

Express UL

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(A SIMPLIFIED ISSUE UNIVERSAL LIFE INSURANCE POLICY)
(Policy Form No. 3616)

All products and riders not available in all states. Please check with the State Approval Grid under State Approvals on the Company website or check with the Home Office New Business Agent Support Team at 800-736-7311 (menu prompts 1, 1, 1) for other state approvals.

AGENT GUIDE FOR AGENT USE ONLY

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	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
New Business Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
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 Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

 **Not Sure Who To Call? Contact our New Business Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	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 Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.com
www.iaamerican-waco.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

Table of Contents

Item:	Page #:
Plan Description	4
Policy Specifications	4
Telephone Interview Information	5
Application Completion	6-9
Simplified Underwriting (Requirements)	10
State Specifics	11
Bank Draft Procedures / eCheck Procedures	12
Product Software	12
Application Submission.....	12
Build Chart	13
Rider Descriptions.....	14-17
Family Insurance Agreement	14
Children's Insurance Agreement	14
Total Disability Benefit Rider	15
Accident Only Total Disability Benefit Rider	15
Accidental Death Benefit Agreement	16
Waiver of Premium Disability Agreement	16
Total Disability Benefit Rider Underwriting Guidelines	17
Terminal Illness Accelerated Death Benefit Rider	17
Confined Care Accelerated Death Benefit Rider	17
Medical Impairment Guide	18-21
Prescription Reference Guide	22-36
Rates Per \$1,000	37-38

PLAN DESCRIPTION

Express UL is a flexible premium adjustable life insurance policy (a simplified issue universal life insurance policy) with 2 options available: A level death benefit (Option 1) and an increasing death benefit (Option 2).

NO LAPSE GUARANTEE – For the first 15 policy years (for all issue ages) this policy is guaranteed to remain in force if the sum of the premiums paid, plus premiums paid by waiver and less any indebtedness/withdrawals, are equal to or greater than the minimum premium as defined in the policy.

APPLICATION AND REQUIRED FORMS

Application, Form No. 9818:

Company specific with state exceptions.

Life Illustration Acknowledgment, Form No. 9113, OR a copy of the Illustration completed at point-of-sale.

Illustration Acknowledgement form or a copy of the Illustration signed by the applicant must be submitted to the Home Office with the application.

Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, PA, PS, OL); TI501 (IAA) or 3575-D in CA:

This form must be presented to the applicant at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.

Disclosure for the Accelerated Benefits Rider-Confined Care, Form No. 9675 (AA, PA, PS, OL); AB502 (IAA):

This form must be presented to the applicant at point-of-sale.

Replacement Form:

Complete all replacement requirements as per individual state insurance replacement regulations.

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.

POLICY SPECIFICATIONS

ISSUE AGES (AGE NEAREST)	15-75 Non-Tobacco
	18-75 Tobacco
ISSUE LIMITS	Minimum: \$25,000 or \$20 monthly premium (excluding riders), whichever is greater
	Maximum: \$500,000
UNDERWRITING CLASSES	Male/Female
	Tobacco/Non-Tobacco
INTEREST RATE	Guaranteed is 1% in all states except California. The guaranteed interest rate in California is 3%.
MODAL PREMIUMS	Annual,
	Semi-Annual
	Quarterly
	Bi-Weekly allotment
	Monthly bank-draft are available(no modal factors)
POLICY FEE	\$127 annually (Commissionable)
UNDERWRITING	Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

COST OF INSURANCE

The Cost of Insurance (COI) is a monthly charge that appears on the Benefit Description pages of the policy. Guaranteed Maximum COIs are also listed on the Benefit Description pages. The calculation for cost of insurance is defined in the policy.

SURRENDER CHARGE

A surrender or a partial surrender may be made under the terms of the policy. The surrender charges are located on the Benefit Description pages.

POLICY LOAN

A policy loan can be taken at any time. The amount cannot exceed the Accumulation Value minus Surrender Charge as of the date the loan is requested. The loan interest is 7.4%, 5.7% in US Virgin Islands.

BENEFITS AND RIDERS not available in all states

Total Disability Benefit Rider (DIR)*, Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)

Waiver of Premium Disability Agreement (up to target premium), Policy Form No. 7184

Children's Insurance Agreement, Policy Form No. 8375 (AA, PA, PS, OL); CIB304 (IAA)

Accidental Death Benefit Agreement, Policy Form No. 7160

Family Insurance Agreement, Policy Form No. 8374

Accident Only Total Disability Benefit Rider (AODIR)*, Policy Form No. 3281

60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$2000 maximum monthly benefit

* DIR and AODIR cannot be issued on the same policy.

