

Express UL

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

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 Team at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.

AGENT GUIDE FOR AGENT USE ONLY. NOT FOR USE WITH GENERAL PUBLIC.

COMPANY CONTACT INFORMATION



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 Agent Support, Risk Assessments, and Technical Support Helpdesk).

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	contracting@aatx.com	(254) 297-2110
Commissions	1, 1, 4	commissions@aatx.com	(254) 297-2126
Client Experience	1, 1, 7	cx@aatx.com	(254) 297-2105
Agent Support	1, 1, 1	underwriting@aatx.com	(254) 297-2101
Supplies	1, 1, 6	supplies@aatx.com	(254) 297-2791
Technical Support Helpdesk	2808	helpdesk@aatx.com	(254) 297-2190

	WEBSITE	FAX
Inquiry on an application/policy	www.insuranceapplication.com (select 'Service Request')	N/A
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'App Drop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



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

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

Table of Contents

Item:	Page #:
Plan Description	4
Policy Specifications	4-5
Telephone Interview Information	6
Application Completion	6-9
Other Required Forms / Key Administrative Guidelines.....	9-11
State Specifics.....	12
Bank Draft Procedures / eCheck Procedures.....	13
Product Software	13
Application Submission.....	13
Mobile Application	14
Build Chart.....	14
Optional Rider Descriptions	15-18
Family Insurance Agreement.....	15
Children's Insurance Agreement	15
Total Disability Benefit Rider.....	16
Accident Only Total Disability Benefit Rider	16
Accidental Death Benefit Agreement	17
Waiver of Premium Disability Agreement	17
Total Disability Benefit Rider Underwriting Guidelines.....	18
Riders Included with Express UL	18
Terminal Illness Accelerated Death Benefit Rider	18
Confined Care Accelerated Death Benefit Rider.....	18
Medical Impairment Guide.....	19-22
Prescription Reference Guide	23-37
Rates Per \$1,000	38-39

PLAN DESCRIPTION

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

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

APPLICATION AND REQUIRED FORMS

Application, *Form No. 9818*:

Company-specific with state exceptions.

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

The illustration acknowledgment form or a copy of the Illustration signed by the proposed insured must be submitted to the Home Office with the application.

Disclosure for the Terminal Illness Accelerated Death Benefit Rider, *Form No. 9474 (AA, PA, PS, OL); T1501 (iA) or 3575-D in CA*:

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

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

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

Replacement Form:

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

HIPAA, *Form No. 9526*:

Must be submitted with each application.

Juvenile Applications:

Please print the juvenile's name at the top of the HIPAA form signed by the guardian.

POLICY SPECIFICATIONS

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

COST OF INSURANCE

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

SURRENDER CHARGE

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

POLICY LOAN

A policy loan may be taken at any time. The amount cannot exceed the accumulation value minus surrender charge as of the date the loan is requested. The loan interest is 7.4%, 5.7% in US Virgin Islands.

BENEFITS AND RIDERS not available in all states

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

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

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

Accidental Death Benefit Agreement, Policy Form No. 7160

Family Insurance Agreement, Policy Form No. 8374

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

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

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

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified **'Yes'/'No'** application, a telephone interview (when required), a liberal height and weight chart, and a check with the Medical Information Bureau (M.I.B., LLC) and pharmaceutical-related facility. Check the height/weight charts in this guide to determine which coverage plan the proposed insured will qualify for based on their build.

NOTE: Underwriting reserves the right to request medical records when deemed necessary. A Motor Vehicle Report (MVR) is ordered when applying for Accidental Death Benefit Agreement (ADB).

TELEPHONE INTERVIEW

A telephone interview conducted with the proposed insured may be required based on the Non-Med Limit Chart which follows. If an interview is required, the preferred method of completing this interview is to do so at point-of-sale.

After fully completing the application, you may call from the proposed insured's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview may 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 may be completed by calling the toll-free number below. When calling the vendor be sure to identify yourself, Company, and product being applied for "Express UL".

The proposed insured must always complete the telephone interview without assistance from the agent or another person. If the interview is completed at point-of-sale, mark the **'Telephone interview done'** question **'Yes'** in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question **'No'**, and the interview company will initiate the call after receipt of the application.

