

# *Golden Solution Plans*

(Ages 50 through 85)  
Whole Life Insurance

## AGENT GUIDE

Underwriting Guidelines  
Premium Rates

- Immediate Death Benefit Plan  
*Policy Form No. 9772 (AA, OL, PA, PS); GDWL103 (IAA)*
- Graded Death Benefit Plan  
*Policy Form No. 9465 (AA, OL, PA, PS); GDWL102 (IAA)*
- Return of Premium 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. 111

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 Golden Solution life insurance plans target a broad spectrum of the final expense insurance market. These policies and our application Form 9466 (with state variations) [AA, OL, PA, PS]; Form GL213 (with state variations) [IAA] accommodate a simplified approach to purchasing life insurance.

Golden Solution "Immediate Death Benefit" policy is for those with no serious health history and who can answer "NO" to all health questions 1 through 8 on the application.

Golden Solution "Graded Death Benefit" policy is for those who answer "NO" to questions 1 through 7, but "YES" to health question 8.

Golden Solution "Return of Premium Benefit" policy is for those who answer "NO" to questions 1 through 3, "YES" to any health questions 4 through 7.

If health questions 1, 2, or 3 are answered "YES" the applicant is not eligible for any of the Golden Solution plans.

The Golden 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>50 to 85</b>
<b>Premium Paying Period:</b>	<b>To age 100</b>
<b>Minimum Death Benefit</b>	<b>\$2,500 (\$5,000 in Washington)</b>
<b>Maximum Immediate Death Benefit</b>	<b>Ages 50 to 75: \$35,000</b>
	<b>Ages 76 to 85: \$20,000</b>
<b>Maximum Graded Death Benefit</b>	<b>Ages 50 to 85: \$20,000</b>
<b>Maximum Return of Premium Death Benefit</b>	<b>Ages 50 to 85: \$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>	
Terminal Illness Accelerated Benefit Rider*	<b>All plans</b>
Accelerated Benefit Confined Care Rider*	<b>Immediate Death Benefit Only</b>
<b>Optional Benefits and Riders:</b>	
Grandchild Rider (also covers Great Grandchildren)	<b>All plans</b>
Nursing Home Waiver of Premium Rider	<b>Immediate Death Benefit Only</b>
Children's Insurance Agreement Rider	<b>Not Available on ROP Plan</b>
Accidental Death Benefit Rider	<b>Not Available on ROP Plan</b>
<b>Application No (with some state variations)</b>	<b>9466 (AA, OL, PA, PS) or GL213 (IAA)</b>
<b>* Included at no additional premium, where available.</b>	

## PLAN DESCRIPTIONS

### Golden Solution "Immediate Death Benefit":

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

### Golden Solution "Graded Death Benefit":

Simplified issue whole life policy which pays 30% of selected face amount the 1st year, 70% paid the 2nd year and 100% paid the 3rd and subsequent years. 100% paid for accidental death, all years.

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

Simplified issue whole life policy which pays return of premium plus 10% interest for 3 years if under age 65, 2 years if age 65 or older. 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 (if applicable), &
- Check with the Medical Information Bureau (MIB, Inc.), &
- Check with a Pharmaceutical related facility(s), &
- Proposed Insured's build (see the liberal height/weight charts found in this guide)

## TELEPHONE INTERVIEW

As of February 2019, a telephone interview is no longer automatically required for ages 50-85 when using our Mobile application and using the "Sign on Screen" signature option. See the scenarios and charts below for further explanation.

### Mobile Application Scenario: Sign on Screen WITH Underwriting Decision

Automatic Phone Interview Requirements			
Product	Issue Ages	Immediate	Return of Premium
Golden Solution	50-70	None*	None*
	71-85	None*+	None*

\* NOTE: If the individual paying the premiums on the policy is other than (1) the Proposed Insured (2) spouse or significant other, or (3) a child of the Proposed Insured; then a telephone interview will be requested on the screen.

+ NOTE: If the applicant is not found in the pharmaceutical database(s), a phone interview will be requested on the screen.

After an application has been completed on our Mobile application and the client signs using the "Sign on Screen" feature, submit the application as normal. Once you click the "Submit" button, our Mobile application technology will provide you with an on-screen underwriting decision within seconds. In the event an interview is required, you will be advised of this on the screen. These requested interviews should be completed at point-of-sale. When you indicate on the screen your intent to complete the interview at point-of-sale, the Mobile application will prompt you to use the interview vendor listed below.

**APTICAL: 877-351-1773**

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

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

## TELEPHONE INTERVIEW GUIDELINES CONTINUED

### Paper Application Scenario: NO Underwriting Decision

Automatic Phone Interview Requirements			
Product	Issue Ages	Immediate	Return of Premium
Golden Solution	50-70	None*	None*
	71-85	None*	None*

\* NOTE: If the individual paying the premiums on the policy is other than (1) the Proposed Insured, (2) spouse or significant other, or (3) a child of the Proposed Insured; then a telephone interview will be required. In these instances, the interview should be completed at point-of-sale.

If a paper application is being completed, you do not automatically need to complete a telephone interview (unless due to the payor relationship situation noted above). After the application has been submitted and reviewed by The Home Office, an interview may be requested. You will be provided notification in this event. Feel free to work with your client to ensure the telephone interview is completed. If not completed, the application will be closed out as incomplete.

