UHL/UFFL Product Portfolio
Simplified Products - Faster Results™

WHOLE LIFE*	Description/Features*	Issue Ages**	Min. Face	Max. Face	Policy Fee (Commissionable)	Available Riders
Provider Whole Life	Simplified issue whole life; standard/preferred; no rateable conditions; PHI required.	0-80	$10,000	0-50: $150,000 51-60: $100,000 61-80: $ 50,000	$50	Waiver of Premium; Child Rider; Terminal Illness Benefit; ***For $25,000+ Face Amounts:*** Common Carrier Accidental Death Benefit, Life Threatening Cancer Accelerated Benefit, and Charitable Gift Donation*** included at no-cost; ***For issue ages 0-17:*** Guaranteed Insurability Rider included at no-cost
Final Expense Series						
Express Issue Whole Life (Graded Benefit)	2-year graded death benefit; Year 1: Refund of premium + 12% interest Year 2: Refund of premium + 24% interest Built-in table 16.	25-80 In PA: 25-74 (MNT) 25-69 (MT) 25-80 (FNT) 25-73 (FT)	$2,000 In PA: $5,000 In WA: $7,000	$25,000	$50	***For $10,000+ Face Amounts:*** Identity Theft Waiver of Premium; Hospital Stay Waiver of Premium Benefit; and Common Carrier Accidental Death Benefit
Express Issue Deluxe	Built-in table 8; Immediate death benefit; Suitable for insulin-dependent diabetics.	20-80	$5,000	$50,000	$50	Child Rider; Accidental Death Benefit ($10,000 min); Terminal Illness Benefit
Express Issue Premier	Built-in table 4; Immediate death benefit.	20-80	$5,000	20-60: $100,000 61-80: $ 50,000	$50	Child Rider; Accidental Death Benefit ($10,000 min); Terminal Illness Benefit
Guaranteed Issue Whole Life	No underwriting; no medical questions; no PHIs; 2-year graded death benefit.	45-75	$5,000 In WA: $7,000	$25,000	$50	NA

ACCIDENTAL DEATH*	Description/Features*	Issue Ages**	Available AD Face	AD Face End of Policy Year 20	Policy Fee	Available Riders*
Protector AD	Accidental death benefit coverage; AD benefit increases yearly and is double at the end of policy year 20; return of premium option; No PHIs; ONE underwriting question.	18-60	$50,000 $75,000 $100,000	$100,000 $150,000 $200,000	NA	NA

Protector AD is the marketing name for our proprietary policy that provides limited whole life coverage combined with a larger accidental death benefit rider and return of premium feature.

TERM LIFE*	Description/Features*	Issue Ages**	Min. Face	Max. Face	Policy Fee (Commissionable)	Available Riders*
Simple Term 20	20-year level premium term; Built in table 4.	20-60 In WA: 20-60 (NT) 25-55 (T)	$25,000	20-45: $500,000 46-55: $375,000 56-60: $250,000	$100	Waiver of Premium; Child Rider (first $5,000 CR at no cost for $100,000+ face amounts); Accidental Death Benefit ($25,000 min); Terminal Illness Benefit
Simple Term 30	30-year level premium term; Built-in table 4.	20-55 (NT) 20-50 (T) In MD: 20-52 (MNT) 20-48 (MT) 20-55 (FNT) 20-50 (FT) In OR: 25-50 In WA: 20-50 (NT) 20-45 (T)	$25,000	20-45: $500,000 46-55: $375,000	$100	Waiver of Premium; Child Rider (first $5,000 CR at no cost for $100,000+ face amounts); Accidental Death Benefit ($25,000 min); Terminal Illness Benefit
Simple Term 20 ROP *(Band 1)*	20-year level premium term; return of premium option is 80% of 20 annual premiums; Built in table 4.	25-60 (NT) 25-45 (T)	$25,000	$99,999	$100	Child Rider; Terminal Illness Benefit
Simple Term 20 ROP *(Band 2)*	20-year level premium term; return of premium option is 100% of 20 annual premiums for 25-50 NT & 80% for 51-60 NT & 25-45 T; Built-in table 4.	25-60 (NT) 25-45 (T)	$100,000	25-45: $500,000 46-55: $375,000 56-60: $250,000	$100	Child Rider (first $5,000 CR at no cost for $100,000+ face amounts); Terminal Illness Benefit
Simple Term 20 DLX	20-year level premium term; Built-in table 8; Suitable for insulin-dependent diabetics.	20-60	$25,000	$50,000	$100	Child Rider; Accidental Death ($25,000 min); Terminal Illness Benefit

$20 minimum premium requirement for all products unless Monthly EFT.
Subject to underwriting criteria, approval, and eligibility requirements. Availability may vary by state. Exclusions and limitations may apply.
***Age Last Birthday. *** Not available in GA, KY, MD, PA, or TN.*

United Home Life Insurance Company (NAIC #69922) | United Farm Family Life Insurance Company (NAIC #69892)
225 South East Street | Indianapolis, Indiana 46202

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

Underwriting Guidelines

Application: The application must be fully completed. All Proposed Insureds (ages 15 and above) and all owners must sign the application. It is unlawful for any person to sign another person's name; however, if the Proposed Insured is under age 15, the parent/permanent legal guardian must sign the application. Any discrepancy detected will necessitate proof of signature (copy of driver's license or other signature-clad ID). Writing agents are expected to ask the Proposed Insured all medical and personal history questions as listed on the application and record all answers completely (note: please also see Attending Physician Statement below.)

