

# SECURITY PROTECTOR

**Level Term Insurance Policy to age 95  
with 20 & 30 Year Level Premium Period**

*Policy Form No. 3362*

**with Accidental Death Benefit Rider**

*Policy Form No. 3367*

AGENT GUIDE FOR AGENT USE ONLY

***All products and riders not available in all states. Please check 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 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.iaamerican-waco.com](http://www.iaamerican-waco.com)  
[www.occidentallife.com](http://www.occidentallife.com)  
[www.pioneeramerican.com](http://www.pioneeramerican.com)  
[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)

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

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# SECURITY PROTECTOR

## PLAN DESCRIPTION

**Security Protector** is a level term life insurance plan with 20 & 30 year level premium term periods. Security Protector also includes an inherent Accidental Death Benefit Rider that offers three choices of Accidental Death Benefit options. The premiums are guaranteed to remain level for the term period selected.

## APPLICATION AND REQUIRED FORMS

- Application Form No. 3370 – Company specific with state revisions.
- HIPAA Authorization for the Release of Medical Records, Form No. 9526-This form must be submitted with all applications.
- Replacement Form – Complete all replacement requirements as per individual state insurance replacement regulations.

**Issue Ages (age last birthday):**

Term Period	Issue Ages
30 year	20 – 50
20 year	51 – 60

**Minimum Issue Limits:** \$101,000

**Maximum Face Amount:** \$301,000

	Option 1	Option 2	Option 3
Term Face	\$1,000	\$1,000	\$1,000
ADB Rider Amount	\$100,000	\$200,000	\$300,000
Total Benefit	\$101,000	\$201,000	\$301,000

**Policy Fee:** None

**Modal Factors:**

Monthly	.093
Quarterly	.270
Semi-Annual	.530

**Underwriting:** Simplified Issue, underwritten standard through table 6.

## TERM LIFE DETAILS

The term portion of the Security Protector product provides a \$1,000 level death benefit. The benefit expires at age 95. Premiums are guaranteed to remain level for the 20 & 30 year period available and increase annually thereafter. Cash value accumulation is not available for this product.

## ACCIDENTAL DEATH BENEFIT RIDER DETAILS

The Accidental Death Benefit Rider is included as an inherent rider on the Security Protector product. The rider will pay a benefit in the case of accidental death. The benefit amount chosen expires upon the end of the 20 or 30 year option issued.

## New Business Tips

### PRODUCT SOFTWARE

NAIC Illustration is not required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit. Quotes can be ran based on a desired face amount or premium amount to customize a solution for your client. To run a quote using your smartphone or tablet, please go to [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select option for the 'Phone Quoter').

### APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scan, 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 Bank Draft Procedures section in this guide for the instructions); 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 can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, or (3) voice signature.
- Point-of-Sale Decision --Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
  - Approved as applied for (Firm Decision)
  - Telephone Interview Needed
  - Refer to Home Office
  - Not Eligible for Coverage

## IMPORTANT

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

## Bank Draft Procedures

### Draft First Premium Once Policy is Approved:

- 1) Complete the **'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. **If a 'Requested Draft Day' is provided and needs to be drafted on a specific day, provide that date in the Policy Date field (mm/dd/yy).**
  - (a) Once the application is approved, the the Company will draft the first premium upon the date specified. If the applicant does not provide a specified date, the draft will occur when the policy is approved.
  - (b) The initial draft cannot occur more than 30 days after the application signature date.
  - (c) The **'Requested Draft Date'** cannot be on the 29th, 30th, or 31st.
- 2) A copy of a voided check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card.) Green Dot Bank (and other prepaid cards) not accepted.

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

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
  - (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
  - (b) When the application is approved, the initial premium will be applied to the first premium. Future drafts will be based on the next premium due date and the **'Requested Draft Date'** (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 drafted on those 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 remainder of the application documentation is completed as usual. In addition, you always have the ability to request immediate drafts for CWA; just follow normal procedures to do so.

## Underwriting

### SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified application, a liberal height and weight chart, a check with the Medical Information Bureau (MIB, LCC.) and pharmaceutical-related facility, and a telephone interview (if applicable). The build chart is found later in this guide. Underwriting decisions will be made on an accept/reject basis (no table ratings available). NOTE: Underwriting reserves the right to request medical records only if or when deemed necessary.

### FRONT OF THE APPLICATION:

**Proposed Insured:**

Provide the proposed Insured's full legal name.

**Address:**

Provide the proposed Insured's physical address.

**Employer's Name:**

Provide the name of the proposed Insured's employer.

**Occupation:**

Provide the current occupation of the proposed Insured's.

**Duties:**

Provide the current duties of the proposed Insured's.

