



**Group Level Term Life Insurance to Age 70**  
*(Policy Form No. 9832)*

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.***

## 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	<a href="mailto:contracting@aatx.com">contracting@aatx.com</a>	(254) 297-2110
Commissions	1 1 4	<a href="mailto:commissions@aatx.com">commissions@aatx.com</a>	(254) 297-2126
Client Experience	1 1 7	<a href="mailto:cx@aatx.com">cx@aatx.com</a>	(254) 297-2105
New Business Agent Support	1 1 1	<a href="mailto:underwriting@aatx.com">underwriting@aatx.com</a>	(254) 297-2101
Policy Issue	1 1 1	<a href="mailto:policyissue@aatx.com">policyissue@aatx.com</a>	(254) 297-2101
Supplies	1 1 6	<a href="mailto:supplies@aatx.com">supplies@aatx.com</a>	(254) 297-2791
Underwriting	1 1 1	<a href="mailto:underwriting@aatx.com">underwriting@aatx.com</a>	(254) 297-2102
Technical Support Helpdesk	2 8 0 8	<a href="mailto:helpdesk@aatx.com">helpdesk@aatx.com</a>	(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)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'Mobile Application')	N/A
New Agent Contracts	<a href="http://www.insuranceapplication.com/contractdrop">www.insuranceapplication.com/contractdrop</a>	(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](http://www.americanamicable.com)  
[www.occidentallife.com](http://www.occidentallife.com)  
[www.pioneeramerican.com](http://www.pioneeramerican.com)  
[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)

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

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## PLAN DESCRIPTION

*OBA* is a simplified issue group level term life insurance policy to age 70 that provides maximum protection at a very low cost.

## APPLICATION AND REQUIRED FORMS

- Application – Form No. 9830 (Company specific with state exceptions.)
- OBA Membership Application – Form No. 9103  
(Please note the \$1.00 Membership Fee referred to on this application has been waived.)
- Replacement Form – Complete all replacement requirements as per individual state insurance replacement regulations.
- HIPAA, Form No. 9526 – Must be submitted with each application.

## ELIGIBILITY/TARGET MARKETS INCLUDE (Issue Ages: 18 - 65, age last birthday)

- All Government Employees (Federal, State, County, & City)
- First Responders (Police, Firemen, & Emergency Medical Professionals)
- Employees of State Funded Educational Institutions
- Railroad Employees
- Members of any Recognized Professional Association
- All Medical Field Employees
- Airline and Travel Industry Employees
- Members of any Recognized Labor Union
- Spouses of Eligible Individuals
- Citizens of a U.S. Territory (outside the territorial boundaries of the 50 states, including D.C.)

## COVERAGE AMOUNTS

Eligible individuals can select from one of the following coverage amounts:

- \$50,000 (Option A)
- \$100,000 (Option B)
- \$150,000 (Option C)
- \$200,000 (Option D)

## NO POLICY FEE

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

**POLICY MATURITY** — At attained age 70.

**RENEWABLE** — The initial premium at issue will remain level for 10 years. At the end of the 10 year period, the member will have the option of renewing coverage for an additional 10 years. The premium at this time is reset to his or her attained age at renewal. The member can continue to renew in 10 year increments until he or she reaches attained age 70.

**Example:**

MALE / AGE 40 / NON-TOBACCO / \$100,000 COVERAGE	
Initial Monthly Premium:	19.00
Renewal Premium at age 50:	48.00
Renewal Premium at age 60:**	60.00

\*\* This is the last opportunity to renew prior to attaining age 70.

**CONVERSION PRIVILEGE** — The member's basic life insurance protection in effect may be converted at any time during the first 10 year period after the policy is issued to any plan of whole life or endowment insurance offered by the Company at the time of conversion. This conversion may be made without evidence of insurability. The face amount of the new policy may not exceed the face amount of the original policy nor may the face amount be less than the Company's minimum required on the date of conversion for the plan selected.

## BENEFITS AND RIDERS not available in all states

- Dependents Insurance Coverage Rider (Policy Form No. 9833)
- Children's Insurance Rider (Policy Form No. 9834)

## PREMIUMS

The monthly premium the member will pay is based on his or her attained age and amount of coverage selected. Please refer to the following charts to determine the member's basic life insurance premium.

