

Legacy Builder

SINGLE PREMIUM WHOLE LIFE INSURANCE
(Policy Form No. 3546)

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 New Business Agent Support at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.

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Legacy Builder

Plan Description

Legacy Builder is a simplified issue single premium whole life insurance plan endowing at age 110 designed especially for the senior market and single premium sales.

Application and Required Forms

- **Application, Form No. 3547** (Company specific with state exceptions)
- **Disclosure for the Terminal Illness Accelerated Benefit Rider - Form No. 9474 (AA, OL, PA, PS) ; TI501 (IAA for DE, FL, ND, SD) In CA Form No. 3575-D** — This form must be presented to the applicant at point-of-sale. (The states of MA, VA, & WA require this disclosure form to be signed by the applicant and submitted with the application.)
- **Disclosure for the Accelerated Benefits Rider-Confined Care - Form No. 9675 (AA, OL, PA, PS); AB502 (IAA)** — This form must be presented to the applicant at point-of-sale.
- **Modified Endowment Contract (MEC) Disclosure Form - Form No. 9667** — This form must be presented to the applicant at point-of-sale.
- **Anti-Money Laundering Statement - Form No. 3565** — This form must be completed with all applications.
- **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.
- **1035 Exchange Form - Form No. 9689** — Only required if funds are being transferred through a 1035 Exchange.
- **Authorization to Transfer Funds - Form No. 9689** — Only required if existing funds are being transferred from their financial institution to our Company.
- **Replacement Form (if required)** — Complete all replacement requirements as per individual state insurance replacement regulations.

Policy Specifications

Issue Ages (Age Last Birthday)

Minimum age – 45

Maximum age – 80

Minimum Single Premium - \$10,000

Maximum Face Amount - \$300,000 for Preferred, \$200,000 for Standard

Premium Classes - Standard Non-Tobacco, Standard Tobacco, Preferred Non-Tobacco, Preferred Tobacco

Policy Fee - \$100 (Fully Commissionable)

UNDERWRITING

Simplified Underwriting

Eligibility for coverage is based on a simplified 'YES/NO' application, a telephone interview, liberal height and weight chart, motor vehicle report (MVR), and a check with the Medical Information Bureau (MIB, INC.) and pharmaceutical related facility.

PREFERRED PREMIUMS

SINGLE PREMIUM PER \$1000 DEATH BENEFIT				
ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
45	469.31	451.53	520.76	478.14
46	479.54	461.31	532.26	488.35
47	489.95	471.20	543.85	498.63
48	500.48	481.20	555.57	508.97
49	511.22	491.33	567.41	519.32
50	522.08	501.57	579.36	529.73
51	533.16	511.90	591.51	540.12
52	544.43	522.36	603.82	550.52
53	555.93	532.94	616.23	561.00
54	567.60	543.67	628.82	571.53
55	579.51	554.52	641.59	582.15
56	591.63	565.53	654.51	592.85
57	603.98	576.66	667.53	603.69
58	616.49	587.93	680.62	614.60
59	629.19	599.35	693.77	625.60
60	642.03	610.93	706.92	636.73
61	655.00	622.66	720.07	648.03
62	668.11	634.55	733.19	659.50
63	681.32	646.60	746.23	671.06
64	694.49	658.76	759.04	682.85
65	708.08	671.33	772.19	695.00
66	722.12	684.36	785.72	707.35
67	736.19	697.52	799.05	719.72
68	750.24	710.78	812.16	732.14
69	764.25	724.09	825.01	744.60
70	778.23	737.44	837.57	757.11
71	792.08	750.74	849.85	769.41
72	805.74	764.02	861.80	781.59
73	819.24	777.22	873.47	793.70
74	832.55	790.36	884.86	805.74
75	845.74	803.40	895.99	817.71
76	858.78	816.41	906.94	829.69
77	871.74	829.38	917.74	841.69
78	884.75	842.42	928.53	853.81
79	897.87	855.64	939.52	866.19
80	911.42	869.19	944.79	879.08

\$100 Policy Fee

Death Benefit Calculation Example: Female, Non-Tobacco, Age 50, Single Premium \$56,000:
 $(\$56,000 - \$100 \text{ (policy fee)}) / 501.57 \times 1000 = \$111,450 \text{ Death Benefit}$