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, LLC), &
- Check with a Pharmaceutical related facility(s), &
- Proposed Insured's build (See the liberal height/weight charts found in this guide.)

TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart which follows. If an interview is required, the preferred method of completing this interview is to do so 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 the toll-free number below. When calling the vendor be sure to identify yourself, Company, and product being applied for "Express UL". The applicant must always complete the telephone interview without assistance from the agent or another person. If the interview is completed at point-of-sale, mark the '**Telephone interview done**' question '**Yes**' in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question '**NO**', and the interview company will initiate the call after receipt of the application.

MANAGEMENT RESEARCH SERVICES, INC. (MRS): 1-855-758-6049
8AM – 9PM MONDAY THRU FRIDAY CST
8AM – 3PM SATURDAYS CST

APPTICAL: (SPANISH ONLY) 1-877-351-1773
7:30AM-1:00AM MON THRU FRIDAY CST
9:00AM-9:00PM SATURDAY & SUNDAY

EXPRESS UL NON-MED LIMITS		
AGE & AMOUNT	15-64	65-75
25,000-100,000		T
100,001-200,000		T
200,001-500,000		T

T = Telephone Interview

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 Interview:

Check **'Yes'** or **'No'** (only required if applicant qualifies for a telephone interview based off Non-Med Limits). If **'Yes'**, provide the case number on the **Telephone Case Number** line.

List the applicant's phone number and email address, if available.

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

DL# (Paper):

List the Proposed Insured driver's license number and the state of issue.

DL# (e-App):

If you have a driver's license, select **'Yes'**. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select **'No'**. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

Height and Weight:

Record the Proposed Insured's current height and weight. Refer to the build chart of this guide to assist in determining the appropriate plan to apply for based on build.

Occupation:

List the Proposed Insured current occupation.

Annual Salary: \$

List the Proposed Insured Annual Salary.

Owner:

- Name
- Relationship to the Proposed Insured
- Social Security Number
- Address
- City/State/Zip

Payor:

- 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. Also provide the beneficiary's Social Security number if it can be obtained.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.

Plan:

In the blank provided, write in the name of the product being applied for ('Express UL') or the product's initials ('EU').

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

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.

Requested Policy Date:

The '**Requested Policy Date**' or the initial draft, if applicable, cannot be more than 30 days out from the date the application was signed.

Riders (be sure to check the box next to each rider being applied for):

- **Family Insurance Agreement**
 - Check the box for FIA.
 - Indicate the number of units being applied for.
- **Children's Insurance Agreement**
 - Check the box for CIA.
 - Indicate the number of units being applied for.
- **Accidental Death Benefit Agreement**
 - Check the box for ADB.
 - Indicate the amount of coverage
- **Total Disability Benefit Rider**
 - Check the 'Disability Income' box.
 - Indicate the amount of coverage.
- **Waiver of Premium Disability Agreement**
 - Check the 'Waiver of Premium' box.
- **Accident Only Total Disability Benefit Rider**
 - Check the 'Other' box.
 - Indicate 'AODIR' in the blank provided.

Option (be sure to check the box next to the option being applied for):

- **Option 1**
 - Check the box for Option 1 (Face Amount Only)- Level Death Benefit.
- **Option 2**
 - Check the box for Option 2(Face Amount Plus Cash Value) - Death Benefit Increasing.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

Mode:

- **Bank Draft:** Monthly bank draft
- **Draft 1st Premium on Requested Date:** Monthly bank draft for which the 1st draft will occur upon the '**Policy Date Request**' you will enter.

Modal Premium:

Enter the desired premium based on the frequency by which the client will pay.

CWA — (Check appropriate box, if applicable.):

- **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 collecting initial payment and mailing it to the Home Office.

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.

Section A:

All applicants must complete Section A. If the Proposed Insured answers '**Yes**' to any questions, the applicable condition should be circled.

Section B:

Give details to all '**Yes**' answers in Section A and list personal physician information and current prescriptions.

Comments:

Use the space provided to list any information you want considered in addition to the application.

Signed at:

Provide both the city and state indicating where the applicant was when the application was taken.

Date Signed:

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

Replacement of Existing Insurance:

Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.

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.

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 Express UL 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.