If you would prefer to receive a point-of-sale decision (even though a telephone interview is not initially required), you still have the option of contacting Apptical to complete a point-of-sale interview.

#### Point-of-Sale Telephone Interview Instructions When using a Paper Application

**Step 1:** After fully completing the application, initiate the personal medical history telephone interview by calling Apptical's toll free number **(877-351-1773)**.

**Step 2:** Identify yourself as the agent, state the Company, and the product being applied for as "Golden Solution".

**Step 3:** After you provide Apptical with some basic information on the Proposed Insured, the rest of the interview will be conducted between the interviewer and the Proposed Insured.

**Step 4:** Once the interview has been completed with the Proposed Insured, you will be advised by Apptical a point-of-sale recommendation as to the appropriate death benefit plan for which the Proposed Insured should apply.

**Step 5:** In the upper, right-hand corner of the application, please check the box "Yes" next to "Telephone interview completed"

**Step 6:** Insert the case number provided by the Apptical representative in the "Telephone Case No." field located in the upper right corner of the application.

**Step 7:** The applications should now be submitted to The Home Office. Even if it is determined that the Proposed Insured is not eligible for coverage or decides not to proceed with the application process. The Home Office is required by law to maintain these documents in its files. In the event your applicant decides not to proceed, you must write "Withdraw" at the top of the application.

#### APTICAL'S POINT-OF-SALE HOURS:

**1-877-351-1773**

**7:30am – 1:00am Monday through Friday CST**

**9:00am – 9:00pm Saturday and Sunday CST**

- Regardless of the application method used, if an interview is required and was not completed at point-of-sale, it will be ordered by The Home Office.
- **If you were unable to complete the Telephone Interview at point-of-sale**, the Home Office will order a telephone interview once the application has been received. In this event please check the box "No" next to "Telephone interview completed" in the upper, right-hand corner of the application. In this same section, provide the Proposed Insured's phone number (always required) & indicate a preferred time to be called by Apptical. If the Company is unable to complete the interview with the Proposed Insured, the application will be closed as incomplete.

## APPLICATION COMPLETION

The following section is provided to assist agents with the completion of the life insurance application, Form No. 9466 (AA, OL, PA, PS) or Form No. GL213 (IAA). It follows along, item by item, with the application used.

- As a reminder, the application must be completed in its entirety to prevent unnecessary processing delays.
- In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

### Front of the Application:

- **Proposed Insured** – Provide the Proposed Insured's **full legal name**.
  - **Address** – Proposed Insured's physical address.
  - **City / State / Zip Code**
  - **Telephone Case Number** – Provide the case number provided to you by the interview company (if interview completed point-of-sale).
  - **Telephone Interview Completed:**
    - If completed point-of-sale, check the "Yes" box. Otherwise check the "No" box.
    - Always provide a valid phone number.
    - Best Time to Call – If the telephone interview was not completed point-of-sale, please indicate the best time for the vendor to contact the Proposed Insured.
  - **Male / Female** – Select appropriate gender.
  - **Date of Birth** – Please enter as MM/DD/YYYY
  - **Age** – Calculate based upon **age last birthday** as of the policy date
  - **State of Birth** – If the applicant was not born in the U.S., list the country of birth.
  - **Social Security Number**
  - **Height and Weight** – Record the Proposed Insured's current height and weight. Refer to the build tables of this guide to assist in determining the appropriate plan to apply for based on build.
  - **Owner:**
    - Name
    - Relationship to the Proposed Insured
    - Social Security Number
    - Address
    - City/State/Zip
  - **Primary and Contingent Beneficiary:**
    - Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the Proposed Insured.
    - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, a Trust or an Insured's Estate.
- NOTE: Funeral homes are not acceptable beneficiary designations.**
- **Plan:**
    - In the blank provided, write in the name of the product being applied for ("Golden Solution") or the product's initials ("GS")
    - 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.
  - **Face Amount of Insurance \$** – enter the amount of coverage being applied for.
  - **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 (**excluding occasional** cigar or pipe use)?"
    - 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.

- **Plan Acceptance Check Box** ("Check here if you are willing to accept...") – Check this box if your client is willing to accept whichever death benefit plan they may qualify for. If checked, this will prevent the need to complete a signed endorsement due simply to a change of plan.
- **Riders** (be sure to check the box next to each rider being applied for):
  - **Grandchild Rider**
    - Indicate the number of children applying for coverage.
    - Enter 1 unit (\$5,000) or 2 units (\$10,000) of coverage.
  - **Child Rider** - Enter 1 unit (\$3,000) or 2 units (\$6,000) of coverage.
  - **Accidental Death Benefit Rider**
    - Check the box for ADB
    - Indicate the amount of coverage
  - **Nursing Home Waiver of Premium**
    - Check the "Other" box
    - Indicate "NHWP" in the blank provided
- **Automatic Premium Loan (APL)** – Check "Yes" or "No" (check "Yes" to ensure the Proposed Insured has this option if ever needed.)
- **Mode:**
  - **Bank Draft**
  - **Draft 1st Prem on Req Date** – Bank draft on which the 1st draft will occur upon the "Requested Policy Date" you will enter.
  - **Other**
- **Modal Premium** – Enter the desired premium based on the frequency by which the client will pay
- **CWA** (Check appropriate box, if applicable):
  - **eCheck Immediate 1st Premium** – Only select this option if the Company is to draft the Proposed Insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section 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.
- **Mail Policy To** – Check the box to indicate the preference to whom the policy contract should be mailed.
- **Requested Policy Date** – The Requested Policy Date or the initial draft, if applicable, **cannot be more than 35 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** – For state specific replacement instructions & replacement forms, please refer to the Company website.
- **Physician Name, City/State & Phone** – Provide the name and contact information of the Proposed Insured's doctor or medical facility
- **Health Questions:**
  - *If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.*
  - *If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.*
  - *If any part of question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit plan.*
  - *If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.*



