

Golden Solution Plans

(Ages 50 through 85)
Whole Life Insurance

AGENT GUIDE

Underwriting Guidelines
Premium Rates

- Immediate Death Benefit Plan
Policy Form No. 9772 (AA, OL, PA, PS); GDWL103 (IAA)
- Graded Death Benefit Plan
Policy Form No. 9465 (AA, OL, PA, PS); GDWL102 (IAA)
- Return of Premium Benefit Plan
Policy Form No. 9471 (AA, OL, PA, PS); GDWL101 (IAA)

COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll free number **800-736-7311**. The following is a list of extensions that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	arlene.williams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

New Business Application Fax Number: (254) 297-2100. Be sure to include Fax Application Cover Page.

New Agent Contract Fax Number: (254) 297-2110.

Mailing Addresses:

General Delivery

P.O. 2549
Waco, TX 76702

Overnight

425 Austin Ave.
Waco, TX 76701

Online Services:

www.americanamicable.com

www.iaamerican-waco.com

www.occidentallife.com

www.pioneeramerican.com

www.pioneersecuritylife.com

Access product information, forms, agent e-file, and other valuable information at the Company websites.

UNDERWRITING GUIDELINES

Our new Golden Solution life insurance plans target a broad spectrum of the final expense insurance market. These policies and our application Form 9466 (with state variations) or Form 9867 (in MD, NJ & SC) [AA, OL, PA, PS]; Form GL213 [IAA] accommodate a simplified approach to purchasing life insurance.

Golden Solution "Immediate Death Benefit" policy is for those with no serious health history and who can answer "NO" to all health questions 1 through 8 on the application.

Golden Solution "Graded Death Benefit" policy is for those who answer "NO" to questions 1 through 7, but "YES" to health question 8.

Golden Solution "Return of Premium Benefit" policy is for those who answer "NO" to questions 1 through 3, "YES" to any health questions 4 through 7.

If health questions 1, 2, or 3 are answered "YES" the applicant is not eligible for any of the Golden Solution plans.

The Golden Solution application features simple "YES" or "NO" questions that enable you to quickly determine which plan of insurance the applicant may be eligible for.

Issue Ages: 50-85 (age last birthday)

Premium Paying Period: To age 100

Minimum Face Amount: \$2,500

Maximum Immediate Death Benefit: AGES 50-75: \$35,000
AGES 76-85: \$20,000

Maximum Graded Death Benefit: AGES 50-85: \$20,000

Maximum Return of Premium Death Benefit: AGES 50-85: \$20,000

Policy Fee: \$30 (Commissionable)

Modal Factors: Semi-Annual: .519 Quarterly: .262 Monthly EFT: .088

Benefits and Riders:

Accidental Death Benefit Rider (not available on ROP Plan)

Grandchild Rider (also covers Great Grandchildren)

Nursing Home Waiver of Premium Rider (not available on Graded Death or ROP Plan)

Children's Insurance Agreement Rider (not available on ROP Plan)

Terminal Illness Accelerated Benefit Rider*

Accelerated Benefit Confined Care Rider* (not available on Graded Death or ROP Plan)

* Included at no additional premium, where available.

PLAN DESCRIPTIONS

Golden Solution "Immediate Death Benefit":

Simplified issue whole life policy with level death benefit of 100% of face amount paid immediately.

Golden Solution "Graded Death Benefit":

Simplified issue whole life policy which pays 30% of selected face amount the 1st year, 70% paid the 2nd year and 100% paid the 3rd and subsequent years. 100% paid for accidental death, all years.

Golden Solution "Return of Premium Benefit":

Simplified issue whole life policy which pays return of premium plus 10% interest for 3 years if under age 65, 2 years if age 65 or older. 100% paid after graded period. 100% paid for accidental death, all years.

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified "YES/NO" application, a telephone interview, liberal height and weight chart, and a check with the Medical Information Bureau (M.I.B.) and pharmaceutical related facility. Check the height/weight charts in this guide to determine plan of coverage the Proposed Insured will qualify for based on their build.

TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured is required on every application for the Immediate and Graded Death Benefit Plans prior to the policy being issued.

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

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

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

U.S. Only
EMSI: 1-866-719-2024
8am-9pm Monday thru Friday CST
10am-2pm Saturdays CST

Puerto Rico Only
Source Access: 866-910-6539
8am-5pm Monday thru Friday CST
EMSI: 1-800-766-4605
8am-9pm Monday thru Friday CST
10am-2pm Saturdays CST

APPTICAL: 877-351-1773
7:30am-11:00pm Monday thru Friday CST
9:00am-7:00pm Saturday & Sunday CST

Apptical Service is available only for Point-of Sale interviews on Final Expense applications for issue ages 50 to 85. If the interview cannot be completed point of sale, the interviews will be placed using EMSI. For Apptical interviews, you MUST write "Apptical" in the top right-hand corner of the application and include the Apptical case number provided to you. Agents MUST ALWAYS submit the application to the Home Office along with the HIPAA form (No. 9526); even if your client is not eligible for coverage or decides not to proceed with the application process. The Company is required by law to maintain these documents in our files. In this event, please write "Withdraw" at the top of the application. If the client will be applying for the Return of Premium death benefit plan, a telephone interview is not required.

For more information on Apptical's services, please see the "Agent Training" section of our Marketing Sales website. There is a detailed training presentation available there for you.