MANAGEMENT RESEARCH SERVICES, INC. (MRS): 1-855-758-6049
8:00 AM – 9:00 PM MONDAY THRU FRIDAY CT
8:00 AM – 3:00 PM SATURDAYS CT

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

T = Telephone Interview

APPLICATION COMPLETION

The following section is to help agents with the completion of the life insurance application (Form No. 9818). It follows along item by item, with the application used. As a reminder, the application requirement for completeness is to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

Front of the Application:

Proposed Insured:

Provide the proposed insured's **full legal name**.

Address:

Proposed insured's physical address.

Telephone Interview:

Provide the case number provided to you by the vendor (if interview 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 proposed insured was not born in the U.S., list the country of birth.

Social Security Number**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 reason option that applies 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 proposed insureds.

Height and Weight:

Record the proposed insured's current height and weight. Refer to the build tables in this guide to assist in determining the appropriate plan to apply for based on build.

Occupation:

Provide a job title or duties performed.

Annual Salary: \$

List the proposed insured Annual Salary.

Owner:

- Name
- Social Security number
- Address

Payor:

- Name
- Social Security number
- Address

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 may 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. Submit a Beneficiary Questionnaire for consideration.

Plan:

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

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Mail Policy To:

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

Tobacco Use:

Please check the box **'Yes'** or **'No'** to the tobacco use question. The question reads "During the past 12 months have you used tobacco in any form (excluding occasional cigar or pipe use)?" Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, bidis cigarettes, or Oral nicotine pouches.

Policy Date Request:

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

Riders (Be sure to check the box next to the rider being applied for.):

- **Waiver of Premium Disability Agreement**
— Check the 'Waiver of Premium' box.
- **Children's Insurance Agreement**
— Indicate the number of children applying for coverage.
— Enter 1 unit (\$3,000), 2 units (\$6,000), or 3 units (\$9,000) of coverage.
- **Accidental Death Benefit Agreement**
— Check the box for 'ADB'.
— Indicate the amount of coverage.
- **Total Disability Benefit Rider**
— Check the 'Disability Income' box.
— Indicate the amount of coverage.
- **Family Insurance Agreement**
— Check the box for 'FIA'.
— Indicate the number of units being applied for.
- **Accident Only Total Disability Benefit Rider**
— Check the 'Other' box.
— Indicate 'AODIR' in the blank provided.

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

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

Mail Policy To:

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

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.

Modal Premium:

Enter the desired premium based on the frequency by which the proposed insured 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 send it with the application.
- **Collected \$** — Only select this choice if actually 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 number, and amount of coverage.
- **NOTE: Complete any state required Replacement form.**

Physician Name, City/State & Phone:

Provide the name and contact information of the proposed insured's doctor (or medical facility).

Section A:

All proposed insureds 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.

Back of the Application:

Comments:

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

Signature of Proposed Insured:

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

Date Signed:

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

Signed at:

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

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 Remark — Provide any special instructions or notes for the Company.
- Agent's Signature
- Agent Number
- Date
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

Bank Draft Authorization

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

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

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

Third-Party Payor:

The Company has experienced problems regarding anti-choice, adverse claims experience, and persistence 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 Express UL applications where a Third-Party Payor is involved and the proposed insured is age 30 or older. We accept such applications if the payor is a spouse, business, or business partner. If the proposed insured ranges from ages 0 to 29, we will allow a parent to pay the premiums. However, 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.

Applicants Re-applying for Coverage:

Underwriting will not process new applications if the proposed insured has had three policies with any of our companies which have lapsed, made not taken, surrendered, or canceled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

Request for Redates or Reinstatements:

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

Redate*:

- If the policy is active & within the first policy year:
 - A policy can be redated simply by sending an email request to our **Client Experience Department** at cx@aatx.com. Please include the policy number and “Redate” in the subject line.
 - There is no additional paperwork necessary.
 - * A policy can be redated **ONE** time only

Reinstatement Requests Only:**

- If the policy lapse has occurred 60 days after the policy date and within the first policy year:
 - We require both a Statement of Health (Form No. 1110) and HIPAA (Form No. 9526) to be completed.
 - In addition, a new Bank Draft Authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would need the back premiums due if the payments will be made on direct bill.
 - The documents above should be emailed to Client Experience at cx@aatx.com. Please include the policy number and “Reinstatement Request” in the subject line.
 - 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 emailed to **Client Experience** at cx@aatx.com.
- 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**.
 - Make sure to send a note with the application indicating this is a “Reinstatement” & indicate the original policy number.

