23.87	45.15	93	811.23	903.35	527.73	612.85
60	31.22	57.02	25.90	48.90	94	871.68	958.09	593.74	668.40
61	34.72	62.79	28.11	52.78					

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



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

<b>ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD (ROP Plan)</b>									
<b>*NOTE: These premiums are not for use in calculating initial premium.</b>									
<b>ANNUAL PREMIUM PER \$1,000</b>									
<b>Attained Age</b>	<b>MALE</b>		<b>FEMALE</b>		<b>Attained Age</b>	<b>MALE</b>		<b>FEMALE</b>	
	<b>Non Tobacco</b>	<b>Tobacco</b>	<b>Non Tobacco</b>	<b>Tobacco</b>		<b>Non Tobacco</b>	<b>Tobacco</b>	<b>Non Tobacco</b>	<b>Tobacco</b>
38	3.23	6.00	2.68	4.70	67	46.43	77.18	32.55	58.98
39	3.43	6.43	2.83	5.00	68	50.63	82.68	35.43	63.70
40	3.65	6.93	3.00	5.30	69	54.98	88.13	38.58	68.83
41	3.95	7.58	3.18	5.65	70	60.25	94.73	42.05	74.55
42	4.33	8.33	3.38	6.08	71	66.15	101.95	46.05	81.08
43	4.75	9.23	3.63	6.58	72	73.90	111.78	50.53	88.28
44	5.25	10.30	3.93	7.15	73	82.08	121.65	55.38	96.03
45	5.83	11.43	4.28	7.83	74	90.68	131.63	60.70	104.53
46	6.38	12.48	4.68	8.58	75	100.08	143.23	66.60	113.08
47	6.98	13.65	5.18	9.53	76	110.33	155.58	73.08	122.40
48	7.33	14.30	5.73	10.70	77	122.23	169.85	80.20	132.43
49	7.73	15.05	6.33	12.03	78	136.13	186.35	88.08	143.23
50	8.30	16.13	7.03	13.48	79	152.18	205.13	96.58	154.90
51	8.98	17.40	7.80	15.05	80	169.68	225.18	106.08	167.48
52	9.90	19.15	8.68	16.78	81	189.60	247.63	118.98	185.18
53	10.90	21.13	9.63	18.60	82	210.35	270.28	133.53	204.40
54	12.18	23.60	10.63	20.60	83	232.73	294.03	148.03	223.13
55	13.75	26.40	11.70	22.70	84	257.50	319.85	164.05	243.25
56	15.35	29.25	12.95	24.95	85	285.18	350.23	182.10	263.53
57	17.08	32.28	14.25	27.35	86	315.85	383.48	198.48	280.43
58	18.55	34.65	15.65	29.68	87	349.35	419.23	223.13	307.23
59	20.25	37.40	17.05	32.25	88	385.25	456.80	248.88	333.98
60	22.30	40.73	18.50	34.93	89	423.13	495.68	276.33	360.88
61	24.80	44.85	20.08	37.70	90	462.65	535.33	301.63	382.63
62	27.85	49.93	21.80	40.83	91	499.83	571.08	314.43	387.35
63	31.28	55.35	23.58	43.95	92	538.58	607.55	339.60	406.65
64	34.88	61.00	25.50	47.25	93	579.45	645.25	376.95	437.75
65	38.68	66.58	27.63	50.85	94	622.63	684.35	424.10	477.43
66	42.53	71.95	29.98	54.68					

For use with the 20-30 Year ROP PLAN.

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

## Benefits and Riders

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

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

Issue Ages: 18 – 65

Maximum Critical Illness Benefit: \$100,000

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

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

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

provides definition of the covered conditions.