APPLICATION COMPLETION

- **Full Name of Proposed Insured** – List full legal name
- **Age** – calculate based on age last birthday
- **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.
- **Signature** – Power of Attorney (POA) signatures are not acceptable.
- **Owner** – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured's Signature on the back of the application.
- **Beneficiary** – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust or an insured's Estate. Funeral homes are not acceptable beneficiary designations.
- **Plan Applied For** – Check appropriate box based on the answers to the health questions and the Proposed Insured's build.
- **Will you replace an existing life insurance policy or an annuity?** – Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.
- **Telephone Interview** – Check box YES or NO as to whether the telephone interview was completed at point-of-sale to avoid having the applicant contacted twice. Always provide the applicant's telephone number and the best time to call even if the interview is completed at point-of-sale. Space has been provided in the application right-hand corner for the interview case number provided by the interviewing company.
- **During the past 12 months have you used tobacco in any form?** – This includes the use of cigarettes, pipe, chewing tobacco, cigars, snuff or other tobacco products (*excluding occasional cigar or pipe use*).
- **Application Date/Requested Policy Date** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.

- **All changes must be crossed out and initialed by Proposed Insured.** No white outs or erasures are permitted on the application.
- **Terminal Illness Accelerated Benefit Riders Disclosure Statement Form No. 9474 (AA, OL, PA, PS); T1501 (IAA)** – must be presented to the applicant and the agent must certify that it has been presented.
- **Accelerated Benefit Confined Care Rider Disclosure Statement Form No. 9761 (AA, OL, PA, PS); AB504 (IAA)** – must be presented to the applicant and the agent must certify that it has been presented when applying for the Immediate Death Benefit Plan.
- **Applications for Return of Premium Plan** – When applying for ROP, you should complete questions 1 through 3 of the application and the question or questions that will be answered "Yes" in the ROP Section (questions 4 through 7). The remaining questions do not have to be completed. (A telephone interview is not required)

INITIAL PREMIUM

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for 1st premium. See Company website for eCheck procedures. **MONEY ORDERS NOT ACCEPTED.**

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

IMPORTANT

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

STATE SPECIFICS

- *Arkansas*—Return of Premium Plan not available.
- *Illinois*—Return of Premium Plan is Graded 2 years only.
- *Kansas*—If any YES answers to application health questions 1-8 do not send/collect initial premium. Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- *Kentucky*—Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- *Massachusetts*—Immediate Death Benefit Plan only.
- *Missouri*—Graded Death Benefit and Return of Premium issue ages are 50-75.
- *Minnesota*—Immediate Death Benefit Plan only.
- *New Jersey*—Graded Death Benefit and Return of Premium issue ages are 50-76. Return of Premium Plan is Graded 2 years only.
- *North Carolina*—Immediate Death Benefit Plan only.
- *Pennsylvania*— Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.
If applying for the Grandchild Rider, the signature of a parent or legal guardian of the child(ren) is required.
- *South Dakota*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses.
- *Virginia*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE

ALL PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BUILD CHARTS (Unisex)

(Use the chart below to help determine the appropriate plan)

Ht.	Maximum Weight for Plan			Minimum Weight for Plan	
	Immediate	Graded	Return of Premium*	Immediate	Return of Premium**
4'10'	211	212 - 220	221 - 230	92	87 - 91
4'11"	218	219 - 228	229 - 238	94	89 - 93
5'	225	226 - 236	237 - 246	96	91 - 95
5'1"	233	234 - 244	245 - 254	99	94 - 98
5'2"	241	242 - 252	253 - 262	101	96 - 100
5'3"	248	249 - 260	261 - 271	105	100 - 104
5'4"	256	257 - 268	269 - 280	107	102 - 106
5'5"	264	265 - 276	277 - 288	110	105 - 109
5'6"	273	274 - 285	286 - 297	112	107 - 111
5'7"	281	282 - 294	295 - 306	116	111 - 115
5'8"	289	290 - 303	304 - 316	119	114 - 118
5'9"	298	299 - 312	313 - 325	123	118 - 122
5'10"	307	308 - 321	322 - 335	126	121 - 125
5'11"	315	316 - 330	331 - 344	131	126 - 130
6'	324	325 - 339	340 - 354	135	130 - 134
6'1"	334	335 - 349	350 - 364	139	134 - 138
6'2"	343	344 - 359	360 - 374	142	137 - 141
6'3"	352	353 - 368	369 - 384	146	141 - 145
6'4"	361	362 - 378	379 - 394	149	144 - 148

* Above the weight on the high end of this range is a decline

**Below the weight on low end of this range is a decline

Re-Writes on Same Insured:

If a second application is written on the same individual (1) within 6 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 on that individual by the Underwriting Department.

ALPHABETICAL DRUG LIST

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The "Rx Fill Within" column means the drug was prescribed within the time period noted. For some circulatory/heart and cancer medications, the "Rx Fill Within" column notes "First Fill". "First Fill" refers to when the medication was originally prescribed.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Accuretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Aceon	Hypertension CHF	N/A N/A	Immediate Return of Premium
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Aggrenox	Stroke / TIA #	1 year 2 years > 2 years	Return of Premium Graded Immediate
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Aldactazide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Aldactone	Hypertension CHF	N/A N/A	Immediate Return of Premium
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension CHF	N/A N/A	Immediate Return of Premium
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Amlodipine Besylate/ Benaz	Hypertension CHF	N/A N/A	Immediate Return of Premium