OBA GROUP TERM COVERAGE Monthly Premium - Unisex									
AGES	\$50,000		\$100,000		\$150,000		\$200,000		AGES
	NT	T	NT	T	NT	T	NT	T	
18-24	8.00	11.00	11.00	15.00	15.00	20.00	18.00	25.00	18-24
25-29	9.00	12.00	13.00	18.00	17.00	24.00	21.00	29.00	25-29
30-34	9.00	12.00	14.00	19.00	18.00	24.00	22.00	30.00	30-34
35-39	10.00	14.00	16.00	22.00	22.00	30.00	27.00	37.00	35-39
40-44	12.00	17.00	19.00	29.00	26.00	42.00	33.00	55.00	40-44
45-49	17.00	31.00	31.00	62.00	43.00	89.00	55.00	115.00	45-49
50-54	24.00	53.00	48.00	106.00	67.00	153.00	86.00	199.00	50-54
55-59	27.00	59.00	54.00	118.00	76.00	170.00	97.00	222.00	55-59
60-64	30.00	66.00	60.00	132.00	84.00	190.00	108.00	248.00	60-64
65	34.00	75.00	68.00	150.00	95.00	214.00	122.00	278.00	65
The maximum issue age for new issues is attained age 65. The premiums below are used only for calculating the RENEWAL premium for ages 66 and above.									
66-69	34.00	75.00	68.00	150.00	95.00	214.00	122.00	278.00	66-69

## BENEFITS AND RIDERS not available in all states

### Dependents Insurance Coverage Rider (Policy Form No. 9833)

You may add the Dependents Insurance Coverage Rider which covers the member's spouse with decreasing term life insurance and accidental death benefits. The amount of spouse coverage is based on the member's attained age. All dependent children are covered with term life insurance to age 23. Any natural child born after the effective date of the family coverage is covered automatically at the age of 15 days without application or increase in premium; however, it is necessary to complete an application for a new spouse, step-children or adopted children. The maximum amount of family coverage which can be applied for is determined by the amount of base coverage for which the member is applying. (Please refer to the chart to the right.)

BASE COVERAGE APPLIED FOR:	NO. OF UNITS AVAILABLE:
OPTION A	1
OPTION B	1 OR 2
OPTION C	1, 2, OR 3
OPTION D	1, 2, 3, OR 4

#### Dependent Eligibility:

Spouse - between ages 18 and 65

Children - between 15 days and age 23

1 UNIT - \$2.50 PER MONTH AT ISSUE				2 UNITS - \$5.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
20,000	10,000	30,000	Under 26	40,000	20,000	60,000
15,000	7,500	22,500	26 thru 29	30,000	15,000	45,000
12,000	6,000	18,000	30 thru 34	24,000	12,000	36,000
10,000	5,000	15,000	35 thru 39	20,000	10,000	30,000
8,000	4,000	12,000	40 thru 44	16,000	8,000	24,000
7,000	3,500	10,500	45 thru 49	14,000	7,000	21,000
5,500	2,750	8,250	50 thru 54	11,000	5,500	16,500
4,500	2,250	6,750	55 thru 59	9,000	4,500	13,500
2,500	1,250	3,750	60 thru 64	5,000	2,500	7,500
1,000	N/A	1,000	65 thru 69	2,000	N/A	2,000
CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		3,500 500		CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		7,000 1,000

3 UNITS - \$7.50 PER MONTH AT ISSUE				4 UNITS - \$10.00 PER MONTH AT ISSUE		
SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE	AGE OF MEMBER	SPOUSE'S INSURANCE	ACCIDENTAL DEATH BENEFIT	TOTAL COVERAGE
60,000	30,000	90,000	Under 26	80,000	40,000	120,000
45,000	22,500	67,500	26 thru 29	60,000	30,000	90,000
36,000	18,000	54,000	30 thru 34	48,000	24,000	72,000
30,000	15,000	45,000	35 thru 39	40,000	20,000	60,000
24,000	12,000	36,000	40 thru 44	32,000	16,000	48,000
21,000	10,500	31,500	45 thru 49	28,000	14,000	42,000
16,500	8,250	24,750	50 thru 54	22,000	11,000	33,000
13,500	6,750	20,250	55 thru 59	18,000	9,000	27,000
7,500	3,750	11,250	60 thru 64	10,000	5,000	15,000
3,000	NA	3,000	65 thru 69	4,000	NA	4,000
CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		10,500 1,500		CHILDREN: Age 6 months to 23 years Age 15 days to 6 months		14,000 2,000

**Conversion Privilege** — For the Dependents Insurance Coverage Rider benefits, the spouse and children are accorded the privilege of non-medical conversion in the event of divorce or upon the member's death. Children may also convert their coverage when they cease to be dependents or reach age 23. In addition, children may, subject to insurability requirements, convert their Dependents Insurance Coverage Rider benefits to an individual OBA certificate when they attain age 23.