**U.S. Citizen:**

Select **'Yes'** or **'No'**. If no, provide immigration status/type of visa in space given.

**Male / Female:**

Select appropriate gender.

**Date of Birth:**

Please enter as MM/DD/YYYY.

**Age:**

Calculate based upon age nearest 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 applicant's 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/Weight:**

Record the proposed Insured's current height and weight. Refer to the build chart to assist in determining if the applicant is eligible for coverage.

**Occupation:**

List the proposed Insured current occupation.

**Annual Salary: \$:**

List the proposed Insured annual salary.

**Marital Status:**

Check 'Single' or 'Married'

**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 Applied For:**

Check Option 1, 2, or 3.

**Mail Policy To:**

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

**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.

**Mode:**

- **Bank Draft** — Monthly bank draft
- **Quarterly** — Quarterly bank draft
- **Semi-Annual** — Semi-Annual bank draft
- **Annual** — Annual bank draft
- **Draft 1st Premium on Requested Date** — Monthly bank draft for which the 1st draft will occur upon the '**Policy Date Request**' you will enter.
- **Payroll Deduction** — Draft from payroll

**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.

All applicants must complete question 1-4. If the proposed Insured answers 'Yes' to any questions, the applicable condition should be circled.

**BACK OF THE APPLICATION:****Signed at:**

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

**Date Signed:**

The application date should always be the date the proposed Insured answered all the medical questions and signed the application.

**Signature of Proposed Insured:**

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

**Signature of Owner:**

Complete only if the Owner of the policy is different than the proposed Insured. If Owner is different, they MUST sign and date the application as well as the proposed Insured.

**Agent's Report:**

Complete all of the following:

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

**Pre-Authorization Check Plan – Authorization to Honor Charge Drawn:**

Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is found in this guide:

- Insured name
- Account Holder name
- Name of the bank or financial institution
- Address of the bank
- Transit/ABA Number (a.k.a. Routing Number)
- Account Number
- Check if the account is either a 'Checking' or 'Savings' account.
- **Requested Draft Day** – Day of the month for recurring drafts.
- Signature of the Account Holder
- Date

**Replacement of Existing Insurance:**

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



**Application Date/Requested Policy Date:**

The application date should always be the date the proposed Insured answered all the medical questions and signed the application. The '**Requested Policy Date**' cannot be more than 30 days out from the date the application was signed.

All changes must be crossed out and initialed by proposed Insured. No white outs or erasures are permitted on the application.

**Third-Party Payor:**

The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary Insured, 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 Security Protector 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 the 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.

**State Specifics:****California:**

- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his / her personal information.
- 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.

**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.

**Idaho:**

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the application.

**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:**

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.

**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.

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

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

**Re-date and Reinstate Request\*:**

- If the request is being made within 60 days of the policy date:
  - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at [cx@aetx.com](mailto:cx@aetx.com).
  - There is no additional paperwork is necessary.
- \* A policy can be re-dated ONE time only.

**Reinstate Request Only\*\*:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
  - We require both a Statement of Health (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
  - In addition, a new Bank Authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill.
  - The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
  - As an alternative a new application can be completed and submitted with "Reinstate" and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.
- If the policy lapse occurred more than one year after the policy date:
  - We require a new application to be completed and submitted to the **New Business Department** at **(254) 297-2100**.
  - Make sure to send a note with the application indicating this is a "Reinstatement" & indicate the original policy number.
- \*\* Upon request we will review these on a basis to see if they can be considered for a re-date & reinstate.

**PREMIUMS REQUIREMENTS**

- UL or Non-ROP Term – 2 months premium or 1 modal premium.
  - ROP Term – all missed premiums.
  - All other plans – all missed premiums
- \*If the policy is over-loaned, we may need loan interest or payment for loan.

ANNUAL PREMIUMS 20 YEAR PLAN			
Option	1	2	3
Face Amount	\$101,000	\$201,000	\$301,000
Issue Age	Premium	Premium	Premium
51	\$258.06	\$344.09	\$430.11
52	\$258.06	\$344.09	\$430.11
53	\$258.06	\$344.09	\$430.11
54	\$258.06	\$344.09	\$430.11
55	\$258.06	\$344.09	\$430.11
56	\$322.58	\$408.60	\$494.62
57	\$322.58	\$408.60	\$494.62
58	\$322.58	\$408.60	\$494.62
59	\$322.58	\$408.60	\$494.62
60	\$322.58	\$408.60	\$494.62