NOTE: Proposed Insureds taking both a medication marked with an asterisk (*) representing "diabetes" and a number sign (#) representing "heart/circulatory disease or disorder" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you been medically treated or diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Amyl Nitrate	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Antabuse	Alcohol / Drugs	1 year	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	Immediate
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Atacand	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Atgam	Organ / Tissue Transplant	N/A	No coverage
Atripla	AIDS	N/A	No coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD	1 year 2 years > 2 years	Return of Premium Graded Immediate
Avalide	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant	N/A	No coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azathioprine	Organ / Tissue Transplant	N/A	No coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Azor	Hypertension CHF	N/A N/A	Immediate Return of Premium
Baclofen	Multiple Sclerosis	N/A	Graded
Baraclude	Liver Disorder / Hepatitis	1 year 2 years > 2 years	Return of Premium Graded Immediate
Benazepril HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Benicar	Hypertension CHF	N/A N/A	Immediate Return of Premium
Benlysta	Systemic Lupus	N/A	Return of Premium
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Graded Immediate
Betapace	Heart Arrhythmia # CHF	N/A N/A	Immediate Return of Premium
Betaseron	Multiple Sclerosis	N/A	Graded
Betaxolol HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
BiDil	CHF	N/A	Return of Premium
Bisoprolol Fumarate	Hypertension CHF	N/A N/A	Immediate Return of Premium
Bromocriptine Mesylate	Parkinson's	N/A	Graded
Bumetadine	Hypertension CHF	N/A N/A	Immediate Return of Premium
Bumex	Hypertension CHF	N/A N/A	Immediate Return of Premium
Buprenex	Alcohol / Drugs	1 year	Return of Premium
Bystolic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate
Campath	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Campral	Alcohol / Drugs	1 year	Return of Premium
Capoten	Hypertension CHF	N/A N/A	Immediate Return of Premium
Capozide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Captopril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Carbamazepine	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (*) representing "diabetes" and a number sign (#) representing "heart/circulatory disease or disorder" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you been medically treated or diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Carbatrol	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Carbidopa	Parkinson's	N/A	Graded
Carvedilol	Hypertension CHF	N/A N/A	Immediate Return of Premium
Casodex	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No coverage
Clopidogrel	Stroke/TIA/Heart Attack # Stroke/Heart Attack # Stroke/Heart Attack #	First Fill 1 year First Fill 2 years First Fill > 2 years	Return of Premium Graded Immediate
Cogentin	Parkinson's Other Use	N/A N/A	Graded Immediate
Cognex	Alzheimer's/Dementia	N/A	No coverage
Combivent	COPD	1 year 2 years > 2 years	Return of Premium Graded Immediate
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Graded
Copegus	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Cordarone	Arrythmia #	N/A	Immediate
Coreg	Hypertension CHF	N/A N/A	Immediate Return of Premium
Corgard	Hypertension CHF	N/A N/A	Immediate Return of Premium
Corzide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Coumadin	Pulmonary Embolism # Thrombosis #	NA NA	Immediate Immediate
	Cardiac Valve Replacement/TIA/ Stroke/Heart Attack #	First Fill 1 year	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack #	First Fill 2 years First Fill > 2 years	Graded Immediate
Cozaar	Hypertension CHF	N/A N/A	Immediate Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Cytoxan	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Demadex	Hypertension CHF	N/A N/A	Immediate Return of Premium
Depacon	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Depade	Alcohol / Drugs	1 year	Return of Premium
Depakene	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Depakote	Seizure Disorder	2 years	Graded
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation # CHF	N/A N/A	Immediate Return of Premium
Digoxin	Atrial Fibrillation # CHF	N/A N/A	Immediate Return of Premium
Dilantin	Seizure Disorder	N/A	Graded
Dilatrate SR	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Diovan	Hypertension CHF	N/A N/A	Immediate Return of Premium
Disulfiram	Alcohol / Drugs	1 year	Return of Premium
Dolophine	Opioid Dependence	1 year	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No coverage
Duoneb	COPD	1 year 2 years > 2 years	Return of Premium Graded Immediate
Dyazide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension CHF	N/A N/A	Immediate Return of Premium
Edecrin	Hypertension CHF	N/A N/A	Immediate Return of Premium
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Graded
Emtriva	AIDS	N/A	No coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Enalapril Maleate	Hypertension CHF	N/A N/A	Immediate Return of Premium
Enalaprilat	Hypertension CHF	N/A N/A	Immediate Return of Premium
Epitol	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Epivir	AIDS	N/A	No coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Exelon	Alzheimer's / Dementia	N/A	No coverage
Exforge	Hypertension CHF	N/A N/A	Immediate Return of Premium
Femara	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Foscavir	AIDS	N/A	No coverage
Fosinopril Sodium	Hypertension CHF	N/A N/A	Immediate Return of Premium
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate
Furosemide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Gabapentin	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Galantamine	Alzheimer's / Dementia	N/A	No coverage
Gleevec	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ/Triamterene	Hypertension CHF	N/A N/A	Immediate Return of Premium
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (*) representing "diabetes" and a number sign (#) representing "heart/circulatory disease or disorder" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you been medically treated or diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Heparin	Pulmonary Embolism # Thrombosis #	N/A N/A	Immediate Immediate
Hepsera	Liver Disorder / Hepatitis	1 year 2 years > 2 years	Return of Premium Graded Immediate
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Hydroxyurea	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Hydergine	Alzheimer's /Dementia	N/A	No coverage
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Graded Immediate Immediate
Hyzaar	Hypertension CHF	N/A N/A	Immediate Return of Premium
Imdur	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No coverage Immediate Graded
Inamrinone	CHF	N/A	Return of Premium
Inderal	Hypertension CHF	N/A N/A	Immediate Return of Premium
Inderide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Innopran XL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Inspra	CHF	N/A	Return of Premium
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
	Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Invirase	AIDS	N/A	No coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate

NOTE: Proposed Insureds taking both a medication marked with an asterisk (*) representing "diabetes" and a number sign (#) representing "heart/circulatory disease or disorder" should answer question # 4 on the application as YES (Return of Premium section). Question #4 asks – "Have you been medically treated or diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Isordil	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Isosorbide Dinitrate/Mononitrate	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Graded Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Labetalol	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Lamictal	Seizures	2 years	Graded
	Diabetic Neuropathy	N/A	Immediate
Lamotrigine	Seizures	2 years	Graded
	Diabetic Neuropathy	N/A	Immediate
Lanoxicaps	Atrial Fibrillation #	N/A	Immediate
	CHF	N/A	Return of Premium
Lanoxin	Atrial Fibrillation #	N/A	Immediate
	CHF	N/A	Return of Premium
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Leukeran	Cancer	1 year	Return of Premium
		2 years	Graded
		> 2 years	Immediate
Levatol	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A	No coverage
		N/A	No Coverage
		N/A	Immediate
Levodopa	Parkinson's	N/A	Graded
Lexiva	AIDS	N/A	No coverage
Lexxel	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Lipitor	Cholesterol	N/A	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Lisinopril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Lithium	Bipolar Disorder	N/A	Immediate
Lodosyn	Parkinson's	N/A	Graded
Losartan Potassium	Hypertension CHF	N/A N/A	Immediate Return of Premium
Lotensin	Hypertension CHF	N/A N/A	Immediate Return of Premium
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Lyrica	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Mavik	Hypertension CHF	N/A N/A	Immediate Return of Premium
Maxzide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	1 year	Return of Premium
Methadose	Opioid Dependence	1 year	Return of Premium
Methotrexate	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension CHF	N/A N/A	Immediate Return of Premium
Metoprolol HCTZ	Hypertension CHF	N/A N/A	Immediate Return of Premium
Metoprolol Tartrate/Suc-cinate	Hypertension CHF	N/A N/A	Immediate Return of Premium
Micardis	Hypertension CHF	N/A N/A	Immediate Return of Premium
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension CHF	N/A N/A	Immediate Return of Premium
Milrinone	CHF	N/A	Return of Premium
Minitran	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Mirapex	Parkinson's Other Use	N/A N/A	Graded Immediate
Moban	Psychotic Disorder	N/A	Immediate
Moduretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Moexipril HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Monoket	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Monopril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Mykrok	Hypertension CHF	N/A N/A	Immediate Return of Premium
Mysoline	Seizure Disorder	N/A	Graded
Nadolol	Hypertension CHF	N/A N/A	Immediate Return of Premium
Naloxone	Alcohol / Drugs	1 year	Return of Premium
Naltrexone	Alcohol / Drugs	1 year	Return of Premium
Namenda	Alzheimer's /Dementia	N/A	No coverage
Narcan	Alcohol / Drugs	1 year	Return of Premium
Natrecor	CHF	N/A	Return of Premium
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures	2 years	Graded
	Diabetic Neuropathy	N/A	Immediate
Nimodipine	Stroke/TIA/Heart Attack #	First Fill 1 year	Return of Premium
	Stroke/Heart Attack #	First Fill 2 years	Graded
	Stroke/Heart Attack #	First Fill > 2 years	Immediate
Nimotop	Stroke/TIA/Heart Attack #	First Fill 1 year	Return of Premium
	Stroke/Heart Attack #	First Fill 2 years	Graded
	Stroke/Heart Attack #	First Fill > 2 years	Immediate
Nitrek	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Nitro-bid	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Nitro-dur	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Nitroglycerine/Nitrota b/ Nitroquick/Nitrostat	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Nitrol	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Nitromist	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
	CHF	N/A	Return of Premium
Normodyne	Hypertension CHF	N/A N/A	Immediate Return of Premium
Norpace	Arrythmia #	N/A	Immediate
Norvir	AIDS	N/A	No coverage
Novolin	Diabetes *	N/A	Immediate
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrythmia #	NA	Immediate
Parcopa	Parkinson's	N/A	Graded
Parlodel	Parkinson's	N/A	Graded
Paxil	Depressive Disorder	N/A	Immediate
Pegasys	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Peg-Intron	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Pentam 300	AIDS	N/A	No coverage
Pentamidine Isethionate	AIDS	N/A	No coverage
Pepcid	Stomach Disorder	N/A	Immediate
Pergolide Mesylate	Parkinson's	N/A	Graded
Perindopril Erbumine	Hypertension CHF	N/A N/A	Immediate Return of Premium
Permax	Parkinson's	N/A	Graded
Phenobarbital	Seizure Disorder	N/A	Graded
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate
Pindolol	Hypertension CHF	N/A N/A	Immediate Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Graded Immediate Immediate
Plavix	Stroke/TIA/Heart Attack # Stroke/Heart Attack # Stroke/Heart Attack #	First Fill 1 year First Fill 2 years First Fill > 2 years	Return of Premium Graded Immediate
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	Return of Premium
Prinivil	Hypertension CHF	N/A N/A	Immediate Return of Premium
Prinzide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Quinaretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Ramipril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Rebetron	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Rebif	Multiple Sclerosis	N/A	Graded
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate
Requip	Parkinson's Other Use	N/A N/A	Graded Immediate
Ribavirin	Liver Disorder / Hepatitis C	1 year 2 years > 2 years	Return of Premium Graded Immediate
Rilutek	ALS (Lou Gehrig's Disease)	N/A	Return of Premium
Risperdal	Psychotic Disorder	N/A	Immediate
Risperidone	Psychotic Disorder	N/A	Immediate
Rituxan	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's Other Use	N/A N/A	Graded Immediate
Rythmol	Arrythmia #	N/A	Immediate
Sectral	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet/Sinemet CR	Parkinson's	N/A	Graded
Sodium Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Soltalol Hydrochloride	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Sotalol HCL	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Spiriva	COPD	1 year	Return of Premium
		2 years	Graded
		> 2 years	Immediate
Spironolactone	Hypertension	N/A	Immediate
	CHF	N/A	Return of Premium
Sprycel	Cancer	1 year	Return of Premium
		2 years	Graded
		> 2 years	Immediate
Stalevo	Parkinson's	N/A	Graded
Starlix	Diabetes *	N/A	Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Suboxone	Alcohol / Drugs	1 year	Return of Premium
Subutex	Alcohol / Drugs	1 year	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Symmetrel	Parkinson's	N/A	Graded
Tambocor	Arrythmia #	N/A	Immediate
Tamoxifen	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Tarka	Hypertension CHF	N/A N/A	Immediate Return of Premium
Tasmar	Parkinson's	N/A	Graded
Tegretol	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Tenoretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Tenormin	Hypertension CHF	N/A N/A	Immediate Return of Premium
Teveten	Hypertension CHF	N/A N/A	Immediate Return of Premium
Theodur	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Thioridazine	Psychotic Disorder	N/A	Immediate
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension CHF	N/A N/A	Immediate Return of Premium
Torsemide	Hypertension CHF	N/A N/A	Immediate Return of Premium
Trandate	Hypertension CHF	N/A N/A	Immediate Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Trandolapril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Trimterene	Hypertension CHF	N/A N/A	Immediate Return of Premium
Triamterene/HCTZ	Hypertension CHF	N/A N/A	Immediate Return of Premium
Tribenzor	Hypertension CHF	N/A N/A	Immediate Return of Premium
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Graded Immediate
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension CHF	N/A N/A	Immediate Return of Premium
Tyzeka	Liver Disorder / Hepatitis	1 year 2 years > 2 years	Return of Premium Graded Immediate
Uniretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Univasc	Hypertension CHF	N/A N/A	Immediate Return of Premium
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy	2 years N/A	Graded Immediate
Valstar	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Valturna	Hypertension CHF	N/A N/A	Immediate Return of Premium
Vascor	Angina #	1 year 2 years > 2 years	Return of Premium Graded Immediate
Vaseretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Vasotec	Hypertension CHF	N/A N/A	Immediate Return of Premium
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Visken	Hypertension CHF	N/A N/A	Immediate Return of Premium
Vivitrol	Alcohol / Drugs	1 year	Return of Premium
Warfarin	Pulmonary Embolism # Thrombosis #	NA NA	Immediate Immediate
	Cardiac Valve Replacement/ TIA/Stroke/Heart Attack #	First Fill 1 year	Return of Premium
	Cardiac Valve Replacement/ Stroke/Heart Attack #	First Fill 2 years First Fill > 2 years	Graded Immediate
Xeloda	Cancer	1 year 2 years > 2 years	Return of Premium Graded Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema	1 year 2 years > 2 years	Return of Premium Graded Immediate
Zantac	Stomach Disorder	N/A	Immediate
Zaroxolyn	Hypertension CHF	N/A N/A	Immediate Return of Premium
Zebeta	Hypertension CHF	N/A N/A	Immediate Return of Premium
Zelapar	Parkinson's	N/A	Graded
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No coverage No Coverage Immediate
Zestoretic	Hypertension CHF	N/A N/A	Immediate Return of Premium
Zestril	Hypertension CHF	N/A N/A	Immediate Return of Premium
Ziac	Hypertension CHF	N/A N/A	Immediate Return of Premium
Zocor	Cholesterol	N/A	Immediate
Zoloff	Depressive Disorder	N/A	Immediate
Zyprexa	Psychotic Disorder	N/A	Immediate