STANDARD PREMIUMS

SINGLE PREMIUM PER \$1000 DEATH BENEFIT				
ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
45	502.15	483.14	562.42	521.85
46	513.12	493.60	574.83	532.99
47	524.25	504.19	587.36	544.20
48	535.52	514.88	600.01	555.49
49	547.01	525.72	612.80	566.79
50	558.63	536.67	625.71	578.15
51	570.48	547.74	638.83	589.49
52	582.54	558.93	652.13	600.84
53	594.85	570.24	665.53	612.27
54	607.33	581.72	679.12	623.77
55	620.08	593.33	692.91	635.35
56	633.05	605.11	706.87	647.03
57	646.26	617.03	720.94	658.87
58	659.64	629.09	735.07	670.78
59	673.23	641.31	749.27	682.78
60	686.97	653.69	763.48	694.92
61	700.85	666.25	777.67	707.27
62	714.88	678.97	791.84	719.78
63	729.01	691.87	805.92	732.39
64	743.11	704.87	819.77	745.27
65	757.64	718.33	833.97	758.52
66	772.67	732.26	848.58	772.00
67	787.72	746.34	862.97	785.50
68	802.76	760.54	877.12	799.06
69	817.75	774.78	891.01	812.66
70	832.71	789.06	904.58	826.31
71	847.52	803.29	917.83	839.73
72	862.15	817.50	930.74	853.02
73	876.59	831.63	943.34	866.24
74	890.82	845.69	955.65	879.38
75	904.94	859.64	967.67	892.45
76	918.90	873.56	973.57	905.52
77	932.77	887.43	979.47	918.62
78	946.69	901.39	985.37	931.84
79	960.73	915.53	991.27	945.37
80	975.22	930.03	997.17	959.43

\$100 Policy Fee

Death Benefit Calculation Example: Female, Non-Tobacco, Age 50, Single Premium \$56,000:
 $(\$56,000 - \$100 \text{ (policy fee)}) / \$536.67 \times 1000 = \$104,161$ Death Benefit

Riders Included At No Additional Cost

Terminal Illness Accelerated Benefit Rider - Policy Form No. 9473 (AA, OL, PA, PS);

TIA302 (IAA for DE, FL, ND, SD) In CA Form No. 3575

This rider (where available) provides an accelerated payment of life insurance proceeds and is added to every Legacy Builder policy with no additional premium. An administrative fee of \$150 and an actuarial adjustment factor will be assessed at the time of acceleration. With this benefit, the Policy Owner can receive up to 100% of the death benefit (less any loans) if the Insured is diagnosed by a licensed Physician as Terminally Ill where life expectancy is 12 months or less (24 months in some states). The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This is a one-time benefit. Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); T15001 (IAA), or 3575-D in CA, with the applicant. For California, please refer to Form No. 3672-CA for rider details. (The states of MA, VA, & WA require this disclosure form to be signed by the applicant and submitted with the application.)

Accelerated Benefits Rider-Confined Care - Policy Form No. 9674 (AA, OL, PA, PS); AB301 (IAA) With this benefit, if you are confined to a Nursing Home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid.

This rider (where available) is added to policies issued at no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. Remember the disclosure statement Form No. 9675 (AA, OL, PA, PS); AB502 (IAA) must be presented to the applicant at point-of-sale. (Rider not available in CT, DC, IN, MA, VA, & WA)

Beneficiary Guaranteed Insurability Rider - Form No. 9679 After the policy has been in force for a period of 5 years, upon the Insured's death, this rider (where available) benefit provides the beneficiary the option to purchase a Single Premium Whole Life policy then offered by the Company on himself/herself without evidence of insurability using the death benefit proceeds. The maximum face amount is the lesser of the death benefit proceeds received and \$150,000.

Policy Loans

Policy loans are available after the first Policy Year up to the full surrender value less loan interest in advance to the next policy anniversary. Policy loan interest rate is 7.4% and 5.7% for U.S. Virgin Islands.

Partial Surrender

The Owner may elect to surrender part of the Net Cash Value after the first Policy Year. The fee per partial surrender is \$25 and only one partial surrender is allowed per Policy Year. The minimum allowable partial surrender is \$500. The maximum allowable partial surrender varies by Policy Year and is equal to the lesser of the following:

- a) the Net Cash Value, on the date the partial surrender is requested, minus \$1,000; or
- b) the Net Cash Value, on the date the partial surrender is requested, multiplied by the percentage set forth in the table below.

Policy Year	1	2	3	4	5	6+
Percentage	0%	10%	20%	30%	40%	100%

When a partial surrender is made, the Face Amount of the Policy will be reduced by the following formula:

"1)" multiplied by "2)" divided by "3)" where

- 1) is the face amount of the Policy just prior to the partial surrender;
- 2) is the partial surrender amount (including the partial surrender fee); and
- 3) is the Cash Value just prior to the partial surrender.