Incomplete or unsigned applications:

Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please make sure that all blanks are filled in and the application reviewed and signed by the owner and proposed insured. Also, remember to include your agent number.

Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (iA):

The agent must present to the proposed insured and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA and VA require this disclosure form to be signed by the proposed insured and submitted with the life application.)

Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA):

The agent must present to the proposed insured and certify when applying for the Immediate Death Benefit plan.

HIPAA, Form No. 9526:

Must be sent with each application. *

*Juvenile Applications - Please print the juvenile’s name at the top of the HIPAA form signed by the guardian.

Replacement Form (if required):

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

Replacement of Existing Insurance:

Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your proposed insured has all the necessary facts (advantages and disadvantages) to determine if the replacement is in their best interest. Do not request a replacement (both external and internal) if it is not in your proposed insured’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. The Company reviews applications involving replacement sales daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to including termination of an agent’s contract.

All changes must be crossed out and initialed by proposed insured:

No white outs or erasures on the application.

Application Date / Requested Policy Date:

Application date should always be the date the proposed insured answered 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.

Initial Premium:

Submit the first full modal premium with the application, unless the initial premium is bank draft. The first premium may be submitted in the form of proposed insured's personal check, eCheck, or bank draft for first premium. See the eCheck procedures described in this guide.

Re-Writes on Same Insured:

If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered by the Underwriting Department.

Applications on Juveniles (Issue Ages 15 — 17):

- All children within the family are required to be insured equally.
- We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
- Juvenile questionnaires (Form No. 9825) are to be sent with the applications.

PREMIUMS REQUIREMENTS

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

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

CUSTOMER BENEFITS

- Simple **'Yes'/'No'** application.
- No medical exams or blood work required.
- Affordable rates that will not increase.
- Benefits not subject to federal income tax.
- Cash value for emergencies and other needs.

SPEED UP YOUR TURNAROUND TIME BY PRACTICING THESE SIMPLE GUIDELINES!

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

- Good Field Underwriting – Carefully ask all the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the interview. The interview will be brief, pleasant, professionally managed, and recorded.

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those proposed insureds until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

STATE SPECIFICS:

Alabama:

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

California:

- Privacy Notification Form No. 3640-CA must be presented to the proposed insured prior to the taking of any of their personal information.
- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life insurance application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to proposed insureds 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 proposed insureds age 65 or older.
- Supplement to Application Form No. 3481 must be completed due to the included Terminal Illness and included Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented to the proposed insured at point-of-sale.
- Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to proposed insured at point-of-sale.

Connecticut:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:

If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than Parent is signing the application, proof of child guardianship must be provided.

Idaho:

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

Illinois:

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

Kansas:

- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Pennsylvania:

Disclosure Statement Form No. 8644-PA must be completed and presented to the proposed insured in conjunction with each application. One copy of the form is left with the proposed insured and another copy is sent to the Home Office along with the life insurance application.

Rhode Island:

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

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

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

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day** if desired. If the proposed insured provides the **Requested Draft Day** and wants a draft on a specific day, supply that date in the Policy Date field (mm/dd/yy).
 - (a) After approval of the application, the first premium will draft upon the date the proposed insured requested. If the proposed insured does not provide a specified date, the draft will occur when the Underwriting Department approves the policy.
 - (b) The initial draft cannot occur more than 30 days after proposed insureds' signature date.
 - (c) The **Requested Draft Date** cannot be on the 29th, 30th, or 31st.
- 2) A copy of a voided check must accompany the application. If one is not available, or if they have a bank account, but only use a debit card, then you must also submit a Bank Authorization Form 9903. If proposed insured provides a debit card, locate a bank statement to obtain the actual routing and account number and not the number of the debit card. Green Dot Bank (and other pre-paid cards) not accepted.