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Golden Solution Impairment Guide

The following list is intended as a guide to assist the agent in determining the appropriate plan of coverage for which the proposed insured should apply. It is not intended to replace the health questions on the life application as the ultimate means for determining client eligibility.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / HIV	Been medically treated or diagnosed by a medical professional as having	No Coverage	3
Alcoholism	Within the past 12 months abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use	Return of Premium	7e
Alzheimer's disease	Been medically diagnosed	No Coverage	2
Amputation	Have ever had an amputation caused by disease	Return of Premium	6
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Have ever been medically diagnosed, treated, or taken medication for	Return of Premium	6
Aneurysm	Have had within the last 12 months	Return of Premium	7b
	Have been medically diagnosed or treated, or hospitalized within the past 24 months	Graded	8a
Angina (Chest Pain)	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
	Medically diagnosed or treated, or hospitalized within the past 24 months	Graded	8a
Angioplasty	Within the past 12 months	Return of Premium	7b
	Within the past 24 months	Graded	8a
Bed Confinement	Currently confined to a bed	No Coverage	1
Cancer	Diagnosed with Metastatic cancer	No Coverage	2
	More than one occurrence in a lifetime (excluding basal or squamous cell skin cancer)	Return of Premium	6
	Within the past 12 months been medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or leukemia	Return of Premium	7c
	Within the past 24 months been medically diagnosed or treated, or hospitalized for or taken medication for internal cancer, leukemia, melanoma	Graded	8b
Cardiomyopathy	Have ever been medically diagnosed, treated, or taken medication for	Return of Premium	6
Catheterization (Heart)	Within the past 12 months	Return of Premium	7b
Chronic Bronchitis	See Chronic Obstructive Pulmonary Disease (COPD).		
Chronic Hepatitis	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
Chronic Pancreatitis	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 24 months	Graded	8b
Circulatory Surgery	Within the past 12 months	Return of Premium	7b
	Within the past 24 months	Graded	8a
Cirrhosis of the Liver	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
	Medically diagnosed or treated, or hospitalized within the past 24 months	Graded	8b
Congestive Heart Failure (CHF)	Have ever been medically diagnosed, treated, or taken medication for	Return of Premium	6
Coronary Artery Bypass Surgery	Within the last 12 months	Return of Premium	7b
	Within the past 24 months	Graded	8a
Defibrillator	Inserted within the past 12 months	Return of Premium	7b
Dementia	Been medically diagnosed	No Coverage	2
Diabetes	Combined with any medical history of any of the following: Stroke, TIA, Heart Disease, Heart Attack, Coronary Artery Bypass, Angioplasty, Circulatory Disease, or Peripheral Vascular Disease	Return of Premium	4
	Taken Insulin shots prior to age 50	Return of Premium	5
	Treated for insulin shock or diabetic coma	Return of Premium	5

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
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	Return of Premium	7d
Driving Record	Convicted of driving under the influence of alcohol or drugs within the past 12 months	Return of Premium	7e
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug use within the past 12 months	Return of Premium	7e
Emphysema	See Chronic Obstructive Pulmonary Disease (COPD).		
Heart Attack	Within the past 12 months	Return of Premium	7b
	Within the past 24 months	Graded	8a
Heart Surgery	Had or been medically advised to have within the past 12 months	Return of Premium	7b
	Medically diagnosed or treated, or hospitalized within the past 24 months	Graded	8a
Hepatitis C	Medically diagnosed or treated within the past 12 months	Return of Premium	7a
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 24 months	Graded	8b
Hospice Care	Currently receiving	No Coverage	1
Hospitalization	Currently hospitalized	No Coverage	1
Huntington's Disease	Have ever been medically diagnosed, treated, or taken medication for	Return of Premium	6
Kidney Dialysis	See Kidney Failure		
Kidney Failure	Medically diagnosed, treated (including dialysis) or taken medication for	No Coverage	2
Liver Disease	Medically diagnosed, treated (including dialysis) or taken medication for liver failure	No Coverage	2
	Been medically diagnosed or treated, or hospitalized for, or taken medication for within the past 24 months	Graded	8b
Mental Incapacity	Been medically diagnosed	No Coverage	2
Multiple Sclerosis (MS)	Been medically diagnosed or treated, or hospitalized for within the past 24 months	Graded	8c
Neuro-Muscular Disease	Have been medically diagnosed or treated, or hospitalized for within the past 24 months (including, but not limited to cerebral palsy, multiple sclerosis, seizure or Parkinson's disease)	Graded	8c
Nursing Facility	Currently confined	No Coverage	1
Organ Transplant	Have ever had or been medically advised to have	No Coverage	2
Oxygen Equipment	Currently used to assist in breathing	No Coverage	1
	Have been required to use oxygen equipment to assist in breathing within the past 12 months	Return of Premium	7a
Pacemaker	Inserted within the past 12 months	Return of Premium	7b
Paralysis	Been medically diagnosed or treated, or hospitalized for paralysis of two or more extremities within the past 24 months	Graded	8c
Parkinson's Disease	Been medically diagnosed or treated, or hospitalized for within the past 24 months	Graded	8c
Renal Insufficiency	Diagnosed, treated (including dialysis) or taken medication for	No Coverage	2
Respiratory Failure	Diagnosed, treated or taken medication for	No Coverage	2
Seizures	Been medically diagnosed or treated, or hospitalized for within the past 24 months	Graded	8c
Stroke	Medically diagnosed within the past 12 months	Return of Premium	7a
	Medically diagnosed or hospitalized within the past 24 months	Graded	8a
Systemic Lupus (SLE)	Been medically diagnosed, treated, or taken medication for within the past 12 months	Return of Premium	7c
TIA (Transient Ischemic Attack)	Medically diagnosed within the past 12 months	Return of Premium	7a
	Medically diagnosed or hospitalized within the past 24 months	Graded	8a
Ulcerative Colitis	Medically diagnosed or treated, or hospitalized within the past 24 months	Graded	8b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1

* Applies to standard life application Form No. 9466. The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

GOLDEN SOLUTION: Field Underwriting Hints.

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

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

SPEED UP YOUR TURNAROUND TIME!

Practice 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 applicant's medical records, national prescription database, MIB, etc.

THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records and speeds up issues!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. Medical records on those applicants will be requested until the Underwriting Department believes that agent has corrected their field underwriting problems.

Do not let poor field underwriting contribute to unnecessary delays in both the issuing of your business and the payment of your compensation.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the Bank Authorization Form on the back of the application. Please specify a Requested Draft Date, if one is desired. (a) Drafts cannot occur more than 30 days in advance of the application date, (b) cannot be on the 29th, 30th or 31st of the month or (c) more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip 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 Account Verification (the Bank Verification section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number off of the debit card.)

