

Silver Guard[®]

Agent Underwriting and Product Guide



The Baltimore Life[®]
COMPANIES

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Table of Contents

Product Details	1
Underwriting	5
Rates	13
Cash Values.....	17

The Products

The Silver Guard® Series: Simplified issue, whole life insurance policies designed for final expense needs. Non-participating whole life policies that offer your client guaranteed premiums and death benefits. Refer to Form 7641, Silver Guard Approval and Forms List, for specific product availability in your state.

Silver Guard I (Forms 7870)

A full death benefit product that offers your client the flexibility to choose a life-pay premium schedule or an abbreviated 10-pay policy. Premium rates are based on underwriting tables standard through table 4. To meet underwriting requirements, the applicant must be able to answer “no” to all questions in Part I and Part II of the application for insurance (Form 7430-0508 or its state specific version) and meet height/weight criteria for Silver Guard I.

Silver Guard II (Forms 7959)

A graded death benefit product with limited benefits for the first two policy years. Premium rates are based on underwriting tables 5 through 8. To meet underwriting requirements for Silver Guard II, the applicant must be able to answer “no” to all questions in Part I and no more than one “yes” response to Part II of the application for insurance (Form 7430-0508 or its state specific version) and meet height/weight criteria for Silver Guard I. If the build alone falls into the Silver Guard II/III weight band, this is interpreted by underwriting to be the same as a “yes” answer to a Part II question.

Silver Guard III Graded Benefit Life (Form 7959)

A graded death benefit product with limited benefits for the first two policy years. Premium rates are based on underwriting tables 9 through 12. To meet underwriting requirements for Silver Guard III, the applicant must be able to answer “no” to all questions in Part I and no more than two “yes” responses to Part II of the application for insurance (Form 7430-0508 or its state specific version) and meet height/weight criteria for Silver Guard I. If the build alone falls into the Silver Guard II/III weight band, this is interpreted by underwriting to be the same as a “yes” answer to a Part II question.

Issue Ages (Age last birthday)

50-80

Face Amount

Minimum

\$2,500 minimum (*Minimum premium for EFT of \$20 monthly or \$240 annually*)

Maximum

Silver Guard I: Ages 50-75 - \$25,000 maximum; Ages 76-80 - \$15,000 maximum
 Silver Guard II: \$15,000 maximum
 Silver Guard III: \$10,000 maximum

Policy Fee

\$60, commissionable

Premium Modes

- EFT Modes for Applications enrolled via *INSpeed*®: Monthly, semi-annual, and annual. Initial and future premium will be paid via EFT.
- Paper Application: Monthly Electronic Funds Transfer (EFT, Bank Draft), and direct bill modes Annual, Semi-Annual (SA), or Quarterly (Q). *Note that a Policyholder cannot elect monthly direct bill.*
- For a monthly EFT when using a paper application, complete the Monthly Automatic Check Authorization on the application, collect the first monthly premium and a voided blank check. Indicate the payor’s preferred draft date in the comments section of the application. Drafts can be the 1st through the 28th of the month, which then becomes the policy issue date. If the applicant does not select a date,

the default draft date will be the issue date of the policy. Note that if the date of application is not between the 1st and 28th of the month, the draft/policy issue date will default to the 28th of the month.

- For monthly, semi-annual, and annual EFT modes when using INSpeed, the draft is processed the next business day if no draft day is selected. If the client selects the semi-annual or annual EFT mode, the client will receive a reminder notice for all future premium dates.
- If your client cannot pay the initial premium and future premiums via EFT, a paper application must be used. When using a paper application, we offer monthly bank draft and direct bill modes including quarterly, semi-annual, and annual.
- Only the initial premium can be paid using a credit card (Visa, Mastercard, or Discover). When using a paper application, use Credit/Debit Card Authorization, Form 5122.

Death Benefits

Silver Guard I has a level death benefit for all policy years, \$1,000 per unit.

Silver Guard II and III are graded death benefit products:

- 25% of the policy face amount in year one of coverage
- 50% of the policy face amount in year two of coverage
- 100% of the policy face amount in year three of coverage and thereafter
- The policy pays 100% of its face value in all policy years if death is due to an accident

Free Look Period

The length of the free look period varies per state. Please see state specific policy for details.

Additional Benefits/Riders

Accidental Death Benefit (Form 7922)

For an additional premium, the Accidental Death Benefit rider is available for Silver Guard I - Life Pay and issue ages 50 – 65. With this rider, Baltimore Life will pay an additional amount equal to the base benefit amount selected for death due to an accident before age 70. Exclusions apply. See rider for specific terms.