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

CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18-27	\$ 1.62	\$ 3.02	\$ 0.81	\$ 1.51	\$ 0.41	\$ 0.76
23-32	\$ 2.07	\$ 4.12	\$ 1.04	\$ 2.06	\$ 0.52	\$ 1.03
33-37	\$ 2.92	\$ 5.97	\$ 1.46	\$ 2.99	\$ 0.73	\$ 1.49
38-42	\$ 4.20	\$ 8.51	\$ 2.10	\$ 4.26	\$ 1.05	\$ 2.13
43-47	\$ 5.95	\$12.04	\$ 2.98	\$ 6.02	\$ 1.49	\$ 3.01
48-52	\$ 8.22	\$16.80	\$ 4.11	\$ 8.40	\$ 2.06	\$ 4.20
53-57	\$11.21	\$23.61	\$ 5.61	\$11.81	\$ 2.80	\$ 5.90
58-62	\$14.80	\$32.85	\$ 7.40	\$16.43	\$ 3.70	\$ 8.21
63-65	\$17.86	\$39.88	\$ 8.93	\$19.94	\$ 4.47	\$ 9.97

CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18-27	\$ 3.24	\$ 6.04	\$ 1.62	\$ 3.02	\$ 0.82	\$ 1.52
23-32	\$ 4.14	\$ 8.24	\$ 2.08	\$ 4.12	\$ 1.04	\$ 2.06
33-37	\$ 5.84	\$11.94	\$ 2.92	\$ 5.98	\$ 1.46	\$ 2.98
38-42	\$ 8.40	\$17.02	\$ 4.20	\$ 8.52	\$ 2.10	\$ 4.26
43-47	\$11.90	\$24.08	\$ 5.96	\$12.04	\$ 2.98	\$ 6.02
48-52	\$16.44	\$33.60	\$ 8.22	\$16.80	\$ 4.12	\$ 8.40
53-57	\$22.42	\$47.22	\$11.22	\$23.62	\$ 5.60	\$11.80
58-62	\$29.60	\$65.70	\$14.80	\$32.86	\$ 7.40	\$16.42
63-65	\$35.72	\$79.76	\$17.86	\$39.88	\$ 8.94	\$19.94

These premiums are not for use in calculating initial premium.

**RETURN OF PREMIUM - Policy Form No. 9691\* or 9734\*\* (AA, OL, PA, PS); LTL102 (IAA)**

**Issue Ages: 18 – 60 (20 Year Plan)  
18 – 50 (30 Year Plan)**

**Description:** The Return of Premium benefit provides a cash value that is payable at the end of the level premium period if the Insured is living and the policy is in force on a premium paying basis. It is available at an additional premium and applies to the base coverage premiums only, exclusive of any riders or supplemental benefits. The benefit is an endowment that is equal to the base annual premiums (not including any premium modal factors) payable during the level premium period. Return of premium available for the 20 and 30 Year Term only.

**Cash Value:** The Return of Premium benefit provides cash values as early as the second policy year. Should the policy terminate early, the policyholder is entitled to a partial refund beginning at that time. The percentage of premiums returned to you increases yearly after the 2nd year until it reaches 100 percent at the end of the level premium paying period you have selected.

\* AK, AZ, AR, CO, CT, DE, DC, HI, ID, KS, KY, MD, MI, MS, MO, NV, ND, OH, OK, PR, SC, SD, TN, VA, WA, WV, WI, WY  
\*\* AI, AL, BVI, CA, FL, GA, GU, IA, IL, IN, LA, MA, MN, NC, NE, NJ, NM, OR, PA, RI, TX, UT, USVI

(For IAA approval check with Home Office)

**DISABILITY INCOME RIDER-DIR - Policy Form No. 9785 (AA, OL, PA, PS); TD301 (IAA)**

**Issue Ages: 18 – 55**

**Minimum Disability Income Benefit: \$500 monthly**

**Maximum Disability Income Benefit: 2% of the life insurance face amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.**

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

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

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

**Issue Ages: 18 – 55**

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

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

**CHILDREN'S INSURANCE AGREEMENT-CIA - Policy Form No. 8375 (AA, OL, PA, PS); CIB304 (IAA)****Issue Ages of Children: 15 days - 17 years****Issue Age of Primary Insured: 18 - 50****Maximum Rider Units: 5 Units****Premium: \$8.50 annually per unit**

The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the children's coverage. Each unit provides \$3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 65, or the child's age 25.

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

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

**Benefit Terminates:** At age 65

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

**TERMINAL ILLNESS ACCELERATED BENEFIT RIDER - Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA)**

This rider (where available) provides an accelerated payment of life insurance proceeds and is added to every Easy Term policy with no additional premium. An administrative fee of \$150 and an actuarial adjustment factor will be assessed at the time of acceleration. With this benefit, the policyowner can receive up to 100% of the death benefit (less any loans) if the insured is diagnosed by a licensed physician as terminally ill where life expectancy is 12 months or less (24 months in some states). The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This is a one time benefit. Remember the disclosure statement (Form No. 9474) must be presented to the applicant at point-of-sale.