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

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (the E-Check Bank Draft Authorization section of Form 9903). With the use of this form, the company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

**Optional Accidental Death Benefit (ADB)
Policy Form 7159 (AA, OL, PA, PS); ADB302 (IAA)**

Annual Premiums Per \$1,000 of Insurance
(Not Available on Return of Premium Plan)

Issue Age	Rate
50-55	\$ 2.00
56-60	2.50
61-65	3.00
66-70	4.00
71-75	6.50
76-80	10.00

ADB provides an additional amount of death benefit should the insured die as a result of an accident.

Issue Ages: 50-80

Minimum Amount: \$2,500

Maximum Amount: Equal to the face amount of the policy

Benefit Terminates: At age 100

ADB Calculation Example: Male, Age 65, Monthly, \$10,000 ADB
 (\$3.00 X 10) multiplied X .088 = \$2.64 per month. Add ADB monthly premium to life coverage monthly premium for total monthly premium.

Optional Grandchild Rider

Policy Form 9579 (AA, OL, PA, PS); CIB303 (IAA) when attached to Immediate Death Benefit and Graded Death Benefit Plans. (Policy Form 9581) when attached to Return of Premium Plan.

Per Unit selected, this rider provides \$5,000 per unit, of life insurance protection on each grandchild and great grandchild through age 20. This benefit also guarantees their future insurability for up to \$25,000 of individual protection regardless of their health.

Rider coverage is fully paid-up in the event of the primary insured's death (does not apply to the Golden Solution-Return of Premium Plan).

Issue Ages: Primary Insured: 50 - 80
 Grandchildren: 180 days - 15 years per unit

Premium: \$12.00 annually per grandchild per unit

Maximum Units: 2

Grandchild Rider Calculation Example: 3 grandchildren
 (\$12.00 X 3) multiplied X .088 = \$3.17 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

OPTIONAL NURSING HOME WAIVER OF PREMIUM RIDER

Policy Form 9884, Annual Premium per \$1,000
(Available Only On the Immediate Death Benefit Plan)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	0.33	0.35	0.51	0.52
51	0.33	0.35	0.51	0.52
52	0.34	0.36	0.52	0.53
53	0.34	0.36	0.52	0.53
54	0.35	0.36	0.53	0.54
55	0.35	0.36	0.53	0.54
56	0.35	0.37	0.54	0.55
57	0.41	0.43	0.65	0.66
58	0.51	0.54	0.81	0.82
59	0.57	0.63	0.94	0.95
60	0.63	0.68	1.03	1.04
61	0.70	0.76	1.14	1.15
62	0.84	0.89	1.34	1.35
63	1.05	1.10	1.62	1.64
64	1.19	1.24	1.84	1.85
65	1.31	1.37	2.00	2.02
66	1.47	1.57	2.24	2.27
67	1.76	1.92	2.68	2.72
68	2.21	2.46	3.33	3.38
69	2.55	2.87	3.85	3.91
70	2.80	3.19	4.22	4.34
71	3.15	3.64	4.76	5.03
72	3.82	4.50	5.79	6.35
73	4.80	5.75	7.28	8.26
74	5.49	6.64	8.34	9.66
75	6.02	7.32	9.21	10.77
76	6.75	8.25	10.53	12.42
77	8.10	9.99	12.99	15.51
78	10.08	12.50	16.59	19.98
79	11.49	14.30	19.15	23.17
80	12.51	15.62	21.01	25.43
81	13.92	17.42	23.49	28.34
82	16.45	20.62	27.92	33.46
83	20.05	25.20	34.26	40.79
84	22.52	28.35	38.62	45.82
85	23.70	29.86	40.69	48.21

This rider will waive payment of policy premiums becoming due during the insured's confinement in a qualified nursing home as defined in the rider. The insured must be confined continuously for a waiting period of 90 consecutive days before any benefits are applicable. Benefits are not retroactive & policy premiums must continue to be paid during the waiting period. Confinement means the insured receives care for at least 90 consecutive days in a nursing home and the care is recommended by a physician due to the insured's inability to care for himself/herself.

Issue Ages: 50 – 85

Coverage Period: Same as the base policy.

Optional Children's Insurance Agreement (CIA) Plan
Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA)

(Not available on Return of Premium)

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the applicants age 65, at which time their coverage is convertible to a permanent plan of insurance at a rate of up to five times the amount of insurance provided on the CIA.

Issue Ages: Primary Insured: 50 - 60

Children: 15 days - 17 years

Premium: \$8.50 annually per unit

Maximum: 2 units (\$6,000 face amount of coverage)

CIA Calculation Example: 2 units of CIA

(\$8.50 X 2) multiplied X .088 = \$1.50 per month. Add this to life coverage monthly premium for the total monthly premium.