Cash Draft Benefit

Up to \$1,000 of the policy's death benefit can be made available soon after the insured's death while the claim is pending. When an attending physician certifies the cash draft form, it can be taken to a local bank. The \$1,000 draft is deducted from the ultimate claim check. This benefit is automatic with the policy. A cash draft form is automatically included when the policy is issued. The policy must be in force for two years or longer to use the cash draft feature.

Automatic Premium Loan (APL) Option

This nonforfeiture provision allows Baltimore Life to automatically pay an overdue premium for a policyowner by making a loan against the policy's cash value as long as the cash value equals or exceeds the amount of the premium due. *Note: This provision must be checked "yes" on the application, or it will not apply.*

Issue Ages/Effective Dates/Special Considerations

- The applicant's age at his or her last birthday is the basis for the premium.
- Age is determined based on the date of issue.
- The date of underwriting approval shall be the date the policy goes into effect based on the draft date, unless otherwise requested.
- To save age, you may request an effective date up to 30 days prior to the date of application. You may not back date to be eligible for the policy. *Use a paper application only for this request.*

- Policies may be dated up to 60 days in the future. Make this request on the Comments portion of the application. *Use a paper application only for this request.*
- Silver Guard I, II, and III policies are underwritten using non-tobacco/tobacco guidelines. To qualify for non-tobacco rates, there must be no tobacco or nicotine use for one year.

Administrative Forms

The following forms are necessary if your client applies for Silver Guard. Please note there are state specific variations of many of these forms. Please verify state availability of the product and rider and verify if the state in which you are selling requires a state specific form.

Required Forms

- Silver Guard Application, Form 7430-0508
- Authorization of Release of Health-Related Information (HIPAA), Form 7699-0811
- Notification and Disclosure Statement, Form 7640, must be used when using the INS*peed* process.
- Pennsylvania Disclosure, Form 1589 *(This form can be generated on our agent website within the application and forms package section, as well as in the section labeled “Forms and Applications Viewing/Ordering”, under Whole Life and then click on the tab Silver Guard.) When completing an application using INS*peed*, a paper version of this form must be completed and faxed to New Business.*
- Maine Plan Cost Index, Form 7059
- Maine Preliminary Statement of Policy Cost, Form 7060(ME) *(This form can be generated on our agent website within the application and forms package section, as well as in the section labeled “Forms and Applications Viewing/Ordering”, under Senior Life and then click on the Silver Guard tab.) When completing an application using INS*peed*, a paper version of this form must be completed and faxed to New Business at the home office.*

Additional Forms

- Other state forms may be required, such as state specific replacement forms or the NAIC replacement form (Form 7296-1201-NAIC), if applicable.

Fax and Email Procedures for Paper Applications

Once the appointment is finished and the decision has been given, please remember to fax your application and all required forms to our New Business center as follows:

Career Agency Sales Group	866-892-6528 or newbusiness@baltlife.com
Independent Sales Producers	866-892-6428 or newbusiness-independentsales@baltlife.com

Underwriting

This section provides guidance on how to complete the application (7430-0508). The examples and explanations provided below are not a substitute for communication with the home office Underwriting Department

Silver Guard Eligibility Rules

	Part I Questions	Part II Questions	Build Chart Maximum
Silver Guard I	All No Answers	All No Answers	Within SG I
Silver Guard II	All No Answers	One Yes Answer	Within SG I
Silver Guard II	All No Answers	All No Answers	Within SG II and SG III
Silver Guard III	All No Answers	Two Yes Answers	Within SG I
Silver Guard III	All No Answers	One Yes Answer	Within SG II and SG III
Decline	All No Answers	Two Yes Answers	Within SG II and SG III
Decline	Any Yes Answer		

Height And Weight Table

Height	Maximum Weight SGI	Maximum Weight SGII & SGIII
4'8"	195	213
4'9"	202	221
4'10"	209	229
4'11"	216	237
5'	224	245
5'1"	231	253
5'2"	239	261
5'3"	247	270
5'4"	255	279
5'5"	263	287
5'6"	271	296
5'7"	279	305
5'8"	288	315
5'9"	296	324

Height	Maximum Weight SGI	Maximum Weight SGII & SGIII
5'10"	305	334
5'11"	314	343
6'	323	353
6'1"	332	363
6'2"	341	373
6'3"	350	383
6'4"	360	393
6'5"	369	404
6'6"	379	414
6'7"	389	425
6'8"	399	436
6'9"	409	447
6'10'	419	458

Please note that weight is only one factor in the underwriting assessment. A build that is within the parameters stated above does not guarantee acceptance.