## Back of the Application:

- **Child, Grandchild, and Great Grandchild Coverage:**

- For each child to be covered provide their name, sex, birthdate & relationship to the Proposed Insured.
- 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 Statement:**

- This statement applies to all of the children proposed for coverage
- Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".

- **Signed at** – Provide both the city and state indicating where the applicant was when the application was taken.

- **Date of Application** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application.

- **Signature of Proposed Insured:**

- The Proposed Insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

- **Signature of Owner** – Complete only if the Owner of the policy is different than the Proposed Insured. If Owner is different, they **MUST** sign and date the application as well as the Proposed Insured.

- **Agent's Report** – Complete all of the following:

- Answer both replacement questions
- Agent's Remarks - provide any special instructions or notes for the Home Office
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (if splitting the commission with another agent, indicate the appropriate percentage for each agent)

- **Pre-Authorization Check Plan – Authorization To Honor Charge Drawn** – Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is found 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

## 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, VA and WA require this disclosure form to be signed by the applicant and submitted with the 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.\*  
\*Juvenile Applications – please print the juvenile's name at the top of the HIPAA form signed by the guardian
- **Replacement Form** (if required) – Complete all replacement requirements as per individual state insurance replacement regulations.
- **All changes must be crossed out and initialed by Proposed Insured.** – No white outs or erasures are permitted on the application.
- **Applications for Return of Premium Plan** – While completing the health questions on the application with the Proposed Insured if you encounter a “yes” answer in the ROP section, that is the last health question that must be answered. After that initial “yes” answer, the health questions following may be left unanswered. (NOTE: When the ROP plan is being applied for, a telephone interview is not required).
- **Re-Writes on Same Insured** – If a second application is written on the same individual (1) within 6 months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered on that individual by the Underwriting Department.
- **Initial Premium** – The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for 1st premium. See the eCheck procedures described in this guide. **MONEY ORDERS NOT ACCEPTED.**
- **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.
- **Request for Re-dates and/or Reinstatements** – 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 Client Experience Department. These requests can be sent to Client Experience at [cx@aattx.com](mailto:cx@aattx.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.
  - The documents above should be faxed to Client Experience at **(254) 297-2105**.
  - As an alternative a new application can be completed and submitted with “Reinstatement” and the policy number indicated at the top. These should also be faxed to Client 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.

## **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.

## **GOLDEN 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. 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.

## 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.
- *Idaho*—Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the application.
- *Kansas*:
  - Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
  - Conditional Receipt Form No. 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.
- *Minnesota*—Approved only with American-Amicable.
- *Missouri*—Graded Death Benefit and Return of Premium issue ages are 50-75.
- *Nebraska*—Return of Premium Plan issue ages are 50-75.
- *New Jersey*—Graded Death Benefit and Return of Premium issue ages are 50-76.
- *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.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE  
ALL PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

## **BANK DRAFT PROCEDURES**

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

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired.
  - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
  - (b) The initial draft cannot occur more than 35 days after the date the application was signed.
  - (c) Drafts cannot be on the 29th, 30th or 31st of the month.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available, then you must also complete the Bank Account Verification section of Form 9903 and submit it along with the application. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

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

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

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

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

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

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

## **PRODUCT SOFTWARE**

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

## **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](#), [AppDrop](#) and [AppFax](#) under the link “Transmit 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.

## **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.)

## BUILD CHARTS (Unisex)

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

Ht.	Maximum Weight for Plan			Minimum Weight for Plan	
	Immediate	Graded	Return of Premium*	Immediate	Return of Premium**
4'10'	211	212 - 220	221 - 230	92	87 - 91
4'11"	218	219 - 228	229 - 238	94	89 - 93
5'	225	226 - 236	237 - 246	96	91 - 95
5'1"	233	234 - 244	245 - 254	99	94 - 98
5'2"	241	242 - 252	253 - 262	101	96 - 100
5'3"	248	249 - 260	261 - 271	105	100 - 104
5'4"	256	257 - 268	269 - 280	107	102 - 106
5'5"	264	265 - 276	277 - 288	110	105 - 109
5'6"	273	274 - 285	286 - 297	112	107 - 111
5'7"	281	282 - 294	295 - 306	116	111 - 115
5'8"	289	290 - 303	304 - 316	119	114 - 118
5'9"	298	299 - 312	313 - 325	123	118 - 122
5'10"	307	308 - 321	322 - 335	126	121 - 125
5'11"	315	316 - 330	331 - 344	131	126 - 130
6'	324	325 - 339	340 - 354	135	130 - 134
6'1"	334	335 - 349	350 - 364	139	134 - 138
6'2"	343	344 - 359	360 - 374	142	137 - 141
6'3"	352	353 - 368	369 - 384	146	141 - 145
6'4"	361	362 - 378	379 - 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