RIDERS INCLUDED AT NO ADDITIONAL COST

Terminal Illness Accelerated Benefit Rider

Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA)

With this benefit you can receive up to 100% of the face amount of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider where available is added to every policy at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. *Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); TI501 (IAA) with the applicant.*

Accelerated Benefits Rider-Confined Care

Policy Form No. 9760 (AA, OL, PA, PS); AB303 (IAA)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of up to 5.0% of the face amount per month. This rider where available is added to policies issued as the Immediate Death Benefit Plan at no additional premium. Not available on the Graded or Return of Premium Death Benefit plans. *Remember to leave the disclosure statement Form 9761 (AA, OL, PA, PS); AB504 (IAA) with the applicant when applying for the Immediate Death Benefit plan.*

Golden Solution Immediate Death Benefit

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	32.00	26.50	41.86	31.60
51	33.88	28.50	43.72	32.64
52	35.60	29.69	45.72	34.31
53	38.00	31.27	47.98	36.20
54	39.75	32.76	50.11	37.60
55	41.25	34.25	52.25	39.75
56	42.89	35.36	54.42	41.00
57	44.00	36.60	56.59	42.91
58	46.25	37.64	59.30	44.57
59	48.06	39.00	61.50	46.31
60	49.00	39.30	63.90	47.58
61	51.83	41.60	68.00	49.96
62	54.46	43.20	71.00	52.50
63	57.00	45.09	73.80	55.19
64	60.00	47.09	77.32	58.04
65	63.00	49.00	81.00	60.75
66	67.22	52.03	85.93	63.96
67	71.63	54.70	90.50	67.31
68	76.41	57.72	96.00	70.00
69	80.70	60.70	101.50	74.87
70	84.01	63.70	105.55	76.72
71	89.35	67.50	111.80	80.78
72	94.98	71.50	118.38	85.06
73	101.36	76.54	125.83	89.91
74	108.50	81.25	133.50	94.90
75	116.25	87.25	143.25	101.25
76	125.00	93.04	153.00	109.21
77	134.00	98.34	163.20	116.50
78	145.90	105.00	175.60	124.13
79	157.20	113.20	186.00	135.01
80	169.00	122.50	197.60	146.23
81	182.40	131.80	210.00	159.36
82	197.00	142.00	222.87	174.28
83	210.70	153.50	238.91	189.99
84	226.00	166.00	258.87	208.50
85	241.25	180.25	281.25	229.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$63.00 \times 10 + \30.00) $\times .088 = \$58.08$ per Month

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

Golden Solution Graded Death Benefit

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	38.93	30.68	58.78	38.27
51	41.12	32.27	61.74	40.49
52	43.31	33.86	64.70	42.71
53	45.79	35.66	68.05	45.22
54	48.27	37.46	71.40	47.73
55	50.75	39.25	74.75	50.25
56	52.92	40.88	77.74	53.03
57	55.20	42.60	80.89	55.95
58	57.60	44.40	84.20	59.02
59	60.11	46.29	87.67	62.24
60	62.05	47.75	90.35	64.73
61	65.36	50.24	94.92	68.97
62	69.01	52.99	99.96	73.65
63	72.78	55.82	105.16	78.48
64	76.78	58.82	110.67	83.60
65	81.00	62.00	116.50	89.00
66	87.22	66.28	123.84	94.44
67	94.00	70.95	131.85	100.38
68	101.21	75.91	140.36	106.69
69	108.98	81.26	149.53	112.00
70	112.65	83.79	153.87	116.71
71	120.28	89.04	162.88	124.00
72	130.00	94.97	173.06	130.93
73	140.00	101.78	184.74	139.59
74	150.50	110.00	198.40	147.75
75	161.25	117.25	211.25	159.25
76	174.30	126.00	230.20	169.21
77	191.00	136.50	248.31	175.52
78	209.00	150.00	266.14	187.86
79	227.50	162.50	287.10	201.18
80	246.80	177.00	304.00	218.00
81	262.00	192.00	306.94	231.89
82	275.60	207.00	311.20	250.54
83	288.00	221.00	316.00	270.17
84	299.00	234.00	326.27	292.61
85	303.25	241.25	349.25	319.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 $(\$81.00 \times 10 + \$30.00) \times .088 = \$73.92$ per Month

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

Golden Solution Return of Premium

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	44.38	35.75	65.57	40.89
51	46.49	37.69	68.94	43.27
52	48.60	39.63	72.31	45.65
53	50.99	41.83	76.13	48.35
54	53.38	44.03	79.95	51.05
55	55.75	46.25	83.75	53.75
56	58.56	48.58	87.57	57.07
57	61.52	51.03	91.59	60.56
58	64.63	53.61	95.81	64.23
59	67.89	56.31	100.23	68.07
60	70.41	58.39	103.65	71.04
61	74.71	61.95	109.48	76.10
62	79.45	65.87	115.91	81.68
63	84.34	69.92	122.54	87.44
64	89.52	74.21	129.57	93.55
65	95.00	78.75	137.00	100.00
66	100.91	83.59	144.46	106.53
67	107.35	88.87	152.59	113.65
68	114.20	94.48	161.23	121.21
69	121.58	100.53	170.55	129.37
70	125.07	103.39	174.96	133.23
71	132.32	109.33	184.11	141.24
72	140.51	116.04	194.45	150.29
73	149.91	123.74	206.31	160.67
74	158.77	131.00	217.49	170.46
75	171.25	141.25	233.25	184.25
76	183.20	149.96	246.82	198.50
77	199.65	155.48	255.42	207.53
78	216.80	166.28	272.23	225.19
79	234.60	177.94	290.38	244.26
80	253.00	190.46	309.87	264.73
81	268.79	204.82	332.22	288.21
82	286.00	221.14	357.63	314.90
83	304.36	238.32	384.38	343.00
84	331.28	257.95	414.95	375.11
85	363.25	281.25	451.25	413.25

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$95.00 \times 10 + \30.00) $\times .088 = \$86.24$ per Month

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