MECs (Modified Endowment Contracts) - Form No. 9667

Legacy Builder will generally be issued as a Modified Endowment Contract (MEC), or may subsequently become a MEC. The following information is only a general description of MECs and only a summary of the Internal Revenue Code rules which govern life insurance policies. As with all tax matters, clients should seek the advice of a qualified tax advisor.

Generally, a life insurance policy is a MEC if the policy purchased with a single premium or multiple premium payments exceed the limits prescribed by law. If the policy is or becomes a MEC, policy loans, withdrawals, assignments, and surrenders will be taxed as income to the extent that there is a gain in the contract. There is gain in the contract if the policy's values exceed the cost basis in the policy (generally the premiums paid). In addition, Policyowners may incur a 10% IRS penalty on the taxable portion of any policy loan, withdrawal, assignment, or surrender made before age 59½. However, death benefits paid to a named beneficiary are generally income tax-free, and the cash value growth in the policy is income tax deferred.

Premium Sources and 1035 Exchanges - Form No. 9689

Properly done, cash values from an existing life insurance policy can be transferred tax-free to a Legacy Builder. If your client funds a Legacy Builder policy through a 1035 Exchange, then a completed and signed copy of our 1035 Exchange form (Form No. 9689) must accompany the application. Additional replacement or exchange forms may be required depending on state regulations. A tax-free 1035 exchange from an existing annuity is not allowed. If Legacy Builder is funded from sources other than life insurance (CD, mutual fund, money market account, or annuity), and the client plans to have funds transferred directly from their financial institution to our Company, then an Authorization to Transfer Funds form (Form No. 9689) is required. If funded by an existing annuity, CD, or money market account, these sources may be subject to income taxes and surrender or withdrawal charges before they can be used as premium for Legacy Builder. Surrendering an annuity to purchase a life insurance contract may also be subject to state insurance replacement regulations. Please be sure to complete all replacement requirements.

New Business Tips

PRODUCT SOFTWARE

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

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on [AppScan](#), [AppDrop](#), and [AppFax](#) under the link "Transmit Apps". Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for "App Drop"). 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 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 (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.)

IMPORTANT

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

APPLICATION COMPLETION

The following section is provided to assist agents with the completion of the life insurance application, Form No. 3547 (AA, OL, PA, PS, & IA). 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, even if the interview is completed point-of-sale.
 - **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**
- **DL # (Paper)** – Enter the Proposed Insured's Driver's License number (If the Proposed Insured does not have a Driver's License, you must indicate the reason why he/she does not have one).
- **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.
- **State of Issue (SOI)** – Indicate the state of issue for the Driver's License.
- **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/Employer/Annual Salary**
- **Owner:**
 - Name
 - Relationship to the Proposed Insured
 - Social Security Number
 - Address
 - City/State/Zip
- **Payor (if other than Proposed Insured):**
 - 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, a Trust or an Insured's Estate.

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

- **Face Amount of Insurance \$** – Enter the amount of coverage being applied for.

- **Plan (Check Appropriate Box):**

- Preferred
- Standard

- **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.

- **Mode:**

- **Single Premium**
- **1035 Exchange** (Information provided in this guide)
- **Bank Draft** (Information provided in this guide)
- **Other**

- **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.**

- **Mail Policy To** – Check the box to indicate the preference to whom the policy contract should be mailed.

- **Physician Name, City/State & Phone** – Provide the name and contact information of the Proposed Insured's doctor or medical facility, list current medication

- **Health Questions:**

- *If any answer to questions 1 through 5 is answered 'Yes' the Proposed Insured is not eligible for any coverage.*
- *If any answer to questions 6 through 7 is answered 'Yes' the Proposed Insured is eligible for the Standard Plan.*
- *If all questions are answered 'No' the Proposed Insured is eligible for the Preferred Plan.*

Back of the Application:

- **Replacement Section (Section B)**

- Answer questions 1, 2, and 3
- If replacing coverage, please provide the other insurance company name, policy number and amount of coverage.
- **NOTE: Complete any state required Replacement forms** – For state specific replacement instructions and replacement forms, please refer to the Company website.

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

- **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 premium is 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
 - Signature of the Account Holder
 - Date
- **Anti-Money Laundering Statement - Form No. 3565.**
 Complete on **all** applications:
 - Check the box(es) that identifies the source(s) of funds that will be used for the purchase.
 - Additional Details: Notes pertaining to box checked, if any.
 - Have you been in possession of the funds for thirty (30) days or less? (Choose the appropriate box). If 'Yes', specify how the money was obtained.
- **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.
- **Changes to the Application** – 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 Legacy Builder applications where a Third-Party Payor is involved. We do accept such applications if the Payor is a spouse, business, or business partner.
- **Applications in the State of 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.
- **Applications in the State of 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.
- **Applications in the State of Idaho** – Notice of Lapse designee Form No. 3373 must be completed and sent to the Home Office along with the life application.