Applications on Juveniles (Issue Ages 15 to 17)

- If the grandparent or legal guardian applies for coverage on a child we need a copy of guardianship papers.
- All children within the family should be insured equally.
- We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
- Juvenile questionnaires (Form # 9825) are required to be submitted with the applications.

Applicants Re-applying for Coverage — A new application will not be processed if the Proposed Insured has had two policies with any of our Companies within the previous 12 months, or had three or more policies in the past five years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

Re-date and Reinstatement Request*:

- If the request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aatax.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) be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to **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 faxed to the **New Business Department** at **(254) 297-2100**.
- ** Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstate.

PREMIUMS REQUIREMENTS

- UL or Non-ROP Term – Two months premium or one modal premium
- ROP Term – all missed premiums
- All other plans – all missed premiums

*In the case that the policy is over loaned we may need loan interest or a loan payment.

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.

EXPRESS UL: FIELD UNDERWRITING HINTS.

The Express UL 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.

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.

EXPRESS UL 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, and State specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a State specific application, please contact the Home Office for a risk assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

STATE SPECIFICS:

Alabama:

Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

California:

- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his/her personal information.
- 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.
- Supplement to Application Form No. 3481 must be completed due to the no cost Terminal Illness and no cost Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented to the Applicant at point-of-sale.
- Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to 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 life application.

Illinois:

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life 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. 9713-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.

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.

Rhode Island:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the 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. If no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

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

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

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 cash values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smartphone or tablet, please go to 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 AppDrop. If the application is scanned or faxed, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the 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 WITH POINT-OF-SALE DECISIONS

- Complete applications electronically using a tablet or similar device.
- Go to 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 can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature or (3) voice signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision)
 - Approved other than as applied for
 - Telephone Interview Needed
 - Refer to Home Office
 - Not Eligible for Coverage

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

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

BENEFITS AND RIDERS not available in all states

FAMILY INSURANCE AGREEMENT (FIA)

Policy Form No. 8374 (AA, IAA, OL, PA, PS)

Issue Ages: To be eligible for coverage under the FIA a child must not have reached his or her 18th birthday on the date the application is taken. Children born after the issue of the policy are automatically covered by the agreement after they become 15 days old. Children already born must be 15 days old on the date the application is taken. Coverage on the spouse may be issued on a spouse ages 15-60.

- The Family Insurance Agreement provides \$3,000.00 coverage per unit on all children until they are age 25, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of five times the base.
- The FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65.
- The cost per unit is \$39.00 annually.
- The maximum number units (any combination of FIA and CIA) available is five.*
- Provides a decreasing face amount of term coverage on the spouse as his/her age increases according to the following chart.

SPOUSE'S INSURANCE per UNIT of FIA									
AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	\$16,750	25	\$13,250	35	\$9,750	45	\$6,250	55	\$2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

- If the amount of coverage desired on the spouse exceeds the coverage available under this rider or if a whole life or endowment plan of coverage is preferred, the spouse may apply for a separate policy.

CHILDREN'S INSURANCE AGREEMENT (CIA)

Policy Form No. 8375 (AA, PA, PS, OL); CIB304 (IAA)

Issue Ages of Children (age nearest birthday): 15 days - 17 years

Issue Ages of Primary Insured: 15 - 50

Maximum Rider Units: Five Units*

Premium: \$8.52 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 whole life or endowment 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.

* The combination of FIA units and CIA units applied for cannot exceed a maximum of five.

TOTAL DISABILITY BENEFIT RIDER****Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)****Issue Ages:** 18 – 55**Minimum Total Disability Benefit:** \$500 monthly

Maximum Total Disability Benefit: 2% of the life insurance specified 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 specified amount up to \$900 monthly benefit, whichever is less.

If elected, the Total Disability Benefit Rider will pay a monthly benefit up to 2% of **specified** 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 (180 days in Maryland) and the benefits are not retroactive. The maximum benefit period is two years and disability must begin before age 65.