## OPTIONAL RIDERS

### Accidental Death Benefit Agreement (ADB)

**Policy Form 7159 (AA, OL, PA, PS); ADB302 (IAA)**

Annual Premiums Per \$1,000 of Insurance (Not Available on Return of Premium Plan)	
Issue Age	Rate
50-55	\$ 2.00
56-60	2.50
61-65	3.00
66-70	4.00
71-75	6.50
76-80	10.00

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

**Issue Ages:** 50-80

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

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

**Benefit Terminates:** At age 100

ADB Calculation Example: Male, Age 65, Monthly, \$10,000 ADB

(\$3.00 X 10) multiplied X .088 = \$2.64 per month. Add ADB monthly premium to life coverage monthly premium for total monthly premium.

### Grandchild Rider (GCIA)

**Policy Form 9579 (AA, OL, PA, PS); CIB303 (IAA)** when attached to Immediate Death Benefit and Graded Death Benefit Plans. Policy Form 9581; CIB302 for IAA when attached to Return of Premium Plan.

Per Unit selected, this rider provides \$5,000 per unit, of life insurance protection on each grandchild and great grandchild through age 20. This benefit also guarantees their future insurability for up to \$25,000 (per unit) of individual protection regardless of their health.

Rider coverage is fully paid-up in the event of the Primary Insured's death (does not apply to the Golden Solution-Return of Premium Plan).

**Issue Ages:** Primary Insured: 50 - 80  
Grandchild: 180 days - 15 years

**Premium:** \$12.00 annually per grandchild per unit

**Maximum Units:** 2

Grandchild Rider Calculation Example: 3 grandchildren

(\$12.00 X 3) multiplied X .088 = \$3.17 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

**Nursing Home Waiver of Premium Rider (NHWP)**  
**Policy Form 9984, Annual Premium per \$1,000**

(Available Only On the Immediate Death Benefit Plan)				
Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	0.33	0.35	0.51	0.52
51	0.33	0.35	0.51	0.52
52	0.34	0.36	0.52	0.53
53	0.34	0.36	0.52	0.53
54	0.35	0.36	0.53	0.54
55	0.35	0.36	0.53	0.54
56	0.35	0.37	0.54	0.55
57	0.41	0.43	0.65	0.66
58	0.51	0.54	0.81	0.82
59	0.57	0.63	0.94	0.95
60	0.63	0.68	1.03	1.04
61	0.70	0.76	1.14	1.15
62	0.84	0.89	1.34	1.35
63	1.05	1.10	1.62	1.64
64	1.19	1.24	1.84	1.85
65	1.31	1.37	2.00	2.02
66	1.47	1.57	2.24	2.27
67	1.76	1.92	2.68	2.72
68	2.21	2.46	3.33	3.38
69	2.55	2.87	3.85	3.91
70	2.80	3.19	4.22	4.34
71	3.15	3.64	4.76	5.03
72	3.82	4.50	5.79	6.35
73	4.80	5.75	7.28	8.26
74	5.49	6.64	8.34	9.66
75	6.02	7.32	9.21	10.77
76	6.75	8.25	10.53	12.42
77	8.10	9.99	12.99	15.51
78	10.08	12.50	16.59	19.98
79	11.49	14.30	19.15	23.17
80	12.51	15.62	21.01	25.43
81	13.92	17.42	23.49	28.34
82	16.45	20.62	27.92	33.46
83	20.05	25.20	34.26	40.79
84	22.52	28.35	38.62	45.82
85	23.70	29.86	40.69	48.21

**Description:**

This rider will waive payment of policy premiums becoming due during the Insured's confinement in a qualified Nursing Home as defined in the rider. The Insured must be confined continuously for a waiting period of 90 consecutive days before any benefits are applicable. Benefits are not retroactive & policy premiums must continue to be paid during the waiting period. Confinement means the Insured receives care for at least 90 consecutive days in a Nursing Home and the care is recommended by a Physician due to the Insured's inability to care for himself/herself.

**Issue Ages:** 50 – 85

**Coverage Period:** Same as the base policy.



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

(Not available on Return of Premium)

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: 50 - 60

Children: 15 days - 17 years

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

**Maximum:** 2 units (\$6,000 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 or 3575 in CA (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 where available is added to every policy 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); TI501 (IAA); or 3575-D in CA with the applicant. (The states of MA, VA and WA require this disclosure form to be signed by the applicant and submitted with the application.)*

**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 of up to 5.0% of the face amount per month. This rider where available is added to policies issued as the Immediate Death Benefit Plan at no additional premium. Not available on the Graded or Return of Premium Death Benefit plans. *Remember to leave the 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, VA or WA)*

**RIDER AVAILABILITY CHART**

Rider availability can vary by death benefit plan. See chart below for availability.