- **Applications in the State of 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.

- **Applications in the State of 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.

- **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.

Telephone Interview

A telephone interview conducted with the Proposed Insured is required on all Legacy Builder applications and may be completed at point-of-sale.

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

- 1) at point-of-sale, or
- 2) the interview company will contact the Proposed Insured after receipt of the application by the Home Office.

Point-of-sale telephone interviews can be completed by calling one of the toll-free numbers below. When calling the vendor be sure to identify yourself, Company and product being applied for "Legacy Builder." 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.

APPTICAL: 877-351-1773
7:30am-1:00am Monday thru Friday CST
9:00am-9:00pm Saturday & Sunday CST
(Point-of-Sale Decision Provided)

For Apptical interviews, you MUST write "Apptical" in the top right-hand corner of the application and include the Apptical case number provided to you. Agents MUST ALWAYS submit the application to the Home Office along with the HIPAA form (No. 9526); even if your client is not eligible for coverage or decides not to proceed with the application process. The Company is required by law to maintain these documents in our files. In this event, please write "Withdraw" at the top of the application.

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.
 - (d) Drafts cannot occur more than 10 days into the grace period.
- 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 occurrence of a returned draft. (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.

BUILD CHART

HEIGHT	PREFERRED WEIGHT LIMITS	STANDARD WEIGHT LIMITS
4'8"	82 - 181	182 - 206
4'9"	85 - 188	189 - 214
4'10"	86 - 194	195 - 222
4'11"	88 - 201	202 - 230
5'	90 - 208	209 - 238
5'1"	93 - 215	216 - 246
5'2"	95 - 222	223 - 254
5'3"	99 - 229	230 - 262
5'4"	101 - 236	237 - 270
5'5"	104 - 244	245 - 279
5'6"	107 - 251	252 - 288
5'7"	112 - 259	260 - 296
5'8"	116 - 267	268 - 305
5'9"	119 - 275	276 - 314
5'10"	122 - 283	284 - 324
5'11"	126 - 291	292 - 333
6'	129 - 299	300 - 342
6'1"	133 - 307	308 - 352
6'2"	136 - 316	317 - 362
6'3"	140 - 324	325 - 372
6'4"	143 - 333	334 - 382
6'5"	146 - 342	343 - 392
6'6"	149 - 351	352 - 402
6'7"	153 - 360	361 - 412
6'8"	157 - 369	370 - 422
6'9"	160 - 378	379 - 432

Applicants that are below the minimum Preferred weight or above the maximum weight for Standard on the chart above are not eligible for coverage.

Legacy Builder 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.
- **Complete Personal Physician Information** – List the name and address of the Physician, date last seen, reason last seen, and current medications.
- **Client Honesty and Cooperation** – Underwriting relies heavily on the application and personal history interview; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for the interview, which will be brief, pleasant, and professionally handled.
- Legacy Builder will be underwritten based on the maximum underwritten amount, which is the difference between the face amount of the policy and the amount of the single premium.

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.