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

- 1) In addition to items one and two above, complete the eCheck Authorization (the eCheck Bank Draft Authorization section of Form 9903). With the use of this form, the Company will draft for the first premium upon receipt of the application and prior to a final decision being made.
- 2) After approval of the application, the initial premium will apply to the first premium. Future drafts will be based on the next premium due date and the **Requested Draft Day** (if provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the first or third of the month or the second, third, or fourth Wednesday. If you have proposed insureds 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 first of the month.
 - **'3S'** – if payments are received on the third of the month.
 - **'2W'** – if payments are received on the second Wednesday of the month.
 - **'3W'** – if payments are received on the third Wednesday of the month.
 - **'4W'** – if payments are received on the fourth Wednesday of the month.
- The **'Policy Date Request'** field on the front of the application please do not complete as the Home Office will assign the actual policy date once the application is received.

When you follow the steps above at the point of sale, our office will have the information needed to process the premium draft to coincide with your proposed insured's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork typically. Also, you may still request immediate drafts for CWA; follow the standard methods.

PRODUCT SOFTWARE

NAIC Illustration is not required. However, presentation software is available on the Company's websites. It will quickly and easily present the guaranteed death benefit & guaranteed cash values. You may run quotes based on a desired face amount or premium amount to customize a solution for your proposed insured. To run a quote using your smartphone or tablet, please go to www.insuranceapplication.com/phonequote. (Select the option for the 'Phone Quoter').

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by eApplication, scanning, faxing, or mailing. Refer to the Company website for instructions on App Drop. Information on App Drop may also be found on www.insuranceapplication.com (Select the option for 'App Drop'). If the application is scanned or faxed, transmit all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the Bank Draft Procedures section in this guide for the instructions for the eCheck policy); 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 (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.
- Proposed insureds may sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, (3) voice signature, or (4) text for signature.

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

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

*NOTE: If you have a proposed insured with a height that is below 4'10" or above 6'9", please contact the home office for minimum/maximum values.

OPTIONAL RIDERS not available in all states

Additional premiums are required, availability and terms may vary.

FAMILY INSURANCE AGREEMENT (FIA)

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

Issue Ages: To be eligible for coverage under the FIA, a child must not have reached their 18th birthday on the date the application is taken. Children born after the policy is issued are automatically covered by the agreement after 15 days old. Children who are already born must be 15 days old on the date the application is taken. Coverage on the spouse may be issued on a spouse ages 15 — 60.

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

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

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

CHILDREN'S INSURANCE AGREEMENT (CIA)

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

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

Issue Ages of Primary Insured: 15 — 50

Maximum Rider Units: Five Units*

Premium: \$8.52 annually per unit

The Children's Insurance Agreement (CIA) provides term insurance on the children's lives until age 25, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of five times the children's coverage. Each unit provides \$3,000.00 insurance on each child. The benefit expires at the earlier of the primary insured's age 65 or the child's age 25.

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

TOTAL DISABILITY BENEFIT RIDER****Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)****Issue Ages:** 18 – 55**Minimum Total Disability Benefit:** \$500 monthly**Maximum Total Disability Benefit:** 2% of the life insurance specified amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance specified amount up to \$900 monthly benefit, whichever is less.

If elected, the Total Disability Benefit Rider will pay a monthly benefit up to 2% of **specified** amount (up to a maximum monthly benefit as described above) if the Insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period (180 days in Maryland) and the benefits are not retroactive. The maximum benefit period is two years and total disability must begin before age 65.

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

ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER (AODIR)****Policy Form No. 3281****Issue Ages:** 18 – 55**Minimum AODIR Benefit:** \$500 monthly**Maximum AODIR Benefit:** 2% of the life insurance face amount up to \$2,000 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum AODIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

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

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

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

ACCIDENTAL DEATH BENEFIT AGREEMENT (ABD)**Policy Form No. 7160 AA, PA, PS, IA; Policy Form No. PDAF Ed. 3-83 (OL)****Issue Ages:** 15 – 64**Minimum Amount:** \$1,000**Maximum Amount:** \$200,000 or five times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit Agreement will be paid to the beneficiary if the insured dies as the result of an accident.**Benefit Terminates:** At Age 65