Rider Name	Death Benefit Plan		
	Immediate	Graded	Return of Premium
Grandchild Rider	Yes	Yes	Yes
Nursing Home WP	Yes	No	No
Children's Insurance Agreement	Yes	Yes	No
Accidental Death	Yes	Yes	No
Terminal Illness	Yes	Yes	Yes
Confined Care	Yes	No	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. For some circulatory/heart medications, the "Rx Fill Within" column notes "First Fill". "First Fill" refers to when the medication was originally prescribed.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate No Coverage
Accuretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Aceon	Hypertension CHF	N/A N/A	Immediate No Coverage
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aggrenox	Stroke / TIA	2 years	Return of Premium Graded Immediate
		3 years > 3 years	
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aldactazide	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Aldactone	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Amlodipine Besylate/Benaz	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Amyl Nitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Atacand	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension	N/A	Immediate
	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	2 years 3 years > 3 years	Return of Premium Graded Immediate
Avalide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Azor	Hypertension CHF	N/A N/A	Immediate No Coverage
Baclofen	Multiple Sclerosis	N/A	Graded
Baraclude	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Benazepril HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Benicar	Hypertension CHF	N/A N/A	Immediate No Coverage
Benlysta	Systemic Lupus	N/A	Return of Premium
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Graded Immediate
Betapace	Heart Arrhythmia CHF	N/A N/A	Immediate No Coverage
Betaseron	Multiple Sclerosis	N/A	Graded
Betaxolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	Hypertension CHF	N/A N/A	Immediate No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Graded
Bumetadine	Hypertension CHF	N/A N/A	Immediate No Coverage
Bumex	Hypertension CHF	N/A N/A	Immediate No Coverage
Buprenex	Alcohol / Drugs	2 years	Return of Premium
Bystolic	Hypertension CHF	N/A N/A	Immediate No Coverage
Calcium Acetate	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Campath	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Campral	Alcohol / Drugs	2 years	Return of Premium
Capoten	Hypertension CHF	N/A N/A	Immediate No Coverage
Capozide	Hypertension CHF	N/A N/A	Immediate No Coverage
Captopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Carbamazepine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Carbatrol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbidopa	Parkinson's	N/A	Graded
Carvedilol	Hypertension CHF	N/A N/A	Immediate No Coverage
Casodex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Clopidogrel	Stroke/TIA/Heart Attack Stroke/Heart Attack Stroke/Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Cogentin	Parkinson's Other Use	N/A N/A	Graded Immediate
Cognex	Alzheimer's/Dementia	N/A	No Coverage
Combivent	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Graded
Copegus	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Cordarone	Arrhythmia	N/A	Immediate
Coreg	Hypertension CHF	N/A N/A	Immediate No Coverage
Corgard	Hypertension CHF	N/A N/A	Immediate No Coverage
Corzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Coumadin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement/ TIA/Stroke/Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Cozaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Cytosan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Demadex	Hypertension CHF	N/A N/A	Immediate No Coverage
Depacon	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depade	Alcohol / Drugs	2 years	Return of Premium
Depakene	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depakote	Seizure Disorder	3 years	Graded
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Digoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Dilantin	Seizure Disorder	N/A	Graded
Dilatrate SR	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Diovan	Hypertension CHF	N/A N/A	Immediate No Coverage
Disulfiram	Alcohol / Drugs	2 years	Return of Premium
Dolophine	Opioid Dependence	2 years	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No Coverage
Duoneb	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Dyazide	Hypertension CHF	N/A N/A	Immediate No Coverage
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension CHF	N/A N/A	Immediate No Coverage
Edocrin	Hypertension CHF	N/A N/A	Immediate No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Graded

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	Hypertension CHF	N/A N/A	Immediate No Coverage
Enalaprilat	Hypertension CHF	N/A N/A	Immediate No Coverage
Epitol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Epivir	AIDS	N/A	No Coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Exelon	Alzheimer's / Dementia	N/A	No Coverage
Exforge	Hypertension CHF	N/A N/A	Immediate No Coverage
Femara	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	Hypertension CHF	N/A N/A	Immediate No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Furosemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Gabapentin	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Galantamine	Alzheimer's / Dementia	N/A	No coverage
Gleevec	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ/Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Heparin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
Hepsera	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Hydroxyurea	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hydergine	Alzheimer's /Dementia	N/A	No Coverage
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Hyzaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Imdur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Inamrinone	CHF	N/A	No Coverage
Inderal	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inderide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Innopran XL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Hepatitis C	2 year 3 years > 3 years	Return of Premium Graded Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"



Medication	Common Uses	RX Fill Within	Plan Eligibility
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Isordil	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Isosorbide Dinitrate/Mononitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Graded Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Labetalol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lamotrigine	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lanoxicaps	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lanoxin	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Leukeran	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Levatol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Levodopa	Parkinson's	N/A	Graded