New Business Memo: A fully completed New Business Memo must be submitted with all applications. This includes how the application was taken, the Proposed Insured's contact information and any special requests. Missing or incomplete information will cause delays in both application processing and commission payments.

Non-Tobacco Rate: Non-Tobacco Rate: No use of any nicotine product (cigars, cigarettes, electronic cigarettes, pipes, smokeless tobacco including chewing tobacco, snug, nicotine gum, nicotine patch or any other nicotine substitute) or vaping is permitted within the past 12 months to qualify for the Non-Tobacco Rate.

Basic Eligibility Requirement: Any Proposed Insured applying for coverage via any product offered by the Company must meet the following requirements in order for the Company to make a proper assessment of insurability: have the mental capacity to answer the application questions and sign the application, have an attending physician and established routine healthcare, and have been seen by the physician within the past three years.

HIPAA Authorization: A signed HIPAA Authorization form is required with all applications, and must be signed by the Proposed Insured. For all juvenile (aged 17 and under) applications, the parent or permanent legal guardian should sign the form as "Representative". The HIPAA form should not be signed by an agent unless the agent is applying for coverage.

Prescription Drug Database Search: A prescription drug usage search may be conducted for Proposed Insureds. Dependent upon findings, additional questions may be required.

Examinations: No routine medical exams or bodily fluids testing are required for Proposed Insureds. However, the Company reserves the right to request a medical exam or lab test based upon the medical history or build of a Proposed Insured. If any exam or lab is required, the underwriter will notify the writing agent.

Attending Physician Statement (APS): Dependent upon a Proposed Insured's medical history or pharmacy report, the writing agent may be asked to provide an APS at the client's expense. An APS will only be accepted via fax (317-692-7636) directly from the provider's office or in an envelope sealed by the provider via USPS or overnight mail. Complete contact information for the Proposed Insured's medical records in the application is imperative, especially if an APS is required.

Foreign Nationals: The Company will accept an application on a Proposed Insured who is not a naturalized U.S. Citizen provided they meet the following criteria: the Proposed Insured is in the U.S. legally, is here on a permanent basis, has a valid Social Security number, a valid Visa or Green Card, and has been in the U.S. for the past two years.

Military Risks: The Company will accept an application on a Proposed Insured currently serving in the military in a non-combat unit, provided the Proposed Insured has not been called for combat duty and is not serving in a hazardous area. Please include the signed Military Personnel Financial Services Disclosure (UHL form 200-673 or UFFL form 18-673) with the application.

Stranger-Owned Life Insurance (STOLI): Applications will not be accepted for which any agreement or understanding exists that provides for any party to obtain an interest in any policy issued on the Proposed Insured who does not have an insurable interest in the life of the Proposed Insured.

Sample Build Chart

Weight Not to Exceed The Following:

Height	Provider	All other plans except EI Deluxe or Graded Benefit plans	Express Issue Deluxe Simple Term 20 DLX
5'0"	190 lbs	210 lbs	240 lbs
5'2"	200 lbs	225 lbs	255 lbs
5'4"	215 lbs	240 lbs	270 lbs
5'6"	230 lbs	255 lbs	290 lbs
5'8"	245 lbs	270 lbs	305 lbs
5'10"	260 lbs	285 lbs	325 lbs
6'0"	275 lbs	305 lbs	340 lbs
6'4"	305 lbs	340 lbs	385 lbs

For Proposed Insureds outside these ranges use graded benefit plans.

Ideal Fit Section*

Express Issue Whole Life: Ideal for previous declines and overweight clients. 1 year look-back for major conditions such as cancer, congestive heart failure, cardiomyopathy, etc.

Express Issue Deluxe: Ideal for type 1 diabetes, previous declines, and/or those receiving disability comp. 2 year look-back for moderate conditions such as cancer, stroke, heart/circulatory disorders, kidney/liver/lung disease, neurological disorders, etc.

Express Issue Premier: Ideal for controlled high blood pressure/cholesterol and type 2 diabetes. 2 year look-back for minor conditions such as schizophrenia/bi-polar disorder, major depression, etc.

Simple Term 20/30 & 20 ROP: Ideal for minor health conditions such as type 2 diabetes, controlled hypertension and high cholesterol, depression, and anxiety.

Simple Term 20 DLX: Ideal for moderate health conditions such as type 1 diabetes, schizophrenia, bi-polar disorder, major depression, and those who are disabled or previously declined.

**Subject to underwriting criteria, approval, and eligibility requirements. Availability may vary by state. Exclusions and limitations may apply.*