TOTAL DISABILITY BENEFIT RIDER									
Annual Premiums per \$100 of Monthly Benefit									
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
18	\$9.78	26	\$12.70	34	\$17.00	42	\$24.78	50	\$36.62
19	\$10.12	27	\$13.14	35	\$17.76	43	\$25.92	51	\$38.66
20	\$10.46	28	\$13.60	36	\$18.58	44	\$27.12	52	\$40.92
21	\$10.80	29	\$14.08	37	\$19.50	45	\$28.42	53	\$43.42
22	\$11.16	30	\$14.58	38	\$20.52	46	\$29.80	54	\$45.98
23	\$11.52	31	\$15.14	39	\$21.50	47	\$31.32	55	\$48.62
24	\$11.90	32	\$15.70	40	\$22.60	48	\$32.98		
25	\$12.28	33	\$16.32	41	\$23.68	49	\$34.74		

ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER (AODIR)****Policy Form No. 3281****Issue Ages:** 18 – 55**Minimum AODIR Benefit:** \$500 monthly

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

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

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

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

ACCIDENTAL DEATH BENEFIT AGREEMENT (ABD)**Policy Form No. 7160 AA, PA, PS, IA; Policy Form No. PDAF Ed. 3-83 (OL)****Issue Ages:** 15 – 64**Minimum Amount:** \$1,000**Maximum Amount:** \$200,000 or five times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit Agreement 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 Premium per \$1,000 of Benefit Face Amount									
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
15	\$0.96	25	\$0.96	35	\$0.96	45	\$1.20	55	\$1.44
16	\$0.96	26	\$0.96	36	\$0.96	46	\$1.20	56	\$1.44
17	\$0.96	27	\$0.96	37	\$1.08	47	\$1.20	57	\$1.44
18	\$0.96	28	\$0.96	38	\$1.08	48	\$1.20	58	\$1.56
19	\$0.96	29	\$0.96	39	\$1.08	49	\$1.32	59	\$1.56
20	\$0.96	30	\$0.96	40	\$1.08	50	\$1.32	60	\$1.56
21	\$0.96	31	\$0.96	41	\$1.08	51	\$1.32	61	\$1.56
22	\$0.96	32	\$0.96	42	\$1.08	52	\$1.32	62	\$1.68
23	\$0.96	33	\$0.96	43	\$1.20	53	\$1.32	63	\$1.68
24	\$0.96	34	\$0.96	44	\$1.20	54	\$1.32	64	\$1.68

WAIVER OF PREMIUM DISABILITY AGREEMENT (WP)**Policy Form No. 7184 (AA, IAA, OL, PA, PS)****Issue Ages:** 15-55

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

RATES per \$100 to be WAIVED							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
15	1.86	26	2.72	37	4.31	48	8.50
16	1.92	27	2.82	38	4.52	49	9.31
17	1.99	28	2.93	39	4.75	50	10.23
18	2.06	29	3.05	40	5.00	51	11.27
19	2.14	30	3.17	41	5.26	52	12.46
20	2.21	31	3.31	42	5.55	53	13.79
21	2.29	32	3.45	43	5.86	54	15.30
22	2.36	33	3.60	44	6.21	55	16.98
23	2.45	34	3.76	45	6.59		
24	2.53	35	3.94	46	7.15		
25	2.62	36	4.12	47	7.78		

TOTAL DISABILITY BENEFIT INCOME 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 AODIR:**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High-Risk Avocations within the past 12 months
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, significant others, or students)
 - Casino Workers
 - Housekeepers
 - Janitors
 - Migrant laborers
 - Retired
 - Students
 - Individuals that carry a weapon in their occupation
- **The following Proposed Insured occupations are not eligible for DIR only:**
 - Self-Employed

RIDERS INCLUDED AT NO ADDITIONAL COST

The Terminal Illness Accelerated Death Benefit Rider and the Accelerated Benefits Rider-Confined Care (where available) are added to every Express UL policy with no additional premium.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

Policy Form No. 9473 (AA, PA, PS, OL); TIA302 (IAA); In CA Form No. 3575

With this benefit, you can receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 24 months or less (12 months in some states). This rider is added to every policy (where available) at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. *Remember to leave disclosure statement, Form 9474 (AA, PA, PS, OL); T1501 (IAA); 3575-D in CA, with the applicant at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.*

ACCELERATED BENEFITS RIDER-CONFINED CARE

Policy Form No. 9674 (AA, PA, PS, OL); AB301 (IAA)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider (where available) is added to policies issued at no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. *Remember to leave disclosure statement, Form 9675 (AA, PA, PS, OL); AB502 (IAA), with the applicant at point-of-sale. (Rider not available in CT, DC, IN, MA, NJ, VA, or WA)*