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Lexiva	AIDS	N/A	No Coverage
Lexxel	Hypertension CHF	N/A N/A	Immediate No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Lithium	Bipolar Disorder	N/A	Immediate
Lodosyn	Parkinson's	N/A	Graded
Losartan Potassium	Hypertension CHF	N/A N/A	Immediate No Coverage
Lotensin	Hypertension CHF	N/A N/A	Immediate No Coverage
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Lyrica	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Mavik	Hypertension CHF	N/A N/A	Immediate No Coverage
Maxzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No Coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	2 years	Return of Premium
Methadose	Opioid Dependence	2 year	Return of Premium
Methotrexate	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol Tartrate/Suc-cinate	Hypertension CHF	N/A N/A	Immediate No Coverage
Micardis	Hypertension CHF	N/A N/A	Immediate No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Milrinone	CHF	N/A	No Coverage
Minitran	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Mirapex	Parkinson's	N/A	Graded
	Other Use	N/A	Immediate
Moban	Psychotic Disorder	N/A	Immediate
Moduretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Moexipril HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Monoket	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Monopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mykrok	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mysoline	Seizure Disorder	N/A	Graded
Nadolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	Return of Premium
Naltrexone	Alcohol / Drugs	2 years	Return of Premium
Namenda	Alzheimer's /Dementia	N/A	No Coverage
Narcan	Alcohol / Drugs	2 years	Return of Premium
Natrecor	CHF	N/A	No Coverage
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Nimodipine	Stroke/TIA/Heart Attack	First Fill 2 years	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nimotop	Stroke/TIA/Heart Attack	First Fill 2 year	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nitrek	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage

NOTE: Proposed Insureds taking both a medication marked with an asterisk (\*) representing "diabetes" and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Nitro-bid	Angina	2 year 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-dur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitroglycerine/Nitrota b/ Nitroquick/Nitrostat	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitrol	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitromist	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Normodyne	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Norpace	Arrhythmia	N/A	Immediate
Norvir	AIDS	N/A	No Coverage
Novolin	Diabetes *	N/A	Immediate
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrhythmia	N/A	Immediate
Parcopa	Parkinson's	N/A	Graded
Parlodel	Parkinson's	N/A	Graded
Paxil	Depressive Disorder	N/A	Immediate
Pegasys	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Peg-Intron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pepcid	Stomach Disorder	N/A	Immediate
Pergolide Mesylate	Parkinson's	N/A	Graded
Perindopril Erbumine	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Permax	Parkinson's	N/A	Graded

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Phenobarbital	Seizures	3 years	Graded
Phoslo	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Pindolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Plavix	Stroke/TIA/Heart Attack Stroke/Heart Attack Stroke/Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	No Coverage
Prinivil	Hypertension CHF	N/A N/A	Immediate No Coverage
Prinzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Quinaretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Ramipril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebetron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Rebif	Multiple Sclerosis	N/A	Graded
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Renvela	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Requip	Parkinson's Other Use	N/A N/A	Graded Immediate
Ribavirin	Liver Disorder / Hepatitis C	2 year 3 years > 3 years	Return of Premium Graded Immediate
Rilutek	ALS (Lou Gehrig's Disease)	N/A	No Coverage
Risperdal	Psychotic Disorder	N/A	Immediate
Risperidone	Psychotic Disorder	N/A	Immediate
Rituxan	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's Diabetic Neuropathy # Other Use	N/A N/A N/A	Graded Return of Premium Immediate
Rythmol	Arrhythmia	N/A	Immediate
Sectral	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema	2 year 3 years > 3 years	Return of Premium Graded Immediate
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet/Sinemet CR	Parkinson's	N/A	Graded
Sodium Edocrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Soltalol Hydrochloride	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sotalol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Spiriva	COPD	2 year	Return of Premium
		3 years	Graded
		> 3 years	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Spironolactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Sprycel	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
Stalevo	Parkinson's	N/A	Graded
Starlix	Diabetes *	N/A	Immediate
Suboxone	Alcohol / Drugs	2 years	Return of Premium
Subutex	Alcohol / Drugs	2 years	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema	2 year 3 years > 3 years	Return of Premium Graded Immediate
Symmetrel	Parkinson's	N/A	Graded
Tambocor	Arrhythmia	N/A	Immediate
Tamoxifen	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Tarka	Hypertension CHF	N/A N/A	Immediate No Coverage
Tasmar	Parkinson's	N/A	Graded
Tegretol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Tenoretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Tenormin	Hypertension CHF	N/A N/A	Immediate No Coverage
Teveten	Hypertension CHF	N/A N/A	Immediate No Coverage
Theodur	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Thioridazine	Psychotic Disorder	N/A	Immediate
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension CHF	N/A N/A	Immediate No Coverage
Torsemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandate	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandolapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Tresiba (insulin)	Diabetes*	N/A	Immediate
Trimterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Triamterene/HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Tribenzor	Hypertension CHF	N/A N/A	Immediate No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Graded Immediate
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension CHF	N/A N/A	Immediate No Coverage
Tyzeka	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Uniretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Univasc	Hypertension CHF	N/A N/A	Immediate No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Valstar	Cancer	2 year 3 years > 3 years	Return of Premium Graded Immediate
Valturna	Hypertension CHF	N/A N/A	Immediate No Coverage
Vascor	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
Vaseretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Vasotec	Hypertension CHF	N/A N/A	Immediate No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
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	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	Return of Premium
Warfarin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement/ TIA/Stroke/Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Xeloda	Cancer	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Zantac	Stomach Disorder	N/A	Immediate
Zaroxolyn	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zebeta	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zelapar	Parkinson's	N/A	Graded
Zemplar	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Zestoretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zestril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ziac	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zocor	Cholesterol	N/A	Immediate
Zoloft	Depressive Disorder	N/A	Immediate
Zyprexa	Psychotic Disorder	N/A	Immediate