The Application Questions

To assist you in classifying a condition, we need to start with the application. Part 1 questions do not fall under any time limit. Questions 1, 2 and 3 are generally “have you ever” questions, and must be answered accordingly. Question 4 applies to the proposed insured’s current condition. A yes answer to any Part 1 question will result in a denial of coverage.

The lead in to Part 2 of the application states “In the past two (2) years, have you been told or have you had a medical diagnosis, received treatment, had symptom(s) or been hospitalized for any of the following?” A series of health questions follows. While

diagnosis, symptom(s) and hospitalization are easily understood, the concept of treatment may require some clarification.

Treatment applies to any medical condition(s) that has occurred within two years prior to the date of the application. As well, medication for certain conditions named on the application must always be considered ongoing and current treatment. Congestive heart failure, chest pain (angina), Alzheimer’s/dementia, insulin dependent diabetes, and chronic renal insufficiency/failure (kidney disease), though not an exhaustive listing, are major examples of such conditions. People currently taking medication for, or otherwise receiving treatment for these conditions should NEVER answer any health question that relates to their individual condition “No”, even if the condition was diagnosed more than two years ago. The appropriate answer to any question relating to these conditions is “Yes”.

The guidelines below may assist in making a determination.

Requirements	Treatment
Onset date of any condition(s) listed in Part 2 of the Application for Insurance	Within the last two (2) years
Treatment for conditions	<ul style="list-style-type: none"> • Any symptoms • Any diagnosis • Any new side effects • Any new treatments • Any new medications • Reoccurrence of a previously diagnosed conditions
Treatment examples	<ul style="list-style-type: none"> • Surgery • Short term oxygen use • Short term dialysis • Insulin use • Radiation or chemotherapy • Home Health Care • New medications • Medication changes (other than from a name brand to a generic) • Hospitalization
Answer to Part 2 Health Question(s)	“Yes”

Other Clarifications/Exceptions

Note – The chart below consists of examples, and is not intended to be all inclusive.

Condition	Answer “No”	Answer “Yes”
Diabetes	The Proposed Insured can answer the Part 2 health question “No” if they are taking medication (other than insulin) and the condition is controlled, even if the condition appeared within the last two years.	The Proposed Insured should answer the Part 2 health question “Yes” if the proposed insured has taken insulin in the past two years for diabetes or if the condition remains unstable despite receiving treatment (including medication).
High Blood Pressure	The Proposed Insured can answer the Part 2 health question “No” if they are taking medication and the condition is controlled, even if the condition appeared within the last two years.	The Proposed Insured should answer the Part 2 health question “Yes” if the condition remains unstable despite receiving treatment (including medication).

New Medications within the last two (2) years	Not considered a new medication if changing from name brand to generic or from generic to a name brand.	Considered a new medication if: <ul style="list-style-type: none"> • Prescribed to treat a new condition or symptom. • Treat an existing condition where the original medication or dosage was no longer effective.
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To ensure that your client applying for Silver Guard is aware of this interpretation of the part 2 medical questions, the following statement is read during both the telephone interview process and the INSpeed enrollment process prior to the introduction to the Part 2 questions:

“Prior to asking you the next series of health questions, I would like you to understand that if you have been told you have, or have had a medical diagnosis, treatment, symptom(s), or hospitalization within the last 2 years relating to the questions being asked, you should answer YES to the questions in this sections of the application.”

Should you, at any time, be unsure of how these questions should be answered by your client, contact the Underwriting Department in the home office.

Note: If the applicant has any MIB or prescription drug reference, the application will be forwarded for underwriting review.

INSpeed Applications

- For applications enrolled using INSpeed, call the INSpeed Call Center toll-free at 888-252-3277 (888-BLC-EAPP). The hours are 10:00 AM - 10:00 PM EST Monday - Friday and 10:00 AM - 9:00 PM EST Saturday. An additional telephone interview is not required.
- All applicants, owners, and premium payer via bank draft must sign their paper applications. For INSpeed applications, they must be present during enrollment to provide their electronic signature using voice recording.
- In almost all cases, medical underwriting (including physicals, or physician’s statements) will not be used with these policies.
- Pre-Qualification of the Applicant is necessary for a smooth transaction. You must provide or read the Notification & Disclosure Form 7640-1111 or its state specific variation to your client before contacting the INSpeed Call Center. Form 7640-1111 can be printed or ordered from the secure area of our website.
- As the agent, be prepared – have all necessary information gathered prior to contacting the call center such as social security numbers, beneficiary information, as you will be providing this information. The call center will ask your client the APL question, all health questions in Part 1, 2, and 3, and bank or credit card information.
- If you want the policy to be mailed directly to the client, be sure to advise the call center agent to make note in the Comments Section of the application.