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

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider (where available) is added to policies issued at no additional premium. Remember the disclosure statement Form No. 9675 (AA, OL, PA, PS); AB502 (IAA) must be presented to the applicant at point-of-sale.

The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid.

## ***New Business Tips***

### **PRODUCT SOFTWARE**

No NAIC Illustration is required for the sale. However, presentation software is available on the company websites and will quickly and easily present the guaranteed death benefit for a given premium payment or the premium necessary to create a certain guaranteed death benefit.

### **APPLICATION SUBMISSION**

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on AppScan and AppFax under the link Transmitting Apps. 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 Company website 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.

### **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.

## ***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) Drafts cannot be on the 29th, 30th or 31st of the month or (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, then you must also submit a Bank Account Verification (Either Form No. 9724 or the Bank Account Verification Section of Form 9903).

### **IMMEDIATE DRAFT FOR CASH WITH APPLICATION (CWA) USING ECHECK:**

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

# Underwriting

## SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart is on the following page.

### APPLICATION COMPLETION

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon nearest birthday.**
- Height and Weight – Record the Proposed Insured's current height and weight. Refer to the Build Chart on the following page to assist in determining if the applicant is eligible for coverage.
- 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 insured's estate.
- Plan Applied For – After the plan, write "10, 20 or 30 Year Term".
- Return of Premium – the Return of Premium plan is available only for the 20 year and 30 year term plans. Check the box if requesting the Return of Premium plan.
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).
- 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.
- Application Date/Requested Policy Date – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale. Please provide Proposed Insured's telephone number even if interview is not required.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- All applicants must complete section A.
- If applying for the Critical Illness Rider, the applicant must complete section B.
- **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 Easy Term applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a 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.
- If the Proposed Insured has a condition which is listed in the "Medical Impairment Guide" as a "Decline" or if he or she exceeds either the maximum or minimum weight in the "Build Chart" provided in this guide, the application should not be submitted to the Home Office.

**TELEPHONE INTERVIEW**

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart on the following page. If an interview is required, it may be completed at point-of-sale.

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

- 1) at point-of-sale, or
- 2) the Company will contact the Proposed Insured upon receipt of the application.

**Point-of-sale telephone interviews can be completed by calling at the toll free number below. When calling EMSI be sure to identify yourself, Company and product being applied for "Easy Term" and whether or not the applicant is applying for the Critical Illness Rider or the Disability Income Rider.** 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.

**US 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**

<b>EASY TERM NON-MED LIMITS</b>				
Age & Amount	18-45	46-55	56-65	66-70
25,000 - 75,000		T-100% Acceleration Critical Illness	T-100% Acceleration Critical Illness	T
75,001 - 100,000	T-100% Acceleration	T-100% Acceleration	T	T
100,001 - 250,000	T	T	T	T

T = Telephone Interview

T-100% Acceleration Critical Illness = A telephone interview is required ONLY if applying for Critical Illness Rider at 100% Acceleration Benefit (telephone interview not required at 25% or 50% acceleration).

**NOTE:** Underwriting reserves the right to request medical records or interview only if or when deemed necessary. A Motor Vehicle Report (MVR) will be ordered when applying for Accidental Death Benefit (ADB)

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

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



## **Easy Term Medical Impairment Guide**

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

- Good Field Underwriting – Carefully ask all 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 an interview, if required based on age and face amount. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email (underwriting@aatx.com) the Underwriting Department.

### **DISABILITY INCOME AND CRITICAL ILLNESS GUIDELINES**

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR or CIR**
  - Blasters & Explosives Handlers
  - Disabled
  - Participated in High Risk Avocations within past 12 months
  - Police
  - Professional Athletes
  - Structural Workers / Iron Workers
  - Underground Miners and Workers
  - Unemployed
- **The following Proposed Insured occupations are not eligible for DIR only:**
  - Casino Workers
  - Housekeeping
  - Janitor
  - Migrant laborers
  - Retired
  - Self-employed
  - Student

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

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

The EASY TERM plan is issued Standard for applicants who would normally be considered up to table 4 by most underwriting standards today. Applicants who are considered high risk or declinable should not be sent to our Company for consideration.