ACCIDENTAL DEATH BENEFIT									
Annual Premium per \$1,000 of Benefit Face Amount									
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
15	\$0.96	25	\$0.96	35	\$0.96	45	\$1.20	55	\$1.44
16	\$0.96	26	\$0.96	36	\$0.96	46	\$1.20	56	\$1.44
17	\$0.96	27	\$0.96	37	\$1.08	47	\$1.20	57	\$1.44
18	\$0.96	28	\$0.96	38	\$1.08	48	\$1.20	58	\$1.56
19	\$0.96	29	\$0.96	39	\$1.08	49	\$1.32	59	\$1.56
20	\$0.96	30	\$0.96	40	\$1.08	50	\$1.32	60	\$1.56
21	\$0.96	31	\$0.96	41	\$1.08	51	\$1.32	61	\$1.56
22	\$0.96	32	\$0.96	42	\$1.08	52	\$1.32	62	\$1.68
23	\$0.96	33	\$0.96	43	\$1.20	53	\$1.32	63	\$1.68
24	\$0.96	34	\$0.96	44	\$1.20	54	\$1.32	64	\$1.68

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

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

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

TOTAL DISABILITY BENEFIT INCOME GUIDELINES

- **The proposed insured must have worked fulltime (minimum 30 hours a week) for the past 6 months.**
- **The following proposed insured occupations are not eligible for DIR or AODIR:**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High-Risk Avocations within the past 12 months
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, or significant others)
 - Casino Workers
 - Housekeepers
 - Janitors
 - Migrant laborers
 - Retired
 - Students
 - Individuals that carry a weapon in their occupation
- **The following proposed insured occupations are not eligible for DIR only:**
 - Self-Employed

RIDERS INCLUDED WITH EXPRESS UL

Automatically included with policy, availability and terms may vary.

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

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

With this benefit, you may receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 24 months or fewer (12 months in some states). Rider is added to every policy (where available) at no additional premium. During acceleration, the Company will add an actuarial adjustment factor and an administrative charge of \$150. For California, please refer to Policy Form No. 3672-CA for rider details. *Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); T1501 (iA), or 3575-D in CA, with the proposed insured.*

ACCELERATED BENEFITS RIDER-CONFINED CARE

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

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

EXPRESS UL MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide has been developed to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and State specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a State specific application, please contact the Home Office for a risk assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

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

* Applies to standard life application Form No. 9818. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you may do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

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

* Applies to standard life application Form No. 9818. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you may do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Gastritis	Acute	Standard	Standard	2b
Glomerulosclerosis	Medically diagnosed, treated, or taken medication for acutely, over a year ago	Standard	Standard	2c
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	2f
Hazardous Avocations	Participated in within the past two years	Standard	Decline*	4a
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	2g
	Migraine, severe, or not investigated	Decline	Decline	2g
Heart Arrhythmia	Medically diagnosed, treated, or taken medication	Decline	Decline	2a
Heart Disease / Disorder	Medically diagnosed, treated, or taken medication for including heart attack, coronary artery disease, angina	Decline	Decline	2a
Heart Murmur	Medically diagnosed, treated, taken medication, or hospitalized with surgery	Decline	Decline	2a
Hemophilia	Medically diagnosed, treated, or taken medication	Decline	Decline	2a
Hepatitis	Medically diagnosed, treated, or taken medication for Hep B or Hep C	Decline	Decline	2b
Hepatomegaly	Medically diagnosed, treated, or taken medication	Decline	Decline	2b
HIV	Tested Positive	Decline	Decline	1
Hodgkin's Disease	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2d
Hypertension (High Blood Pressure)	Controlled with two or less medications, provide current BP reading history	Standard	Standard	2a
	Uncontrolled or using three or more medications to control	Decline	Decline	2a
	In combination with Thyroid Disorder	Standard	Standard	2a
Hysterectomy	No cancer	Standard	Standard	2e
Kidney Disease	Dialysis	Decline	Decline	2e
	Insufficiency or Failure	Decline	Decline	2e
	Nephrectomy	Decline	Decline	2e
	Polycystic Kidney Disease	Decline	Decline	2e
	Transplant recipient	Decline	Decline	2e
Knee Injury	Medically diagnosed, treated, or taken medication within the past 12 months	Standard	Decline*	2f
Leukemia	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2d
Liver Impairments	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2b
Lung Disease / Disorder	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	2f
Marfan Syndrome	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2f
Melanoma	See Cancer/Melanoma			2d
Meniere's Disease	Medically diagnosed, treated, taken medication, or hospitalized	Standard	Decline	2g
Mental or Nervous Disorder	Anxiety, one medication, situational in nature	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	2d
Mitral Insufficiency	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Multiple Sclerosis	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2d
Muscular Dystrophy	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2f
Narcolepsy	More than two years from diagnosis	Standard	Decline	2d
Pacemaker	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	2b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	2f
Parkinson's Disease	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2d