Pre-qualifying an Application for INSpeed Approval

It’s imperative that the agent pre-qualifies the applicant before contacting the call center and utilizing the INSpeed technology. Pre-qualification includes ensuring the sale is complete, the applicant can qualify for either Silver Guard I, II, or III based upon the medical questions contained in Part 1 and Part 2 of paper application 7430-0508 or its state specific version and all necessary information is gathered beforehand that is required to underwrite and issue the application. The following information will be needed for the call center representative (CCR) and should be obtained before contacting the call center.

1. **Agent Identification Number.** The agent ID number will be validated against the state where the application is being taken. This number must be nine digits and begin with 015 for Independent Sales agents and 016 for Career Agency Sales Group agents. For example, 015456789.

2. **Owner and Payor, if other than the insured, must be present:** If there is going to be an owner or payor other than the insured, the owner and/or payor will also need to participate in the enrollment process with the call center specifically to capture the electronic voice recording signatures on the application. The agent will only provide the CCR with the owner and/or payor general information as applicable.
3. **Plan applied for, face amount, date of birth, gender, premium mode, and method of initial premium.** The CCR will verify a premium quote to the agent based on the information provided for verification purposes. When using *INSpeed* to enroll Silver Guard applications the applicant can select from the following premium EFT modes: monthly, semi-annual, and annual. The initial and future premiums will be paid using EFT.
4. **Notification and Disclosure statement (Form 7640 or its state specific version):** The agent must either read or provide the client with a paper copy of the Notification and Disclosure Statement prior to contacting the call center. This form will be completed during the call center enrollment interview process.
5. **Pennsylvania and Maine State Disclosure Statements:** In Pennsylvania only, state disclosure Form 1589 is required. In Maine only, Statement of Policy Cost, Form 7060, is required. As applicable to PA or ME, a paper copy of these forms must be reviewed and signed by the client prior to calling the call center. The client should retain a copy. The CCR will verify with the agent and client if this form was completed. The agent must fax the completed form to New Business.
6. **Client data provided by the agent:** The agent will provide the CCR with additional application data on the applicant including; name, mailing address, phone number(s), date of birth, state or county of birth, social security number, height and weight, occupation, e-mail address (if available), primary and secondary beneficiaries and their relationship to the insured.
7. **Data provided by the applicant:** The applicant will be required to provide the CCR with answers to the following application questions; Automatic Premium Loan option, medical questions in part(s) 1, 2 and 3, and the replacement section (including completion of the NAIC Disclosure Statement, Form 7296 NAIC, if required), bank information that includes bank name, address, routing number, and draft day.

The INSpeed Underwriting Process

INSpeed allows a high percentage of applications to be instantly approved for issue. Once approved, a policy number will be assigned and communicated to the agent and client by the call center representative. An initial EFT premium is required to place the coverage in-force at point-of-sale and will be processed the next business day. If the initial EFT premium is requested on a future date, the coverage will go in force on that date.

In the event an application cannot be approved at point-of-sale, a notice will be provided to the agent and client that further underwriting review is required. A policy number is still assigned at the call center and communicated to the agent. The electronic application is automatically forwarded to an underwriter and a decision is made within 48 business hours. An initial premium will still be required when an application is sent for underwriting review if the client has chosen an immediate draft.

The call center may also provide the underwriting decision that we are unable to offer coverage at this time. The call center will not be able to provide specific detail as to why coverage cannot be offered.

Electronic Signature and Recording of All Calls

INSpeed technology utilizes an electronic signature to complete the application process and provide the necessary authorization allowing Baltimore Life to underwrite and issue a policy. The entire process will be recorded by the call center for quality and authentication purposes.

At the onset of the call, both the agent and the client are made aware that the call is being recorded and that the client's expressed consent must be obtained in order to proceed with the call. The client will be asked at the end of the application process for their oral consent related

to all final disclosure questions. This oral consent will serve as the client's electronic signature. This same process would be used with an owner or payor (if other than the insured)

If the client (or the owner and payor if other than the insured) decides that they are not comfortable with the call being recorded or with their signature being accepted electronically by voice recording, *INSpeed* should not be used. If the client changes their mind during the beginning of the call, the enrollment process will be discontinued by the call center. At that point, the agent will be required to submit a traditional paper application.

Coaching the Applicant

The Telephone Interview Process is an underwriting tool for Baltimore Life. It is acceptable to advise the applicant about the telephone interview process and what to expect during the call. However, no agent is authorized to coach an applicant regarding how questions on the interview should be answered.

Some examples of coaching would be advising the customer that the telephone interview does not include questions about medication or prompting, from anyone, during the interview process. In short, the agent should not provide any guidance regarding the way an applicant should answer questions asked during the telephone interview process. Doing so will eliminate the value of the interview and will cause additional underwriting review.