EXPRESS UL MEDICAL IMPAIRMENT GUIDE

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Abscess	Medically diagnosed	Decline	Decline	2g
	Removed, with full recovery and confirmed to be benign	Standard	Standard	2g
Addison's Disease	Acute Single Episode	Standard	Standard	2g
	Others	Decline	Decline	2g
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	Decline	Decline	1
Alcoholism	Within the past 4 years abused alcohol, or been recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol	Decline	Decline	3b
	After 4 years since abstained from use, abused alcohol, or been recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol	Standard	Decline	3b
Alzheimer's	Medically diagnosed, treated, or taken medication for	Decline	Decline	2d
Amputation	Have had an amputation caused by injury	Standard	Decline*	2g
	Have had an amputation caused by disease	Decline	Decline	2g
Anemia	Medically diagnosed with iron deficiency on vitamins only	Standard	Standard	2d
	Medically diagnosed	Decline	Decline	2d
Aneurysm	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Angina	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Angioplasty	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Ankylosis	Medically diagnosed, treated, or taken medication for	Standard	Decline	2f
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	2d
Aortic Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Aortic Stenosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Appendectomy	Medically diagnosed, treated, or taken medication for	Standard	Standard	2g
Arteriosclerosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	2f
	Rheumatoid - all others	Decline	Decline	2f
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	2c
	Moderate, more than 1 episode a month	Standard	Decline	2c
	Severe, hospitalization, or ER visit within the past 12 months	Decline	Decline	2c
	Maintenance steroid use	Decline	Decline	2c
	Combined with Tobacco Use - Smoker	Decline	Decline	2c
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	4b
	Other pilots flying for pay	Decline	Decline	4b
	Student Pilot	Decline	Decline	4b
	Private Pilot with more than 100 solo hours	Standard	Standard	4b
Back Injury	Medically diagnosed, treated, or hospitalized for within the past 12 months	Standard	Decline*	2f
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	Decline	Decline	2d
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	2g
	Other causes	Standard	Decline	2g
Bronchitis	Medically diagnosed, treated, or taken medication for acute-recovered	Standard	Standard	2g
	Medically diagnosed, treated, or hospitalized for chronic bronchitis	Decline	Decline	2c
Buerger's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
By-Pass Surgery (CABG or Stent)	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	2d
	Medically diagnosed, treated, or hospitalized for any form of cancer over 7 years ago with	Standard	Standard	2d
	All others	Decline	Decline	2d
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	Decline	Decline	2d

If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email riskassess@aattx.com.

EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for	Decline	Decline	2f
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication for	Decline	Decline	2c
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	2b
Concussion – Cerebral	Full recovery with no residual effects	Decline	Decline	2f
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	Standard	Standard	2g
Criminal History	Convicted of Misdemeanor or Felony within the past five years	Decline	Decline	2a
	Probation or Parole within the past six months	Decline	Decline	3a
Crohn's Disease	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	3a
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	2b
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Decline	Decline	2d
	2 or more episodes, continuing anticoagulant treatment	Standard	Standard	2b
Dementia	Medically diagnosed, treated, or taken medication for	Decline	Decline	1a
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	2d
	Diagnosed prior to age 35	Decline	Decline	2b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	2b
	Controlled with oral medications	Standard	Decline	2b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	5b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	5b
Diverticulitis/ Diverticulosis	Medically diagnosed, treated, taken medication, or hospitalized for acute, with full recover	Decline	Decline	
Down Syndrome	Medically diagnosed	Standard	Standard	2b
Driving Record	Within the past three years an alcohol/drug related infraction, or two or more accidents, or three or more driving violations or combination thereof	Decline	Decline	2d
	License currently suspended or revoked	Decline	Decline	4a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	3b
	Medically diagnosed, treated, or taken medication for within the past 4 years	Decline	Decline	3b
	Medically diagnosed, treated, or taken medication for 4 years or more, non-usage since	Standard	Decline	3b
Duodenitis	Medically diagnosed, treated, or taken medication for	Standard	Standard	2b
Emphysema	Medically diagnosed, treated, or taken medication for	Decline	Decline	2c
Epilepsy	Petit Mal	Standard	Decline*	2d
	All others	Decline	Decline	2d
Fibrillation	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Fibromyalgia	Medically diagnosed, treated, or taken medication for	Standard	Decline	2g
Gallbladder disorder	Medically diagnosed, treated, or taken medication for	Standard	Standard	2g
Gastritis	Acute	Standard	Standard	2b
Glomerulosclerosis	Medically diagnosed, treated, or taken medication for acutely, over a year ago	Standard	Standard	2c
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	2f
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	4a