### **Children's Insurance Rider (Policy Form No. 9834) \***

**Issue Ages of Children: 15 days - 17 years**

**Issue Age of Primary Insured: 18 - 65**

**Maximum Rider Units: Five Units**

**Premium: \$.71 per month per unit**

The Children's Insurance Rider provides term insurance on the lives of the children until age 23, and then may be converted into any plan of whole life or endowment insurance offered by the Company for up to five times the amount of coverage under the rider. Each unit provides \$3,000 insurance on each child. Benefit expires at the earlier of Primary Insured's age 70, the child's age 23, the date of the child's entrance into the military, or the date on which the child becomes eligible for OBA membership.

\* The combination of units of coverage of the Dependents Insurance Coverage Rider and Children's Insurance Rider cannot exceed five units.

### **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. Information on AppDrop can also be found on [www.insuranceapplication.com](http://www.insuranceapplication.com) (select the option for '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**

- Complete applications electronically using a tablet or similar device.
- Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select option for the 'Mobile Application').
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face-to-face sale to be made with the client.)

## 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 vendor (if completed point-of-sale).
  - **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
    - Social Security Number
    - Address
    - City/State/Zip
  - **Payor:**
    - Name
    - 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:**
    - Select the desired amount of coverage from the four Options listed.
  - **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.
  - **Riders (be sure to check the box next to each rider being applied for):**
    - **Children's Insurance Rider** – Enter 1 unit (\$3,000), 2 units (\$6,000), 3 units (\$9,000), 4 units of (\$12,000) or 5 units (\$15,000) of coverage.
    - **Dependents Insurance Coverage** – Indicate the number of units applying for coverage.
    - **Flexible Premium Deferred Fixed Annuity Rider** – Indicate the amount of coverage.
  - **Policy Date Request** – 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.

- **Mode:**
  - **Bank Draft** – Monthly bank draft
  - **Quarterly** – Quarterly bank draft
  - **Payroll Deduction**
  - **Other**
  - **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.
- **Other Proposed Insured's** – Provide details on any additional Proposed Insured's.
- **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.
- **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



- **Third-Party Payors** – 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 OBA 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.
- **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.
- If the Proposed Insured has a condition which is listed in the '**Medical Impairment Guide**' as a '**Decline**' or if he or she exceeds either the maximum or minimum weight in the build chart provided in this guide, the application should not be submitted to the Home Office.

## 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:**
  - 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 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.
- **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.
- **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** – Notice of Lapse designee Form No. 3297 must be completed and sent to the Home Office along with the life 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.

## 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.

## UNDERWRITING

### Simplified Underwriting

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

## TELEPHONE INTERVIEW

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

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

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

**Point-of-sale telephone interviews can be completed by calling the toll-free number below. When calling Apptical be sure to identify yourself, Company and product being applied for 'OBA'.** The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made on the weekend or if the interview is not completed at point-of-sale, mark the question 'NO' in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

**Apptical**  
**1-877-351-1773**

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

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

OBA INTERVIEW REQUIREMENT CHART		
FACE AMOUNT	AGES 18-55	AGES 56-65
\$50,000 - Option A		
\$100,000 - Option B		
\$150,000 - Option C		
\$200,000 - Option D		T

T=Telephone Interview

## 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 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 must accompany the application. If one is not available, then you must also complete the Bank Account Verification section of Form 9903 and submit it along with the application. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number. DO NOT use the number found on the card. Green Dot Bank (and other pre-paid cards) not accepted.

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

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

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

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

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

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

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.

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

### **Practice these simple guidelines**

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

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

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

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

### **PACKAGE SALES**

The OBA policy can be sold in conjunction with one of our other life policies. When completing the application for one of our other life products, OBA may also be applied for at the same time as part of a package sale. To accomplish this you must indicate that OBA is being applied for in the 'Riders' section of the original application. Check the box labeled "Other", and then write next to it "OBA" and the coverage option being applied for "A, B, C or D". The combined death benefit of the OBA and other life policy cannot exceed the maximum of \$200,000.

### **OBA 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](mailto:riskassess@aatx.com). Underwriting reserves the right to make a final decision based on all factors of the risk.