Collecting the Initial Premium

There are three EFT premium payment modes available for the Silver Guard policyholders enrolling via *INSpeed*: monthly, semi-annual or annual.

The majority of Silver Guard policyholders elect to pay their premiums on a monthly bank draft basis. To pay the initial premium, the client or premium payor can choose one of the following:

- Draft the initial premium immediately. That day then becomes the ongoing draft date.
- Draft the initial premium immediately but choose a different draft date in the future. The client would then have ongoing conditional coverage until the policy is issued on the desired ongoing draft date.
- Draft the initial premium in the future. That day becomes both the policy issue date and premium draft day. No conditional coverage would apply.

To pay the initial premium and establish subsequent monthly bank drafts from a checking or savings account, the client or premium payor needs to provide the necessary bank and account information to the call center representative. This will allow Baltimore Life to draft the initial premium and place the coverage in force at point-of-sale. If a client requires a future draft day for the initial premium, we will defer the first premium draft until that day. Life insurance coverage will begin once the application is approved and the first premium has been received.

If your client cannot pay the initial premium and future premiums via EFT, a paper application must be used. When using a paper application, we offer monthly bank draft and direct bill modes including quarterly, semi-annual, and annual.

Policy Issue and Delivery

When an application is approved and placed in force utilizing the *INSpeed* process, the policy will be issued and mailed to the agent within 48 hours. If so desired, the policy can be mailed directly to the policyowner. If there are any outstanding requirements, the issue process will be delayed until they are received in the home office.

Are there any other requirements that need to be sent in?

If there is a replacement of an existing in force policy issued by Baltimore Life or any other company in the states of Arkansas, Florida, Pennsylvania, or South Dakota, the agent and client must complete a paper version of the applicable state replacement form and fax it to the new business center in the home office (866-892-6428) before the policy would be considered for issue.

When does a traditional paper application need to be sent?

- If the sale occurs outside of the call center hours of operation or if the call center is temporarily unavailable due to technical difficulties.
- If the client will not agree to a voice recording as an electronic signature or agree to the call being recorded.
- If the client's insurability or eligibility is in doubt.
- If a client wants to back date the policy-issue date to conserve their age.
- If the client only speaks Spanish, a paper application should be completed, and an outbound telephone inspection interview should be scheduled with the paper verification call center.
- If the client wants to receive a premium notice on a quarterly, semi-annual, or annual basis.
- If the client wants to pay an initial premium using a Visa, Mastercard, or Discover credit card.

Interview Instructions for Paper Applications

An in-bound, point-of-sale telephone inspection is required on all paper applications.

- The point-of-sale telephone inspections apply to Silver Guard I, II, and III applications.
- After manually completing the application, call toll-free at 877-909-7260. The hours are 10:00 AM - 10:00 PM EST Monday - Friday and 10:00 AM - 9:00 PM EST Saturday.
- All telephone inspections must be conducted only with the proposed insured.
- You must identify yourself by name and provide your agent ID number.
- The call center agent will provide you with a call ID number that **MUST** be written in the comments section of the application. This number allows New Business to quickly match your application with the phone inspection file.
- Introduce your client by name and transfer the phone to them.
- After they complete the verbal application, the interview is finished and the call is ended.

If the agent has a client who only speaks Spanish, a paper application should be completed and an outbound telephone inspection should be scheduled with a bilingual Call Center representative.

If an application is taken outside of normal call center hours (Monday through Friday from 10:00 AM - 10:00 PM EST Monday - Friday and 10:00 AM - 9:00 PM EST Saturday), the agent should instruct the client to call toll-free 877-909-7260 the following business day. The agent should inform the client that they will need to provide their name, social security number, product applied for (Silver Guard I, II, or III), and the name of their agent when they call. They will also need to inform the call center that they are calling for a telephone verification for a Baltimore Life application.

Please note in the comments section of the application, *“Proposed Insured has been directed to contact call center.”* If no phone verification notice has been received within 4 days of receiving the application, Baltimore Life will notify the agent.

The New Business Fax Line for ALL APPLICATIONS, HIPAA FORMS AND NON-MEDICAL OUTSTANDING REQUIREMENTS is 866-892-6428.

Prescription Drug List

Below is a list of the 130 commonly prescribed drugs used by seniors applying for Silver Guard. We have indicated next to each drug which Silver Guard product is most appropriate to apply for: Silver Guard I, II or III. Keep in mind that the table of commonly prescribed drugs constitutes the best available classification for an applicant taking a single medication with no other co-morbid condition indicated on the application, or under treatment with other medication(s).