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

If applicant answers "YES" to any health question, such as High Blood Pressure, Cholesterol or Diabetes get full details. Ask the following information: age at onset, name all medications, applicant's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview ...and speeds up 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. That agent's applicants will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

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

## EASY TERM MEDICAL IMPAIRMENT GUIDE

Condition	Criteria	LIFE	CIR	DIR
AIDS		Decline		
Alcoholism	Within 4 years since abstained from use	Decline		
	After 4 years since abstained from use	Standard	Standard	Decline
Alzheimer's		Decline		
Amputation	Caused by injury	Standard	Standard	Decline *
	Caused by disease	Decline		
Aneurysm		Decline		
Angina	See Heart Disease			
Angioplasty	See Heart Disease			
Aortic Stenosis		Decline		
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Standard	Decline
	Rheumatoid - all others	Decline		
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard
	Moderate, more than 1 episode a month	Standard	Standard	Decline
	Severe, hospitalization or ER visit in past 12 months, Maintenance steroid use	Decline		
	Combined with Tobacco Use - Smoker	Decline		
Back injury	Within the past 6 months	Standard	Standard	Decline*
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline		
	Other causes	Standard	Decline	Decline
By-pass Surgery	See Heart Disease			
Cancer	Basal or Squamous cell skin carcinoma	Standard	Standard	Standard
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Decline	Standard
	All others	Decline		
Cardiomyopathy		Decline		
Cerebral Palsy		Decline		
Chronic Obstructive Pulmonary Disease (COPD)		Decline		
Cirrhosis of Liver		Decline		
Congestive Heart Failure (CHF)		Decline		
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline		
Cystic Fibrosis		Decline		
Diabetes	Combined with overweight, heart disease, gout, peripheral vascular disease, retinopathy, or protein in urine	Decline		
	Diagnosed prior to age 35	Decline		
	Currently Smokes or Uses Insulin	Decline		
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline		
Down's Syndrome		Decline		
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline		
	License currently suspended	Decline		
Drug Abuse	Illegal drug use within the past 4 years	Decline		
	Treatment within past 4 years	Decline		
	Treatment 4 years or more, non-usage since	Standard	Standard	Decline
Emphysema		Decline		
Epilepsy	Petit Mal	Standard	Standard	Decline*
	All others	Decline		
Eye Disorder		Standard	Decline*	Decline*
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline		
Heart Arrhythmia		Decline		
Heart Disease	Includes heart attack, coronary artery disease, angina	Decline		
Heart Murmur	History of treatment or surgery	Decline		

## EASY TERM MEDICAL IMPAIRMENT GUIDE (continued)

Condition	Criteria	LIFE	CIR	DIR
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline		
High Blood Pressure/ Hypertension	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard
	Uncontrolled or using 3 or more medications to control	Decline		
Hodgkin's Disease		Decline		
Kidney Disease	Dialysis	Decline		
	Insufficiency or Failure	Decline		
	Nephrectomy	Decline		
	Polycystic Kidney Disease	Decline		
	Transplant recipient	Decline		
Knee Injury	Within the past 6 months	Standard	Standard	Decline*
Leukemia		Decline		
Liver Impairments		Decline		
Lupus Erythematosus (SLE)	Systemic	Decline		
Marfan's Syndrome		Decline		
Melanoma		Decline		
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard
	Major depression, bipolar disorder, schizophrenia	Decline		
Multiple Sclerosis		Decline		
Muscular Dystrophy		Decline		
Pacemaker		Decline		
Pancreatitis	Chronic or multiple episodes	Decline		
Paralysis	Includes paraplegia and quadraplegia	Decline		
Parkinson's Disease		Decline		
Peripheral Vascular Disease		Decline		
Pulmonary Embolism		Standard	Decline	Standard
Retardation	Mild to moderate	Standard	Standard	Decline
	Severe	Decline		
Sarcoidosis	Pulmonary	Decline		
Shoulder Injury	Within the past 6 months	Standard	Standard	Decline*
Sleep Apnea	Combined with history of overweight, high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline		
Stroke, CVA		Decline		
Subarachnoid Hemorrhage		Decline		
Suicide Attempt		Decline		
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Decline
	Combined with Tobacco Use -Smoker	Decline		
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline		
Tuberculosis	Within 2 years of treatment or diagnosis	Decline		
	Over 2 years with no residuals	Standard	Standard	Standard
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline		
Weight Reduction Surgery	Surgery within past 1 year	Decline		
	After 1 year since surgery with no complications	Standard	Standard	Decline
	History of complications such as Dumping Syndrome	Decline		