ANNUAL PREMIUMS 30 YEAR PLAN			
Option	1	2	3
Face Amount	\$101,000	\$201,000	\$301,000
Issue Age	Premium	Premium	Premium
20	\$215.05	\$301.08	\$387.10
21	\$215.05	\$301.08	\$387.10
22	\$215.05	\$301.08	\$387.10
23	\$215.05	\$301.08	\$387.10
24	\$215.05	\$301.08	\$387.10
25	\$215.05	\$301.08	\$387.10
26	\$215.05	\$301.08	\$387.10
27	\$215.05	\$301.08	\$387.10
28	\$215.05	\$301.08	\$387.10
29	\$215.05	\$301.08	\$387.10
30	\$215.05	\$301.08	\$387.10
31	\$215.05	\$301.08	\$387.10
32	\$215.05	\$301.08	\$387.10
33	\$215.05	\$301.08	\$387.10
34	\$215.05	\$301.08	\$387.10
35	\$215.05	\$301.08	\$387.10
36	\$215.05	\$301.08	\$387.10
37	\$215.05	\$301.08	\$387.10
38	\$215.05	\$301.08	\$387.10
39	\$215.05	\$301.08	\$387.10
40	\$215.05	\$301.08	\$387.10
41	\$236.56	\$322.58	\$408.60
42	\$236.56	\$322.58	\$408.60
43	\$236.56	\$322.58	\$408.60
44	\$236.56	\$322.58	\$408.60
45	\$236.56	\$322.58	\$408.60
46	\$236.56	\$322.58	\$408.60
47	\$236.56	\$322.58	\$408.60
48	\$236.56	\$322.58	\$408.60
49	\$236.56	\$322.58	\$408.60
50	\$236.56	\$322.58	\$408.60

RENEWAL ANNUAL PREMIUMS PER \$1,000					
ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD					
Attained Age	Male	Female	Attained Age	Male	Female
28	3.68	3.15	62	38.99	30.52
29	3.61	3.20	63	43.79	33.01
30	3.57	3.22	64	48.83	35.70
31	3.54	3.25	65	54.15	38.68
32	3.54	3.30	66	59.54	41.97
33	3.64	3.35	67	65.00	45.57
34	3.71	3.40	68	70.88	49.60
35	3.82	3.45	69	76.97	54.01
36	4.03	3.50	70	84.35	58.87
37	4.20	3.61	71	92.61	64.47
38	4.52	3.75	72	103.46	70.74
39	4.80	3.96	73	114.91	77.53
40	5.11	4.20	74	126.95	84.98
41	5.53	4.45	75	140.11	93.24
42	6.06	4.73	76	154.46	102.31
43	6.65	5.08	77	171.12	112.28
44	7.35	5.50	78	190.58	123.31
45	8.16	5.99	79	213.05	135.21
46	8.93	6.55	80	237.55	148.51
47	9.77	7.25	81	265.44	166.57
48	10.26	8.02	82	294.49	186.94
49	10.82	8.86	83	325.82	207.24
50	11.62	9.84	84	360.50	229.67
51	12.57	10.92	85	399.25	254.94
52	13.86	12.15	86	442.19	277.87
53	15.26	13.48	87	489.09	312.38
54	17.05	14.88	88	539.35	348.43
55	19.25	16.38	89	592.38	386.86
56	21.49	18.13	90	647.71	422.28
57	23.91	19.95	91	699.76	440.20
58	25.97	21.91	92	754.01	475.44
59	28.35	23.87	93	811.23	527.73
60	31.22	25.90	94	871.68	593.74
61	34.72	28.11			

## UNDERWRITING REQUIREMENTS

- Any 'Yes' answer to questions 1-4 is a decline for the plan.
- Requirements include a build chart (below), a check with the Medical Information Bureau (MIB, LCC.)\*, and a motor vehicle report\* (MVR).
- A valid driver's license is required.
- Be sure to include the proposed Insured's driver's license number and state of issue with every application.

\* Requirements noted to be processed by the Home Office.

<b>BUILD CHARTS (Unisex)</b>		
<b>Height</b>	<b>Maximum Weight for Plan</b>	<b>Minimum Weight for Plan</b>
4'10"	211	92
4'11"	218	94
5'	225	96
5'1"	233	99
5'2"	241	101
5'3"	248	105
5'4"	256	107
5'5"	264	110
5'6"	273	112
5'7"	281	116
5'8"	289	119
5'9"	298	123
5'10"	307	126
5'11"	315	131
6'	324	135
6'1"	334	139
6'2"	343	142
6'3"	352	146
6'4"	361	149
Any weight above maximum or below minimum will be a decline for the plan.		







**QUALITY. SERVICE. EXCELLENCE.**

**SERVICE HOURS**

LIVE CHAT

8:00 a.m - 4:45 p.m. Monday - Friday  
Central Time (excluding holidays).

PHONE HOURS

8:00 a.m - 4:00 p.m. Monday - Friday  
Central Time (excluding holidays).

For Agent Use Only. Not For Public Distribution.

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