Some of the prescribed drugs on the list have multiple uses. In order to determine the proper coverage for the client, please ask them why they are taking the medication. If you have any doubt about the reason (or the reason is unknown), please quote the most conservative product option; Silver Guard III. If your client takes a prescription not on the list and you are unsure for which product they qualify, please contact Baltimore Life's Underwriting Department before taking a paper application or calling our call center to begin enrolling the application using INSpeed®.

Drug	Write SG Level	Drug	Write SG Level	Drug	Write SG Level
Abilify	3	Clopidogrel	2	Inamirone	2
Accupril	1	Codiene	1	Inderal	2
Aceon	1	Cognex	Do not write	Insulin	2
Advair	1	Combivent	1	Isosorbide	2
Aggrestat	2	Coreg	3	Jantoven	2
Aggrenox	2	Coumadin	2	Keppra	2
Allopurinol	1	Cozaar	1	Klonopin	2
Albuterol	1	Cymbalta	2	Lamictal	2
Aldactone	2	Decadron	2	Lanoxin	3
Alprazolam	1	Demerol	2	Lantus	2
Altace	1	Depakote	2	Lasix	3
Amiodarone	3	Dexamethasone	2	Lexapro	1
Amitriptyline	1	Digoxin	3	Lisinopril	1
Amlodipine	1	Dilantin	2	Lithium	3
Apresoline	1	Dilaudid	2	Losartan	2
Aricept	Do not write	Diltiazem	1	Lopressor	1
Arimidex	Do not write	Diovan	1	Lotensin	2
Atenolol	1	Diprydamole	2	Lotrel	2
Azathioprine	2	Donepezil	Do not write	Lovenox	2
Baclofen	2	Dopamine	2	Lupron	Do not write
Benicar	1	Doxazosin	2	Lyrica	2
Bidil-Isosorbide	2	Doxepin	2	Medrol	2
Bupripion	1	Effient	2	Methadone	Do not write
Byetta	2	Enalapril	1	Methotrexate	2
Caduet	1	Excelon	Do not write	Methylprednisolone	2
Catopril	1	Fentanyl	Do not write	Metoprolol	1
Capoten	1	Furosemide	3	Mirtazapine	1
Carbatrol	2	Gabapentin	2	Morphine	3
Cardizem	1	Geodon	2	Namenda	Do not write
Cadrdoxin	3	Haldol	3	Neurontin	2
Cardura	1	Haloperidol	3	Nifedipine	1
Carvedilol	3	HCTZ	1	Norvasc	1
Celexa	1	Heparin	2	Oxycontin	3
CellCept	Do not write	Imdur	2	Plavix	2

Drug	Write SG Level	Drug	Write SG Level	Drug	Write SG Level
Pradaxa	2	Singulair	1	Trileptal	2
Prednisolone	1	Spiriva	2	Vasotec	1
Prednisone	1	Spironolactone	1	Verapamil	1
Prozac	1	Tamoxifen	Do not write	Versed	1
Razadyne	Do not write	Tegretol	2	Warfarin	2
Remeron	2	Tizanidine	2	Zofran	2
Requip	1	Topamax	2	Zolodex	Do not write
Risperdal	3	Toprol	1	Zolpidem	2
Seroquel	3	Triamterene	1	Zyprexa	2
Sinemet	1				

If you have any questions or need further clarification on our underwriting procedures, please contact any of the following underwriters at underwriting@baltlife.com or (800) 628-5433:

- Deborah Basel, extension 6658
- Rita Norman, extension 7666
- Mary Beth Robinson, extension 6624

Silver Guard I: Level Death Benefit

Life Pay

Annual Premiums per \$1,000 (Add \$60 Policy Fee)

Issue Age	Male			Female		
	Non-Tobacco	Tobacco	ADB	Non-Tobacco	Tobacco	ADB
50	31	42	1.23	25	32	1.23
51	32	44	1.25	26	33	1.25
52	33	46	1.28	27	34	1.28
53	34	48	1.3	28	36	1.3
54	36	50	1.33	29	38	1.33
55	38	52	1.35	30	40	1.35
56	40	54	1.38	31	42	1.38
57	42	57	1.41	32	44	1.41
58	44	60	1.44	33	46	1.44
59	46	63	1.47	35	48	1.47
60	48	66	1.5	37	50	1.5
61	50	69	1.53	39	52	1.53
62	52	72	1.56	41	55	1.56
63	55	76	1.59	43	58	1.59
64	58	80	1.62	45	61	1.62
65	61	84	1.65	47	64	1.65
66	64	88	—	50	67	—
67	67	93	—	53	70	—
68	71	99	—	56	73	—
69	76	107	—	59	77	—
70	81	115	—	62	82	—
71	86	123	—	66	88	—
72	91	131	—	70	94	—
73	97	140	—	74	100	—
74	103	150	—	79	107	—
75	110	160	—	84	116	—
76	118	170	—	90	126	—
77	127	181	—	97	137	—
78	137	193	—	105	149	—
79	147	206	—	114	162	—
80	158	220	—	125	177	—