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

**If the medical condition is a decline for LIFE, Critical Illness and Disability Income Riders are not available.**

## MEDICATION WATCH LIST ALPHABETICALLY LISTED

Medication	Common Use Of Concern
ABACAVIR	AIDS/ HIV
ALDACTONE	Congestive Heart Failure
ANTABUSE	Alcohol Abstinence Treatment
ARANSEP	Anemia from Chronic Renal Failure
ARICEPT	Dementia
ARMIDEX	Cancer
BETASERON	Multiple Sclerosis
BIDil TABLET	Heart Failure
BUMETANIDE	Edema associated with Congestive Heart Failure, Liver and Kidney Disease including the Nephrotic Syndrome
BUMEX	Edema associated with Congestive Heart Failure, Liver and Kidney Disease including the Nephrotic Syndrome
CAMPRAL	Alcohol Abstinence Treatment
CELL CEPT	Transplants
CHANTIX	Smoking Cessation
COGNEX	Dementia
COPAXONE	Multiple Sclerosis
COPEGUS	Chronic Hepatitis
COREG	Congestive Heart Failure
DEPAKOTE	Seizures, Bi-polar
DIDANOSINE	AIDS / HIV
DIGITEK	Heart Arrhythmia
DIGOXIN	Congestive Heart Failure
EFAVIRENZ / SUSTIVA	AIDS/ HIV
EPIVIR HBV	Chronic Type B Viral Hepatitis
EXELON	Alzheimer's and Dementia
FEMARA	Adjuvent Treatment for Breast Cancer
FURESOMIDE	Congestive Heart Failure
HEPSERA	Chronic Type B Viral Hepatitis
HUMALIN / HUMALOG	Diabetes Treated with Insulin
IMURAN	Transplants
INDINAVIR	AIDS / HIV
INTERFERON ALPHA	Chronic Hepatitis
ISOSORBIDE	Angina
LANOXIN	Congestive Heart Failure, Heart Arrhythmia
LANTUS	Diabetes Treated with Insulin
LASIX	Congestive Heart Failure
LUPRON	Cancer

**MEDICATION WATCH LIST ALPHABETICALLY LISTED (continued)**

<b>Medication</b>	<b>Common Use Of Concern</b>
KALETRA	AIDS / HIV
METHOTREXATE	Rheumatoid Arthritis / Crohn's
MIRAPEX	Parkinson's Disease
NAMENDA	Alzheimer's
NELFINAVIR	AIDS / HIV
NEVIRAPINE	AIDS / HIV
NITROGLYCERIN	Angina
NITROQUICK	Angina
NOVOLIN / NOVOLOG	Diabetes treated with Insulin
PANCREASE / PANCREATIN	Pancreatic insufficiency
PEGASYS	Chronic Type B Viral Hepatitis      Chronic Hepatitis C
PROCRIT	Treatment of Anemia associated with Chronic Renal Failure
PROGRAF	Transplants
RANEXA	Chronic Angina
RAZADYNE	Alzheimer's under age 55 or strongly suggest Bi-polar
REBIF	Multiple Sclerosis
REMINYL	Dementia
SPIRIVA	COPD, Chronic Bronchitis and Emphysema
SPIRONONLACTONE	Congestive Heart Failure
STAVUDINE	AIDS / HIV
TAMOXIPHEN	Adjuvant treatment for Breast Cancer
TORSEMIDE	Congestive Heart Failure
TYSABRI	Multiple Sclerosis

## 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

**Not Sure Who To Call? Contact our Agent Hotline:** (800) 736-7311, ext. 112

**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.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.