LEGACY BUILDER MEDICAL IMPAIRMENT GUIDE			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Activities of Daily Living	Require assistance (from anyone) with activities such as bathing, dressing, eating, toileting	Decline	1
AIDS / ARC		Decline	2e
Alcohol Abuse	Within 2 years since abstained from use	Decline	4b
	Had medical treatment or counseling within past 2 years	Decline	4b
	Been recommended to discontinue the use of alcohol within past 2 years	Decline	4b
Alzheimer's		Decline	2b
Amputation	Caused by disease	Decline	1
Anemia	Sickle Cell Anemia within past 2 years	Decline	3a
Aneurysm	Unoperated, within past 2 years	Decline	3a
Angina (chest pain)	Within past 2 years	Decline	3a
Angioplasty	Within past 5 years	Standard	7b
Arthritis	Rheumatoid / Psoriatic, within past 5 years	Standard	7d
Autism		Decline	2b
Bipolar Disorder	Within past 5 years	Standard	7d
Blindness	Caused by diabetes	Standard	6a
Brain Surgery	Within past 2 years	Decline	3a
	Including any procedure, within past 5 years	Standard	7b
Bronchitis	Chronic, within past 5 years	Standard	7c
Buerger's Disease	Within past 5 years	Standard	7b
By-Pass Surgery	Heart or Peripheral Vascular within past 2 years	Decline	3a
	Heart or Peripheral Vascular within past 5 years	Standard	7b
Cancer	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence excluding Basal Cell or Squamous Cell skin cancer or history of metastatic cancer	Decline	2d
Cardiomyopathy		Decline	2a
Cerebral Palsy	Within past 5 years	Standard	7d
Chronic Obstructive Pulmonary Disease (COPD)	Within past 5 years	Standard	7c
Chronic Pain	Treated with opioid medication within past 12 months	Standard	6c
Circulatory Disease or Disorder	Within past 5 years	Standard	7b
Circulatory Surgery	Within past 2 years	Decline	3a
Cirrhosis of Liver	Within past 2 years	Decline	3b
	Within past 5 years	Standard	7a
Connective Tissue Disease	Within past 5 years	Standard	7d
Congestive Heart Failure (CHF)		Decline	2a
Criminal History	Convicted of Felony within the past 2 years	Decline	4a
	Probation or Parole within the past 2 years	Decline	4a
	Felony charge or DWI/DUI charge currently pending	Decline	4a
Declined for life insurance	Within past 12 months	Decline	5
Defibrillator	Placement, within past 2 years	Decline	3a
	Placement, within past 5 years	Standard	7b
Deep Vein Thrombosis (DVT)	Within past 5 years	Standard	7b
Dementia		Decline	2b

LEGACY BUILDER MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Diabetes	Combined with complications of neuropathy or nephropathy or retinopathy or insulin shock or diabetic coma	Standard	6a
	Diagnosed prior to age 35	Standard	6b
	Currently using insulin	Standard	6b
	Current smoker and non-insulin dependent diabetic	Standard	6b
Diagnostic Testing (excluding AIDS/HIV tests), 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	Decline	4c
Driving Record	DWI/DUI within the past 2 years	Decline	4a
	License suspended or revoked within past 2 years	Decline	4a
Drug Abuse	Illegal drug use within the past 2 years	Decline	4b
	Had medical treatment or counseling within past 2 years	Decline	4b
	Been recommended to discontinue the use of drugs within past 2 years	Decline	4b
Emphysema	Within past 5 years	Decline	7c
Epilepsy	Within past 5 years	Standard	7d
Fibrillation	Atrial, within past 5 years	Standard	7b
Fibromyalgia	Chronic pain treated with opioid medication within past 12 months	Standard	6c
Heart Arrhythmia	Within past 5 years	Standard	7b
Heart Attack	Within past 2 years	Decline	3a
	Within past 5 years	Standard	7b
Heart Surgery	Within past 2 years (excluding angioplasty or stent replacement)	Decline	3a
	Within past 5 years (including angioplasty or stent replacement)	Standard	7b
Hepatitis	Chronic or Hep C, within past 2 years	Decline	3b
	Chronic or Hep C, within past 5 years	Standard	7a
Hepatomegaly	Within past 5 years	Standard	7a
HIV	Tested Positive	Decline	2e
Hodgkin's Disease	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence	Decline	2d
Home Health Care	Currently receiving	Decline	1
Hospice Care	Currently receiving	Decline	1
Hospitalized	Currently	Decline	1
Huntington's Disease		Decline	2c
Hypertension (High Blood Pressure)	Currently using 3 or more medications to control	Standard	6b
	Pulmonary Hypertension, within past 5 years	Standard	7c
Immune Deficiency Related Disorder		Decline	2e
Irregular Heartbeat	Within past 5 years	Standard	7b
Kidney Disease	Dialysis	Decline	2a
	Chronic Kidney Disease, Insufficiency, or Failure	Decline	2a
	Transplant recommended or recipient	Decline	1
Leukemia	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence	Decline	2d
Liver Impairments	Failure	Decline	2a
	Disease, within past 5 years	Standard	7a
Lou Gehrig's Disease	ALS	Decline	2c
Lupus Erythematosus	Systemic (SLE), within past 5 years	Standard	7d