Factors for calculating other modal premiums are: SA — .53; Q — .27; EFT —.09. To calculate the modal premium, begin with the annual per-unit charge for the base policy, add the annual per-unit charge for the ADB rider (if the rider is available and elected), multiply by the number of \$1,000's of face amount, add the annual policy fee, multiply by the modal premium factor for the mode selected, and round to the nearest cent. Premiums other than annual will result in a higher total annual premium.

Silver Guard I: Level Death Benefit

Ten Pay

Annual Premiums per \$1,000 (Add \$60 Policy Fee)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	66	88	63	74
51	68	91	64	77
52	70	94	65	80
53	72	97	67	83
54	74	100	69	86
55	77	104	71	90
56	79	107	73	93
57	82	111	75	97
58	85	115	77	101
59	88	119	80	105
60	91	123	83	109
61	95	128	86	112
62	99	133	89	116
63	103	138	92	120
64	107	143	95	124
65	111	149	98	128
66	116	156	101	132
67	121	163	105	136
68	126	170	109	141
69	132	178	113	146
70	138	186	117	151
71	145	195	121	157
72	152	205	125	163
73	159	216	130	169
74	167	228	135	175
75	175	242	140	182
76	182	250	145	189
77	190	258	150	196
78	198	266	155	203
79	206	274	161	211
80	214	282	168	219

Factors for calculating other modal premiums are: SA — .53; Q — .27; EFT —.09. To calculate the modal premium, multiply the annual per-unit charge by the number of \$1,000's of face amount, add the annual policy fee, multiply by the modal premium factor for the mode selected, and round to the nearest cent.

Premiums other than annual will result in a higher total annual premium.

Silver Guard II: Graded Death Benefit

Life Pay, Tables 5-8

Annual Premiums per \$1,000 of Ultimate Face Amount (Add \$60 Policy Fee)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	42.00	61.00	36.00	53.00
51	44.20	64.20	37.70	55.80
52	46.40	67.40	39.40	58.60
53	48.60	70.60	41.10	61.40
54	50.80	73.80	42.80	64.20
55	53.00	77.00	44.50	67.00
56	56.00	82.60	47.40	69.80
57	59.00	88.20	50.30	72.60
58	62.00	93.80	53.20	75.40
59	65.00	99.40	56.10	78.20
60	68.00	105.00	59.00	81.00
61	71.80	110.20	62.40	84.00
62	75.60	115.40	65.80	87.00
63	79.40	120.60	69.20	90.00
64	83.20	125.80	72.60	93.00
65	87.00	131.00	76.00	96.00
66	95.60	140.00	80.80	102.80
67	104.20	149.00	85.60	109.60
68	112.80	158.00	90.40	116.40
69	121.40	167.00	95.20	123.20
70	130.00	176.00	100.00	130.00
71	141.00	189.00	105.40	137.60
72	152.00	202.00	110.80	145.20
73	163.00	215.00	116.20	152.80
74	174.00	228.00	121.60	160.40
75	185.00	241.00	127.00	168.00
76	205.00	272.80	140.00	183.20
77	225.00	304.60	153.00	198.40
78	245.00	336.40	166.00	213.60
79	265.00	368.20	179.00	228.80
80	285.00	400.00	192.00	244.00

Silver Guard III: Graded Death Benefit

Life Pay, Tables 9-12

Annual Premiums per \$1,000 of Ultimate Face Amount (Add \$60 Policy Fee)

Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	50.00	73.00	43.00	64.00
51	52.80	76.80	45.20	67.20
52	55.60	80.60	47.40	70.40
53	58.40	84.40	49.60	73.60
54	61.20	88.20	51.80	76.80
55	64.00	92.00	54.00	80.00
56	67.60	98.80	57.40	83.40
57	71.20	105.60	60.80	86.80
58	74.80	112.40	64.20	90.20
59	78.40	119.20	67.60	93.60
60	82.00	126.00	71.00	97.00
61	86.40	132.20	75.00	100.60
62	90.80	138.40	79.00	104.20
63	95.20	144.60	83.00	107.80
64	99.60	150.80	87.00	111.40
65	104.00	157.00	91.00	115.00
66	114.40	167.80	96.80	123.20
67	124.80	178.60	102.60	131.40
68	135.20	189.40	108.40	139.60
69	145.60	200.20	114.20	147.80
70	156.00	211.00	120.00	156.00
71	169.20	226.60	126.80	165.20
72	182.40	242.20	133.60	174.40
73	195.60	257.80	140.40	183.60
74	208.80	273.40	147.20	192.80
75	222.00	289.00	154.00	202.00
76	246.00	327.20	169.20	220.20
77	270.00	365.40	184.40	238.40
78	294.00	403.60	199.60	256.60
79	318.00	441.80	214.80	274.80
80	342.00	480.00	230.00	293.00