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### Golden 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*
Activities of Daily Living	Require assistance (from anyone) with bathing, dressing, eating, or toileting	No Coverage	1
AIDS / HIV	Been medically treated or diagnosed by a medical professional as having	No Coverage	3
Alcoholism/ Alcohol Abuse	Within the past 2 years abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol	Return of Premium	7d
Alzheimer's disease	Been medically diagnosed	No Coverage	2
Amputation	Have had an amputation caused by disease	No Coverage	1
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Been medically diagnosed	No Coverage	2
Aneurysm	Within the last 2 years	Return of Premium	7b
	Medically diagnosed or treated, or hospitalized within the past 3 years	Graded	8a
Angina (Chest Pain)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed or treated, or hospitalized within the past 3 years	Graded	8a
Angioplasty	Within the past 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Bed Confinement	Currently confined to a bed	No Coverage	1
Cancer/ (excluding basal cell skin cancer)	Currently have cancer or history of metastatic cancer	No Coverage	1
	More than one occurrence in a lifetime	Return of Premium	5
	Within the past 2 years been medically diagnosed, treated, or taken medication for any form of cancer	Return of Premium	7c
	Within the past 3 years been medically diagnosed or treated, or hospitalized for or taken medication for any form of cancer	Graded	8b
Cardiomyopathy	Have ever been medically diagnosed, treated for	Return of Premium	7a
Catheterization (Heart)	Within the past 2 years	Return of Premium	7b
Chronic Bronchitis	See Chronic Obstructive Pulmonary Disease (COPD).		
Chronic Hepatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Kidney Disease	Diagnosed, treated or taken medication for	Return of Premium	5
Chronic Pancreatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 3 years	Graded	8b
Circulatory Surgery	Within the past 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Cirrhosis of the Liver	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed or treated, or hospitalized within the past 3 years	Graded	8b
Congestive Heart Failure (CHF)	Been medically diagnosed	No Coverage	2
Coronary Artery Bypass Surgery	Within the last 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Defibrillator	Inserted within the past 2 years	Return of Premium	7b
Dementia	Been medically diagnosed	No Coverage	2
Diabetes	Combined with any medical history of any of the following: Retinopathy, Nephropathy, Neuropathy	Return of Premium	4
	Taken Insulin shots prior to age 50	Return of Premium	4
	Treated for insulin shock or diabetic coma	Return of Premium	4

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received	Return of Premium	6
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug use or been advised to discontinue use of drugs within the past 2 years	Return of Premium	7d
Emphysema	See Chronic Obstructive Pulmonary Disease (COPD)		
Heart Attack	Within the past 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Heart Surgery	Had or been medically advised to have within the past 2 years	Return of Premium	7b
	Medically diagnosed or treated, or hospitalized within the past 3 years	Graded	8a
Hepatitis C	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 3 years	Graded	8b
Home Health Care	Currently receiving	No Coverage	1
Hospice Care	Currently receiving	No Coverage	1
Hospitalization	Currently hospitalized	No Coverage	1
Kidney Dialysis	Had or been medically advised to have	No Coverage	2
Kidney Failure	Medically diagnosed, treated or taken medication for	Return of Premium	5
Liver Disease	Medically diagnosed, treated or taken medication for liver failure	No Coverage	2
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 3 years	Graded	8b
Mental Incapacity	Been medically diagnosed	No Coverage	2
Multiple Sclerosis (MS)	Been medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8c
Muscular Dystrophy	Been medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8c
Nursing Facility	Currently confined	No Coverage	1
Organ Transplant	Had or been medically advised to have	No Coverage	2
Oxygen Equipment	Currently used to assist in breathing	No Coverage	1
	Have been required to use oxygen equipment to assist in breathing within the past 2 years	Return of Premium	7a
Pacemaker	Inserted within the past 2 years	Return of Premium	7b
Paralysis	Been medically diagnosed or treated, or hospitalized for paralysis of two or more extremities within the past 3 years	Graded	8c
Parkinson's Disease	Been medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8c
Renal Insufficiency	Diagnosed, treated or taken medication for	Return of Premium	5
Respiratory Failure	Been medically diagnosed	No Coverage	2
Seizures	Been medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8c
Stroke	Medically diagnosed within the past 2 years	Return of Premium	7a
	Medically diagnosed or hospitalized within the past 3 years	Graded	8a
Systemic Lupus (SLE)	Been medically diagnosed, treated for within the past 2 years	Return of Premium	7a
Terminal Medical Condition or End Stage Disease	Been diagnosed or treated with condition that is expected to result in death in the next 12 months	No Coverage	2
TIA (Transient Ischemic Attack)	Medically diagnosed within the past 2 years	Return of Premium	7a
	Medically diagnosed or hospitalized within the past 3 years	Graded	8a
Ulcerative Colitis	Medically diagnosed or treated, or hospitalized for or taken medication for within the past 3 years	Graded	8b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1

\* Applies to standard life application Form No. 9466 (AA, OL, PA, PS); Form GL213 (IAA). The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