LEGACY BUILDER MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Lymphoma	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence	Decline	2d
Melanoma	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence	Decline	2d
Mental Incapacity		Decline	2b
Mental Retardation		Decline	2b
Motor Neuron Disease		Decline	2c
Multiple Myeloma	2 years since surgery, diagnosis, or last treatment	Decline	3b
	5 years since surgery, diagnosis, or last treatment	Standard	7a
	More than one occurrence	Decline	2d
Multiple Sclerosis	Within past 5 years	Standard	7d
Muscular Dystrophy	Within past 5 years	Standard	7d
Myasthenia Gravis	Within past 5 years	Standard	7d
Nursing Facility or Bed	Currently confined	Decline	1
Oxygen Treatment	Currently using to assist in breathing	Decline	1
	Required to assist with breathing, within past 5 years	Standard	7c
Pacemaker	Placement, within past 2 years	Decline	3a
	Placement, within past 5 years	Standard	7b
Pancreatitis	Chronic or multiple episodes, within past 2 years	Decline	3b
Paralysis	Includes Paraplegia and Hemiplegia, within past 5 years	Standard	7d
	Includes Quadriplegia	Decline	2c
Parkinson's Disease	Within past 5 years	Standard	7d
Peripheral Circulatory Disease	Includes peripheral vascular and peripheral artery disease, within 5 past years	Standard	7b
Respiratory Failure		Decline	2a
Schizophrenia	Within past 5 years	Standard	7d
Seizures	Within past 5 years	Standard	7d
Stroke / CVA	Within past 2 years	Decline	3a
	Within past 5 years	Standard	7b
Suicide Attempt		Decline	2b
Terminal Medical Condition or End-Stage Disease	Diagnosed by medical professional that is expected to result in death in the next 12 months	Decline	2c
Thalassemia	Within past 5 years	Standard	7d
Thrombocytopenia	Within past 5 years	Standard	7d
Transplant, Organ or Bone Marrow	Transplant recommended or recipient or on waiting list	Decline	1
Ulcerative Colitis	Within past 5 years	Standard	7a
Valve Disease or Disorder	Heart / Cardiac, including heart valve replacement, within past 5 years	Standard	7b
Vascular Impairments	Within past 5 years	Standard	7b
Vascular Surgery	Within past 5 years	Standard	7b
Wheelchair	Currently confined due to chronic illness or disease	Decline	1

PRESCRIPTION REFERENCE GUIDE

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bipolar / Schizophrenia	5 years	Standard
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	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Aggrenox	Stroke / Heart Attack	2 years	Decline
	Stroke / Heart Attack	5 years	Standard
Albuterol	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
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
Altace	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	5 years	Standard
Amaryl	Diabetes	N/A	See “#” Below
Ambisome	AIDS	N/A	Decline
Amiloride 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	2 years	Decline
	CHF	N/A	Decline
Antabuse	Alcohol / Drugs	2 years	Decline
Apokyn	Parkinson's	5 years	Standard
Apresoline	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

PRESCRIPTION REFERENCE GUIDE (continued)

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Aranesp	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Arimidex	Cancer	2 years	Decline
		5 years	Standard
Atacand	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Atamet	Parkinson’s	5 years	Standard
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	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
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	5 years	Standard
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
	Systemic Lupus (SLE)	5 years	Standard
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
	Systemic Lupus (SLE)	5 years	Standard
Azilect	Parkinson’s	5 years	Standard
Azmacort	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Azor	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	5 years	Standard
Baraclude	Liver Failure	N/A	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis	2 years	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis/ Liver Disease	5 years	Standard

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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)	5 years	Standard
Benzotropine Mesylate	Parkinson’s	5 years	Standard
Betapace	Heart Arrhythmia	5 years	Standard
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	5 years	Standard
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	5 years	Standard
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	2 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/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Campath	Cancer	2 years	Decline
		5 years	Standard
Campral	Alcohol / Drugs	2 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	5 years	Standard
Carbatrol	Seizures	5 years	Standard

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Carbidopa	Parkinson's	5 years	Standard
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	2 years	Decline
		5 years	Standard
Catapress	High Blood Pressure (HTN)	N/A	See “#” Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	5 years	Standard
Clopidogrel	Stroke / Heart Attack	2 years	Decline
	Stroke / Heart Attack	5 years	Standard
Cogentin	Parkinson's	5 years	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	5 years	Standard
Copegus	Liver Failure	N/A	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis	2 years	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis/ Liver Disease	5 years	Standard
Cordarone	Irregular Heartbeat	5 years	Standard
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	Stroke / Heart Attack	2 years	Decline
	Stroke / Heart Attack	5 years	Standard
Cozaar	High Blood Pressure (HTN)	N/A	See “#” Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	2 years	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cytosan	Cancer	2 years	Decline
		5 years	Standard
Demadex	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Depacon	Seizures	5 years	Standard
Depade	Alcohol / Drugs	2 years	Decline
Depakene	Seizures	5 years	Standard
Depakote	Seizures	5 years	Standard
Diabeta	Diabetes	N/A	See “#” Below
Diabinese	Diabetes	N/A	See “#” Below
Digitek	Irregular Heartbeat	5 years	Standard
	CHF	N/A	Decline
Digoxin	Irregular Heartbeat	5 years	Standard
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See “*” Below
Dilantin	Seizures	5 years	Standard
Dilatrate SR	Angina	2 years	Decline
	CHF	N/A	Decline
Dilor	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Diovan	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	2 years	Decline
Dolophine	Opioid Dependence	2 years	Decline
Donepezil HCL	Alzheimer’s / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
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	5 years	Standard
Emtriva	AIDS	N/A	Decline