* Applies to standard life application Form No. 9818. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you may do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

EXPRESS UL MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	QUESTION ON APP
Peripheral Vascular Disease	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Pregnancy	Current; no complications	Standard	Standard	5a
Prostate Disease / Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	2e
	Cancer - See Cancer/Melanoma			2d & 2e
Pulmonary Embolism	Medically diagnosed, treated, taken medication, or hospitalized	Standard	Standard	2c
Retardation	Mild to moderate	Standard	Decline	2d
	Severe	Decline	Decline	2d
Rheumatic Fever	One attack-recovered	Standard	Standard	2a
Sarcoidosis	Pulmonary	Decline	Decline	2c
Seizures	Petit Mal	Standard	Decline*	2d
	All others	Decline	Decline	2d
Shoulder Injury	Medically diagnosed, treated, or taken medication within the past 12 months	Standard	Decline*	2g
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	2c
Spina Bifida	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2f
Spina Bifida Occulta	Asymptomatic	Standard	Standard	2f
Stroke / CVA	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Subarachnoid Hemorrhage	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Suicide Attempt	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2d
Thyroid Disorder	Medically diagnosed, treated, taken medication, or hospitalized	Standard	Standard	2g
	In combination with Hypertension (HBP)	Standard	Standard	2g
Transient Ischemic Attack (TIA)	After six months, no residuals	Standard	Decline	2a
	Combined with Tobacco Use -Smoker	Decline	Decline	2a
Tuberculosis	Medically diagnosed, treated, or taken medication within the past two years	Decline	Decline	2c
	Over two years with no residuals	Standard	Standard	2c
Ulcer	Peptic or duodenal or gastric - symptom free for one year	Standard	Standard	2b
Ulcerative Colitis	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	2b
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	
Valve Replacement	Heart / Cardiac	Decline	Decline	2a
Vascular Impairments	Medically diagnosed, treated, taken medication, or hospitalized	Decline	Decline	2a
Weight Reduction Surgery	Surgery within the past one year	Decline	Decline	2g
	After one year since surgery with no complications	Standard	Decline	2g
	History of complications such as Dumping Syndrome	Decline	Decline	2g

* Applies to standard life application Form No. 9818. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you may do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

EXPRESS UL PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	Decline
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	Four 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** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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	Seven years > Seven years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent / Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetanide	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	Four 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	Seven years > Seven years	Decline Standard
Campral	Alcohol / Drugs	Four years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

*** High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	See Impairment Guide
Hydroxyurea	Cancer	Seven years > Seven years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	Seven years > Seven 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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lupron	Cancer	Seven years > Seven years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	Four years	Decline
Methotrexate	Cancer	Seven years > Seven 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
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	Four years	Refer to Home Office

*** High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	Seven years > Seven years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Refer to Home Office
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	Four 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	Seven years > Seven 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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

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

* **High Blood Pressure** - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the client will not be eligible for coverage.

Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

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

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

* Issue Ages – based on age nearest birthday

**Express UL
Target Annual Premiums Per \$1,000 Insurance**

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

* Issue Ages – based on age nearest birthday



AMERICAN AMICABLE GROUP

To faithfully protect generations.

The American Amicable Group offers innovative life insurance products that are easy to acquire and that are designed to meet the needs of middle market America. We are committed to providing each of our policyholders with outstanding service and care to meet their individual life insurance needs.


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)

 (800) 736-7311

 425 Austin Ave, Waco Texas 76701

 americanamicable.com

AMERICAN AMICABLE LIFE INSURANCE COMPANY OF TEXAS
iA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTIAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Agent Guide For Agent Use Only. Not for use with general public.

Products and riders not available in all states.

Please check with the State Approval Grid under Order Supply on the Company website.