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EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	2g
	Migraine, severe, or not investigated	Decline	Decline	2g
Heart Arrhythmia	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Heart Disease/ Disorder	Medically diagnosed, treated, or taken medication for including heart attack, coronary artery disease, angina	Decline	Decline	2a
Heart Murmur	Medically diagnosed, treated, taken medication, or hospitalized with surgery for	Decline	Decline	2a
Hemophilia	Medically diagnosed, treated, or taken medication for	Decline	Decline	2a
Hepatitis	Medically diagnosed, treated, or taken medication for Hep B or Hep C	Decline	Decline	2b
Hepatomegaly	Medically diagnosed, treated, or taken medication for	Decline	Decline	2b
HIV	Tested Positive	Decline	Decline	1
Hodgkin's Disease	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2d
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	2a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	2a
	In combination with Thyroid Disorder	Standard	Standard	2a
Hysterectomy	No cancer	Standard	Standard	2e
Kidney Disease	Dialysis	Decline	Decline	2e
	Insufficiency or Failure	Decline	Decline	2e
	Nephrectomy	Decline	Decline	2e
	Polycystic Kidney Disease	Decline	Decline	2e
	Transplant recipient	Decline	Decline	2e
Knee Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	2f
Leukemia	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2d
Liver Impairments	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2b
Lung Disease/ Disorder	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	2f
Marfan Syndrome	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2f
Melanoma	See Cancer/Melanoma			2d
Meniere's Disease	Medically diagnosed, treated, taken medication, or hospitalized for	Standard	Decline	2g
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	2d
Mitral Insufficiency	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Multiple Sclerosis	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2d
Muscular Dystrophy	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2f
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	2d
Pacemaker	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	2b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	2f
Parkinson's Disease	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2d
Peripheral Vascular Disease	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Pregnancy	Current; no complications	Standard	Standard	5a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	2e
	Cancer - See Cancer/Melanoma			2d & 2e
Pulmonary Embolism	Medically diagnosed, treated, taken medication, or hospitalized for	Standard	Standard	2c

If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email riskassess@aotx.com.

EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Retardation	Mild to moderate	Standard	Decline	2d
	Severe	Decline	Decline	2d
Rheumatic Fever	One attack-recovered	Standard	Standard	2a
Sarcoidosis	Pulmonary	Decline	Decline	2c
Seizures	Petit Mal	Standard	Decline*	2d
	All others	Decline	Decline	2d
Shoulder Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	2g
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	2c
Spina Bifida	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2f
Spina Bifida Occulta	Asymptomatic	Standard	Standard	2f
Stroke / CVA	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Subarachnoid Hemorrhage	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Suicide Attempt	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2d
Thyroid Disorder	Medically diagnosed, treated, taken medication, or hospitalized for	Standard	Standard	2g
	In combination with Hypertension (HBP)	Standard	Standard	2g
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	2a
	Combined with Tobacco Use -Smoker	Decline	Decline	2a
Tuberculosis	Medically diagnosed, treated, or taken medication for within the past 2 years	Decline	Decline	2c
	Over 2 years with no residuals	Standard	Standard	2c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	2b
Ulcerative Colitis	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	2b
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	
Valve Replacement	Heart / Cardiac	Decline	Decline	2a
Vascular Impairments	Medically diagnosed, treated, taken medication, or hospitalized for	Decline	Decline	2a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	2g
	After 1 year since surgery with no complications	Standard	Decline	2g
	History of complications such as Dumping Syndrome	Decline	Decline	2g

If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email riskassess@aattx.com.

EXPRESS UL PRESCRIPTION REFERENCE GUIDE

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

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

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	7 years > 7 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetanide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	7 years > 7 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Casodex	Cancer	7 years > 7 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heartbeat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	7 years > 7 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

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Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Refer to Home Office
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Entresto	Congestive Heart Failure	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	7 years > 7 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	7 years > 7 years	Decline Standard
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline

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Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	See Impairment Guide
Hydroxyurea	Cancer	7 years > 7 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	7 years > 7 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	Glaucoma	N/A	Standard

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Leukeran	Cancer	7 years > 7 years	Decline Standard
Levatol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lupron	Cancer	7 years > 7 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	7 years > 7 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitrans	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Refer to Home Office

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Naltrexone	Alcohol / Drugs	4 years	Refer to Home Office
Narcan	Alcohol / Drugs	4 years	Refer to Home Office
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heartbeat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline

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PRESCRIPTION REFERENCE GUIDE (continued)

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	7 years > 7 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propanolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline

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PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	7 years > 7 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heartbeat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sprycel	Cancer	7 years > 7 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See '#' Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heartbeat	N/A	Decline
Tamoxifen	Cancer	7 years > 7 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Theo-Dur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '#' Below
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below
Toprol XL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Torsemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tresiba (Insulin)	Diabetes	N/A	Decline
Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Truvada	AIDS	N/A	Refer to Home Office

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	7 years > 7 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See '**' Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Refer to Home Office
Visken	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	7 years > 7 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Zestoretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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The premium rates specified below (if paid) will keep the policy in force for a minimum of 15 years. They also represent the minimum premium rate that can be charged for that age.