## Golden 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
50	32.00	26.50	41.86	31.60
51	33.88	28.50	43.72	32.64
52	35.60	29.69	45.72	34.31
53	38.00	31.27	47.98	36.20
54	39.75	32.76	50.11	37.60
55	41.25	34.25	52.25	39.75
56	42.89	35.36	54.42	41.00
57	44.00	36.60	56.59	42.91
58	46.25	37.64	59.30	44.57
59	48.06	39.00	61.50	46.31
60	49.00	39.30	63.90	47.58
61	51.83	41.60	68.00	49.96
62	54.46	43.20	71.00	52.50
63	57.00	45.09	73.80	55.19
64	60.00	47.09	77.32	58.04
65	63.00	49.00	81.00	60.75
66	67.22	52.03	85.93	63.96
67	71.63	54.70	90.50	67.31
68	76.41	57.72	96.00	70.00
69	80.70	60.70	101.50	74.87
70	84.01	63.70	105.55	76.72
71	89.35	67.50	111.80	80.78
72	94.98	71.50	118.38	85.06
73	101.36	76.54	125.83	89.91
74	108.50	81.25	133.50	94.90
75	116.25	87.25	143.25	101.25
76	125.00	93.04	153.00	109.21
77	134.00	98.34	163.20	116.50
78	145.90	105.00	175.60	124.13
79	157.20	113.20	186.00	135.01
80	169.00	122.50	197.60	146.23
81	182.40	131.80	210.00	159.36
82	197.00	142.00	222.87	174.28
83	210.70	153.50	238.91	189.99
84	226.00	166.00	258.87	208.50
85	241.25	180.25	281.25	229.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ( $\$63.00 \times 10 + \$30.00$ )  $\times .088 = \$58.08$  per Month

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

## Golden Solution Graded Death Benefit

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

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	38.93	30.68	58.78	38.27
51	41.12	32.27	61.74	40.49
52	43.31	33.86	64.70	42.71
53	45.79	35.66	68.05	45.22
54	48.27	37.46	71.40	47.73
55	50.75	39.25	74.75	50.25
56	52.92	40.88	77.74	53.03
57	55.20	42.60	80.89	55.95
58	57.60	44.40	84.20	59.02
59	60.11	46.29	87.67	62.24
60	62.05	47.75	90.35	64.73
61	65.36	50.24	94.92	68.97
62	69.01	52.99	99.96	73.65
63	72.78	55.82	105.16	78.48
64	76.78	58.82	110.67	83.60
65	81.00	62.00	116.50	89.00
66	87.22	66.28	123.84	94.44
67	94.00	70.95	131.85	100.38
68	101.21	75.91	140.36	106.69
69	108.98	81.26	149.53	112.00
70	112.65	83.79	153.87	116.71
71	120.28	89.04	162.88	124.00
72	130.00	94.97	173.06	130.93
73	140.00	101.78	184.74	139.59
74	150.50	110.00	198.40	147.75
75	161.25	117.25	211.25	159.25
76	174.30	126.00	230.20	169.21
77	191.00	136.50	248.31	175.52
78	209.00	150.00	266.14	187.86
79	227.50	162.50	287.10	201.18
80	246.80	177.00	304.00	218.00
81	262.00	192.00	306.94	231.89
82	275.60	207.00	311.20	250.54
83	288.00	221.00	316.00	270.17
84	299.00	234.00	326.27	292.61
85	303.25	241.25	349.25	319.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000  $(\$81.00 \times 10 + \$30.00) \times .088 = \$73.92$  per Month

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

## Golden 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
50	44.38	35.75	65.57	40.89
51	46.49	37.69	68.94	43.27
52	48.60	39.63	72.31	45.65
53	50.99	41.83	76.13	48.35
54	53.38	44.03	79.95	51.05
55	55.75	46.25	83.75	53.75
56	58.56	48.58	87.57	57.07
57	61.52	51.03	91.59	60.56
58	64.63	53.61	95.81	64.23
59	67.89	56.31	100.23	68.07
60	70.41	58.39	103.65	71.04
61	74.71	61.95	109.48	76.10
62	79.45	65.87	115.91	81.68
63	84.34	69.92	122.54	87.44
64	89.52	74.21	129.57	93.55
65	95.00	78.75	137.00	100.00
66	100.91	83.59	144.46	106.53
67	107.35	88.87	152.59	113.65
68	114.20	94.48	161.23	121.21
69	121.58	100.53	170.55	129.37
70	125.07	103.39	174.96	133.23
71	132.32	109.33	184.11	141.24
72	140.51	116.04	194.45	150.29
73	149.91	123.74	206.31	160.67
74	158.77	131.00	217.49	170.46
75	171.25	141.25	233.25	184.25
76	183.20	149.96	246.82	198.50
77	199.65	155.48	255.42	207.53
78	216.80	166.28	272.23	225.19
79	234.60	177.94	290.38	244.26
80	253.00	190.46	309.87	264.73
81	268.79	204.82	332.22	288.21
82	286.00	221.14	357.63	314.90
83	304.36	238.32	384.38	343.00
84	331.28	257.95	414.95	375.11
85	363.25	281.25	451.25	413.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ( $\$95.00 \times 10 + \$30.00$ )  $\times .088 = \$86.24$  per Month

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