OBA MEDICAL IMPAIRMENT GUIDE			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Abscess	Present	Decline	1f
	Removed, with full recovery and confirmed to be benign	Standard	1f
Addison's disease	Acute single episode	Standard	1f
	Others	Decline	1f
Aids/arc	Tested positive	Decline	3a
Alcoholism	Medically diagnosed, treated, or taken medication for	Decline	3c
	After the past 4 years abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol	Standard	3c
Alzheimer's	Medically diagnosed, treated, or taken medication for	Decline	1c
Amputation	Medically diagnosed, treated, or taken medication for	Standard	1f
	Have had an amputation caused by disease	Decline	1e
Anemia	Iron Deficiency on vitamins only	Standard	1e
	Others	Decline	1e
Aneurysm	Medically diagnosed, treated, or taken medication for	Decline	1a
Angina	Medically diagnosed, treated, or taken medication for	Decline	1a
Angioplasty	Medically diagnosed, treated, or taken medication for	Decline	1a
Ankylosis	Medically diagnosed, treated, or taken medication for	Standard	1e
Anxiety/Depression	Anxiety, one medication, situational in nature	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	1c
Aortic Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	1a
Aortic Stenosis	Medically diagnosed, treated, or taken medication for	Decline	1a
Appendectomy	Medically diagnosed, treated, or taken medication for	Standard	1f
Arteriosclerosis	Medically diagnosed, treated, or taken medication for	Decline	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	1e
	Rheumatoid - all others	Decline	1e
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	1c
	Moderate, more than 1 episode a month	Standard	1c
	Severe, hospitalization or ER visit in past 12 months	Decline	1c
	Maintenance steroid use	Decline	1c
	Combined with Tobacco Use - Smoker	Decline	1c
Aviation	Commercial pilot for regularly scheduled airline	Standard	2
	Other pilots flying for pay	Decline	2
	Student Pilot	Decline	2
	Private Pilot with more than 100 solo hours	Standard	2
Back Injury	Medically diagnosed or treated within the past 12 months	Standard	1e & 1f
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	Decline	1c
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	1c
	Other causes	Standard	1c
Bronchitis	Acute- Recovered	Standard	1c
	Chronic	Decline	1c
Buerger's Disease	Medically diagnosed, treated, or taken medication for	Decline	1a
By-Pass Surgery (CABG or Stent)	Medically diagnosed, treated, or taken medication for	Decline	1a
Cancer/Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	1c
	Medically diagnosed or treated, hospitalized for or taken medication for any form of cancer within the past eight years	Decline	1c
	All others	Decline	1c
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.			

OBA MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	Decline	1a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Decline	1e
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for	Decline	1c
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication for	Decline	1b
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	Decline	1e
Concussion – Cerebral	Full recovery with no residual effects	Standard	1f
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	Decline	1a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	3b
	Probation or Parole within the past 6 months	Decline	3d
Crohn's Disease	Diagnosed prior to age 20 or within the past 12 months	Decline	1b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	Decline	1c
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	1a
Dementia	Medically diagnosed, treated, or taken medication for	Decline	1c
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	1b
	Diagnosed prior to age 35	Decline	1b
	Tobacco Use in past 12 months or Uses Insulin	Decline	1b
	Controlled with oral medications	Standard	1b
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	3f
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	3d
Diverticulitis/Diverticulosis	Acute, with full recovery	Standard	1b
Down Syndrome	Medically diagnosed, treated, or taken medication for	Decline	1c
Driving Record	Within the past 3 years had a alcohol/drug related infraction, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	3b
	License currently suspended or revoked	Decline	3b
Drug Abuse	Illegal drug use within the past 4 years	Decline	3c
	Treatment within past 4 years	Decline	3c
	Treatment 4 years or more, non-usage since	Standard	3c
Duodenitis	Medically diagnosed, treated, or taken medication for	Standard	1b
Emphysema	Medically diagnosed, treated, or taken medication for	Decline	1c
Epilepsy	Petit Mal	Standard	1c
	All others	Decline	1c
Fibrillation	Medically diagnosed, treated, or taken medication for	Decline	1a
Fibromyalgia	Medically diagnosed, treated, or taken medication for	Standard	1f
Gallbladder disorder	Medically diagnosed, treated, or taken medication for	Standard	1b
Gastritis	Acute	Standard	1b
Glomerulosclerosis	Acute – after 1 year	Standard	1d
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	1e
Hazardous Avocations	Participated in within the past 2 years	Standard	2
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@aax.com.			