Express UL 15 Year No Lapse Guaranteed Annual Premium per \$1,000 Insurance									
ISSUE AGE*	MALE		FEMALE		ISSUE AGE*	MALE		FEMALE	
	NT	T	NT	T		NT	T	NT	T
15-17	\$4.05	N/A	\$3.65	N/A	47	\$10.67	\$17.21	\$8.92	\$13.66
18	\$4.05	\$5.97	\$3.65	\$4.88	48	\$11.23	\$18.10	\$9.36	\$14.40
19	\$4.05	\$5.97	\$3.65	\$4.88	49	\$11.82	\$19.05	\$9.81	\$15.20
20	\$4.32	\$5.97	\$3.78	\$4.88	50	\$12.44	\$20.04	\$10.29	\$16.04
21	\$4.40	\$6.11	\$3.86	\$5.01	51	\$13.21	\$21.23	\$10.89	\$16.69
22	\$4.48	\$6.26	\$3.95	\$5.15	52	\$14.03	\$22.50	\$11.53	\$17.37
23	\$4.57	\$6.41	\$4.04	\$5.30	53	\$14.90	\$23.84	\$12.21	\$18.09
24	\$4.65	\$6.57	\$4.12	\$5.44	54	\$15.83	\$25.27	\$12.94	\$18.82
25	\$4.74	\$6.73	\$4.22	\$5.60	55	\$16.81	\$26.78	\$13.70	\$19.60
26	\$4.83	\$6.89	\$4.31	\$5.75	56	\$18.03	\$28.38	\$14.52	\$20.85
27	\$4.92	\$7.06	\$4.41	\$5.92	57	\$19.35	\$30.67	\$15.38	\$22.18
28	\$5.01	\$7.23	\$4.51	\$6.08	58	\$20.76	\$32.82	\$16.30	\$23.58
29	\$5.10	\$7.41	\$4.61	\$6.25	59	\$22.27	\$35.13	\$17.27	\$25.06
30	\$5.20	\$7.59	\$4.71	\$6.43	60	\$23.90	\$37.60	\$18.30	\$26.62
31	\$5.39	\$7.95	\$4.86	\$6.67	61	\$25.48	\$40.27	\$19.28	\$28.65
32	\$5.59	\$8.32	\$5.01	\$6.91	62	\$27.17	\$43.13	\$20.32	\$30.83
33	\$5.80	\$8.72	\$5.17	\$7.16	63	\$28.96	\$46.19	\$21.42	\$33.16
34	\$6.01	\$9.13	\$5.33	\$7.43	64	\$30.88	\$49.47	\$22.57	\$35.65
35	\$6.24	\$9.57	\$5.50	\$7.70	65	\$33.14	\$53.32	\$23.79	\$37.73
36	\$6.47	\$10.02	\$5.67	\$7.99	66	\$36.17	\$57.73	\$25.33	\$40.56
37	\$6.71	\$10.50	\$5.85	\$8.29	67	\$39.34	\$62.22	\$27.47	\$43.59
38	\$6.96	\$11.01	\$6.04	\$8.60	68	\$42.76	\$65.95	\$29.52	\$46.84
39	\$7.23	\$11.53	\$6.23	\$8.92	69	\$46.44	\$68.82	\$31.69	\$50.30
40	\$7.50	\$12.09	\$6.43	\$9.25	70	\$50.41	\$72.89	\$34.33	\$54.02
41	\$7.88	\$12.71	\$6.74	\$9.75	71	\$55.04	\$76.84	\$37.77	\$58.18
42	\$8.29	\$13.37	\$7.06	\$10.28	72	\$60.09	\$81.18	\$40.83	\$61.97
43	\$8.72	\$14.06	\$7.39	\$10.83	73	\$65.10	\$85.61	\$44.54	\$66.01
44	\$9.17	\$14.78	\$7.75	\$11.42	74	\$71.06	\$90.45	\$48.59	\$70.32
45	\$9.64	\$15.55	\$8.12	\$12.05	75	\$77.55	\$95.45	\$53.96	\$75.47
46	\$10.15	\$16.36	\$8.51	\$12.82					