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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
Epitol	Seizures	5 years	Standard
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bipolar / Schizophrenia	5 years	Standard
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	2 years	Decline
		5 years	Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Furosemide	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF, 80 mg a day or more	N/A	Decline
Gabapentin	Seizures	5 years	Standard
	Restless Leg Syndrome	N/A	Preferred
	Diabetic Neuropathy	N/A	Standard
Gleevec	Cancer	2 years	Decline
		5 years	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	5 years	Standard
Haloperidol	Schizophrenia	5 years	Standard

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Hepsera	Liver Failure	N/A	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis	2 years	Decline
	Cirrhosis/Hepatitis C/Chronic Hepatitis/ Liver Disease	5 years	Standard
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Standard
Humulin	Diabetes	N/A	Standard
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	5 years	Standard
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
Hydroxyurea	Cancer	2 years	Decline
		5 years	Standard
	Sickle Cell Anemia	2 years	Decline
Hytrin	High Blood Pressure (HTN)	N/A	See “*” Below
Hyzaar	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Imdur	Angina	2 years	Decline
	CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
	Systemic Lupus (SLE)	5 years	Standard
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	Standard

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

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.

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
Intron-A	Cancer	2 years	Decline
		5 years	Standard
	Hepatitis C / Chronic Hepatitis	2 years	Decline
	Hepatitis C / Chronic Hepatitis	5 years	Standard
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina	2 years	Decline
	CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina	2 years	Decline
	CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	5 years	Standard
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Preferred
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	2 years	Decline
Lamictal	Seizures	5 years	Standard
	Bipolar	5 years	Standard
Lamtrofine	Seizures	5 years	Standard
	Bipolar	5 years	Standard
Lanoxicaps	Irregular Heartbeat	5 years	Standard
	CHF	N/A	Decline
Lanoxin	Irregular Heartbeat	5 years	Standard
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Standard
Larodopa	Parkinson's	5 years	Standard
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF, 80 mg or more per day	N/A	Decline
Leukeran	Cancer	2 years	Decline
		5 years	Standard
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	2 years	Decline

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

PRESCRIPTION REFERENCE GUIDE (continued)

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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
Levemir	Diabetes	N/A	Standard
Levocarnitine	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Levodopa	Parkinson's	5 years	Standard
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Preferred
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bipolar / Schizophrenia	5 years	Standard
Lodosyn	Parkinson's	5 years	Standard
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	5 years	Standard
Loxitane	Schizophrenia	5 years	Standard
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	2 years	Decline
		5 years	Standard
Lyrica	Seizures	5 years	Standard
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	5 years	Standard
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	2 years	Decline
Methadose	Opioid Dependence	2 years	Decline
Methotrexate	Cancer	2 years	Decline
		5 years	Standard
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

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.

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
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
Minitran	Angina	2 years	Decline
	CHF	N/A	Decline
Mirapex	Parkinson's	5 years	Standard
Moban	Schizophrenia	5 years	Standard
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	2 years	Decline
	CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Mysoline	Seizures	5 years	Standard
Nadolol	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	2 years	Decline
Naltrexone	Alcohol / Drugs	2 years	Decline
Narcan	Alcohol / Drugs	2 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	5 years	Standard
Neurontin	Seizures	5 years	Standard
	Diabetic Neuropathy	N/A	Standard
Nifedipine	High Blood Pressure (HTN)	N/A	See “*” Below
Nimodipine	Stroke	2 years	Decline
	Stroke	5 years	Standard
Nimotop	Stroke	2 years	Decline
	Stroke	5 years	Standard
Nitrek	Angina	2 years	Decline
	CHF	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.