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

OBA MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	LIFE	QUESTION ON APP
Retardation	Medically diagnosed, treated, or taken medication for mild to moderate retardation	Standard	1c
	Severe	Decline	1c
Rheumatic Fever	One attack-recovered	Standard	1a
Sarcoidosis	Pulmonary	Decline	1c
Seizures	Petit Mal	Standard	1c
	All others	Decline	1c
Shoulder Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	1e
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	1f
Spina Bifida	Medically treated or diagnosed by a medical professional as having	Decline	1e
Spina Bifida Occulta	Asymptomatic	Standard	1e
Stroke / CVA	Medically diagnosed, treated, or taken medication for	Decline	1a
Subarachnoid Hemorrhage	Medically diagnosed, treated, or taken medication for	Decline	1a
Suicide Attempt	Medically treated or diagnosed by a medical professional	Decline	1c
Thyroid Disorder	Medically diagnosed, treated, or taken medication for	Standard	1f
	In combination with Hypertension (HBP)	Standard	1f
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	1a
	Combined with Tobacco Use -Smoker	Decline	1a
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	1c
	Over 2 years with no residuals	Standard	1c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	1b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	1b
Valve Replacement	Heart / Cardiac	Decline	1a
Vascular Impairments	Medically diagnosed, treated, or taken medication for	Decline	1f
Weight Reduction Surgery	Surgery within past 1 year	Decline	1f
	After 1 year since surgery with no complications	Standard	1f
	History of complications such as Dumping Syndrome	Decline	1f
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@aatx.com.			



## OBA 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	Refer to Medical Impairment Guide
	COPD/Emphysema/Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke/Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	Refer to Medical 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	Refer to Medical 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
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/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

\* **High Blood Pressure** - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.

# **Diabetes** - Refer to the 'Diabetes' impairment section of the **Medical Impairment Guide**.

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	8 years > 8 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	Refer to Medical 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
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
BiDil	CHF	N/A	Decline
* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.			
# <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b> .			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "§" Below
	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	8 years > 8 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	Refer to Medical Impairment Guide
Carbatrol	Seizures	N/A	Refer to Medical Impairment Guide
Carbidopa	Parkinson's	N/A	Decline
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	8 years > 8 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
Copaxone	Multiple Sclerosis	N/A	Decline
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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	Refer to Medical 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	8 years > 8 years	Decline Standard
Daliresp	COPD/Emphysema/Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Depacon	Seizures	N/A	Refer to Medical Impairment Guide
Depade	Alcohol/Drugs	4 years	Decline
Depakene	Seizures	N/A	Refer to Medical Impairment Guide
Depakote	Seizures	N/A	Refer to Medical 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	Refer to Medical Impairment Guide
Dilatrate SR	Angina/CHF	N/A	Decline
<b>* High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.			
<b># Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b> .			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Dilor	Asthma	N/A	Refer to Medical 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	Decline
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	N/A	Refer to Medical Impairment Guide
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	8 years > 8 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
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p> <p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Gabapentin	Seizures	N/A	Refer to Medical Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 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	Refer to Medical Impairment Guide
Hepsera	Liver Disorder/Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
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	Refer to Medical Impairment Guide
Hydroxyurea	Cancer	8 years > 8 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
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Intron-A	Cancer	8 years > 8 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
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	Refer to Medical Impairment Guide
	Bi-polar/Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	Refer to Medical 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	8 years > 8 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
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	Refer to Medical 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	8 years > 8 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
Minitran	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
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			



MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mysoline	Seizures	N/A	Refer to Medical Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol/Drugs	4 years	Decline
Naltrexone	Alcohol/Drugs	4 years	Decline
Narcan	Alcohol/Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	Refer to Medical 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	Refer to Medical Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	Refer to Medical 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
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
* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.			
# <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b> .			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rituxan	Cancer	8 years > 8 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	Refer to Medical 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
Sotalol 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	8 years > 8 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
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heartbeat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 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	Refer to Medical 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	Refer to Medical Impairment Guide
	COPD/Emphysema/Chronic Bronchitis	N/A	Decline
<p><b>* High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p><b># Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Theophylline	Asthma	N/A	Refer to Medical 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	Decline
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	Refer to Medical Impairment Guide
Valstar	Cancer	8 years > 8 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	Refer to Medical 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
<p>* <b>High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p># <b>Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "11" 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	8 years > 8 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
Zestoretic	High Blood Pressure (HTN)	N/A	See "11" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "11" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "11" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar/Schizophrenia	N/A	Decline
<p><b>* High Blood Pressure</b> - If controlled with two or less medications, client could qualify for the plan. If controlled with three or more medications, the client will not be eligible for coverage.</p>			
<p><b># Diabetes</b> - Refer to the 'Diabetes' impairment section of the <b>Medical Impairment Guide</b>.</p>			



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