* Issue Ages – based on age nearest birthday

Express UL Target Annual Premiums Per \$1,000 Insurance									
ISSUE AGE*	MALE		FEMALE		ISSUE AGE*	MALE		FEMALE	
	NT	T	NT	T		NT	T	NT	T
15-17	\$5.13	NA	\$4.61	NA	47	\$13.74	\$22.24	\$11.46	\$17.62
18	\$5.13	\$7.63	\$4.61	\$6.21	48	\$14.46	\$23.40	\$12.03	\$18.59
19	\$5.13	\$7.63	\$4.61	\$6.21	49	\$15.23	\$24.63	\$12.62	\$19.63
20	\$5.48	\$7.63	\$4.78	\$6.21	50	\$16.04	\$25.92	\$13.24	\$20.72
21	\$5.59	\$7.81	\$4.88	\$6.38	51	\$17.04	\$27.46	\$14.02	\$21.56
22	\$5.69	\$8.00	\$5.00	\$6.56	52	\$18.10	\$29.12	\$14.85	\$22.45
23	\$5.81	\$8.20	\$5.12	\$6.76	53	\$19.24	\$30.86	\$15.74	\$23.38
24	\$5.91	\$8.41	\$5.22	\$6.94	54	\$20.44	\$32.72	\$16.69	\$24.33
25	\$6.03	\$8.61	\$5.35	\$7.15	55	\$21.72	\$34.68	\$17.68	\$25.35
26	\$6.14	\$8.82	\$5.47	\$7.34	56	\$23.30	\$36.76	\$18.74	\$26.97
27	\$6.26	\$9.04	\$5.60	\$7.56	57	\$25.02	\$39.74	\$19.86	\$28.70
28	\$6.38	\$9.26	\$5.73	\$7.77	58	\$26.85	\$42.53	\$21.06	\$30.52
29	\$6.50	\$9.50	\$5.86	\$7.99	59	\$28.82	\$45.53	\$22.32	\$32.44
30	\$6.63	\$9.73	\$5.99	\$8.22	60	\$30.94	\$48.75	\$23.66	\$34.47
31	\$6.87	\$10.20	\$6.18	\$8.54	61	\$32.99	\$52.22	\$24.93	\$37.11
32	\$7.13	\$10.68	\$6.38	\$8.85	62	\$35.19	\$55.93	\$26.28	\$39.94
33	\$7.41	\$11.20	\$6.59	\$9.17	63	\$37.51	\$59.91	\$27.71	\$42.97
34	\$7.68	\$11.73	\$6.79	\$9.52	64	\$40.01	\$64.18	\$29.21	\$46.21
35	\$7.98	\$12.31	\$7.02	\$9.88	65	\$42.95	\$69.18	\$30.79	\$48.91
36	\$8.28	\$12.89	\$7.24	\$10.25	66	\$46.89	\$74.91	\$32.79	\$52.59
37	\$8.59	\$13.52	\$7.47	\$10.64	67	\$51.01	\$80.75	\$35.58	\$56.53
38	\$8.91	\$14.18	\$7.72	\$11.05	68	\$55.45	\$85.60	\$38.24	\$60.76
39	\$9.26	\$14.85	\$7.96	\$11.46	69	\$60.24	\$89.33	\$41.06	\$65.26
40	\$9.62	\$15.58	\$8.22	\$11.89	70	\$65.40	\$94.62	\$44.49	\$70.09
41	\$10.11	\$16.39	\$8.63	\$12.54	71	\$71.42	\$99.76	\$48.97	\$75.50
42	\$10.64	\$17.25	\$9.04	\$13.23	72	\$77.98	\$105.40	\$52.94	\$80.43
43	\$11.20	\$18.14	\$9.47	\$13.94	73	\$84.50	\$111.16	\$57.77	\$85.68
44	\$11.79	\$19.08	\$9.94	\$14.71	74	\$92.24	\$117.45	\$63.03	\$91.28
45	\$12.40	\$20.08	\$10.42	\$15.53	75	\$100.68	\$123.95	\$70.01	\$97.98
46	\$13.06	\$21.13	\$10.93	\$16.53					

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