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
Nitro-bid	Angina	2 years	Decline
	CHF	N/A	Decline
Nitro-dur	Angina	2 years	Decline
	CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina	2 years	Decline
	CHF	N/A	Decline
Nitrol	Angina	2 years	Decline
	CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See “*” Below
Norpace	Irregular Heartbeat	5 years	Standard
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Standard
Novolog	Diabetes	N/A	Standard
Pacerone	Irregular Heartbeat	5 years	Standard
Pancrease	Chronic Pancreatitis	2 years	Decline
Parcopa	Parkinson's	5 years	Standard
Parlodel	Parkinson's	5 years	Standard
Pegasys	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	N/A	Decline
Peg-Intron	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	5 years	Standard
Permax	Parkinson's	5 years	Standard
Phenobarbital	Seizures	5 years	Standard
Phoslo	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

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.

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
Plaquenil	Systemic Lupus (SLE)	5 years	Standard
	Malaria	N/A	Preferred
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
Plavix	Stroke / Heart Attack	2 years	Decline
	Stroke / Heart Attack	5 years	Standard
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	2 years	Decline
		5 years	Standard
Prolixin	Schizophrenia	5 years	Standard
Propranolol HCL	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	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	2 years	Decline
	CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	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
Rebetron	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	N/A	Decline
Rebif	Multiple Sclerosis	5 years	Standard
Renagel	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Renvela	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
Requip	Parkinson's	5 years	Standard
	Restless Leg Syndrome	N/A	Preferred
Ribavirin	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	N/A	Decline
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bipolar / Schizophrenia	5 years	Standard
Risperidone	Bipolar / Schizophrenia	5 years	Standard
Rituxan	Cancer	2 years	Decline
		5 years	Standard
	Rheumatoid Arthritis / Psoriatic Arthritis	5 years	Standard
Ropinirole	Parkinson's	5 years	Standard
	Restless Leg Syndrome	N/A	Preferred
Rythmol	Irregular Heartbeat	5 years	Standard
Serevent	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Seroquel	Bipolar / Schizophrenia	5 years	Standard
Sinemet/Sinemet CR	Parkinson's	5 years	Standard
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

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PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Spiriva	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Spironolactone	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Sprycel	Cancer	2 years	Decline
		5 years	Standard
Stalevo	Parkinson's	5 years	Standard
Starlix	Diabetes	N/A	See “#” Below
Suboxone	Alcohol / Drugs	2 years	Decline
Subutex	Alcohol / Drugs	2 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Symmetrel	Parkinson's	5 years	Standard
Tambocor	Irregular Heartbeat	5 years	Standard
Tamoxifen	Cancer	2 years	Decline
		5 years	Standard
Tarka	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Tasmar	Parkinson's	5 years	Standard
Tegretol	Seizures	5 years	Standard
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	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Theophylline	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Thioridazine	Schizophrenia	5 years	Standard
Thiothixene	Schizophrenia	5 years	Standard
Thorazine	Schizophrenia	5 years	Standard
Tiazac	High Blood Pressure (HTN)	N/A	See “*” Below
Tolazamide	Diabetes	N/A	See “#” Below
Tolbutamide	Diabetes	N/A	See “#” Below

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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	Standard
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	5 years	Standard
Truvada	HIV Infection	N/A	Refer to Home Office
Tyzeka	Hepatitis C / Chronic Hepatitis / Cirrhosis	2 years	Decline
	Liver Disease / Hepatitis C / Chronic Hepatitis / Cirrhosis	5 years	Standard
	Liver Failure	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	5 years	Standard
	Bipolar	5 years	Standard
Valstar	Cancer	2 years	Decline
		5 years	Standard
Valturna	High Blood Pressure (HTN)	N/A	See “#” Below
	CHF	N/A	Decline
Vascor	Angina	2 years	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

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PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Ventolin	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
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	Decline
Visken	High Blood Pressure (HTN)	N/A	See “*” Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	2 years	Decline
Warfarin	Stroke / Heart Attack	2 years	Decline
	Stroke / Heart Attack / Vascular or Arterial Disease	5 years	Standard
Xeloda	Cancer	2 years	Decline
		5 years	Standard
Xopenex	Asthma	N/A	Preferred
	COPD / Emphysema / Chronic Bronchitis	5 years	Standard
Zelapar	Parkinson’s	5 years	Standard
Zemplar	Kidney Dialysis/Failure	N/A	Decline
	Renal Insufficiency/Chronic Kidney Disease	N/A	Decline
	Diabetic Nephropathy	N/A	Standard
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	Bipolar / Schizophrenia	5 years	Standard

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Diabetes - Refer to the “Diabetes” impairment section of the Medical Impairment Guide.

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	contracting@aatx.com	254-297-2110
Client Experience	1 1 7	cx@aatx.com	254-297-2105
Commissions	1 1 4	commissions@aatx.com	254-297-2110
New Business Agent Support	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 risk assessment, and commissions.)

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

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.