Silver Guard I Cash Values

Life Pay

Per \$1,000 Face Amount

Issue Age	Male				Female			
	5 Year	10 Year	20 Year	Age 65	5 Year	10 Year	20 Year	Age 65
50	52	146	355	248	40	117	299	204
51	54	152	367	235	42	122	310	193
52	56	158	379	221	44	126	321	181
53	58	163	392	207	45	131	332	169
54	61	169	404	192	47	136	343	156
55	63	175	416	175	49	142	355	142
56	66	181	429	158	51	147	367	127
57	69	188	442	140	53	153	380	112
58	72	194	455	120	55	160	393	96
59	74	201	468	99	58	166	406	78
60	76	208	481	76	60	173	420	60
61	78	216	493	52	63	180	433	41
62	80	223	505	26	66	187	447	20
63	83	231	516	0	69	195	460	0
64	86	240	528	0	72	202	473	0
65	92	250	541	0	75	210	486	0
66	99	261	553	0	78	218	499	0
67	105	273	564	0	81	226	513	0
68	112	284	574	0	84	235	525	0
69	119	295	583	0	90	245	538	0
70	125	305	591	0	95	256	552	0
71	132	315	599	0	101	268	567	0
72	138	324	607	0	108	279	586	0
73	145	334	616	0	114	289	607	0
74	152	342	627	0	121	300	630	0
75	159	351	641	0	129	311	656	0
76	164	358	662	0	136	322	686	0
77	169	364	694	0	143	333	725	0
78	174	370	747	0	150	343	781	0
79	178	374	838	0	156	352	867	0
80	182	377	1,000	0	162	361	1,000	0

Silver Guard I Cash Values

Ten Pay

Per \$1,000 Face Amount

Issue Age	Male				Female			
	5 Year	10 Year	20 Year	Age 65	5 Year	10 Year	20 Year	Age 65
50	150	403	549	474	130	350	484	413
51	155	417	565	474	134	362	498	413
52	160	431	581	474	138	374	513	413
53	165	445	596	474	143	387	529	413
54	171	459	612	474	147	400	544	413
55	178	474	628	474	152	413	559	413
56	184	489	644	422	157	427	575	367
57	191	503	659	369	162	441	590	321
58	197	518	675	316	168	455	606	274
59	204	534	690	263	174	469	622	227
60	210	549	704	210	180	484	638	180
61	216	565	719	156	186	498	653	133
62	221	581	733	102	193	513	669	85
63	227	596	746	48	199	529	684	37
64	234	612	759	0	206	544	699	0
65	240	628	772	0	212	559	713	0
66	246	644	784	0	219	575	728	0
67	253	659	796	0	225	590	742	0
68	259	675	807	0	231	606	756	0
69	264	690	817	0	238	622	769	0
70	269	704	826	0	244	638	782	0
71	274	719	836	0	250	653	795	0
72	279	733	845	0	255	669	810	0
73	283	746	854	0	261	684	825	0
74	287	759	864	0	267	699	841	0
75	290	772	874	0	272	713	857	0
76	292	784	886	0	277	728	874	0
77	292	796	902	0	282	742	894	0
78	293	807	922	0	285	756	919	0
79	292	817	953	0	288	769	953	0
80	291	826	1,000	0	290	782	1,000	0

Silver Guard II and III Cash Values

Life Pay

Per \$1,000 Face Amount

Issue Age	Male				Female			
	5 Year	10 Year	20 Year	Age 65	5 Year	10 Year	20 Year	Age 65
50	57	151	359	252	46	122	303	208
51	60	157	372	240	48	127	314	197
52	63	164	384	227	50	132	325	186
53	66	170	396	213	52	137	336	174
54	69	177	409	199	54	143	348	162
55	72	183	422	183	57	149	360	149
56	76	190	435	167	59	155	373	135
57	79	197	449	149	62	161	386	120
58	83	204	462	131	65	168	399	105
59	86	212	475	111	68	175	412	89
60	89	220	488	89	71	183	426	71
61	93	228	501	67	75	190	440	53
62	96	237	513	43	78	198	454	33
63	102	248	527	19	82	206	468	12
64	109	259	540	0	86	215	481	0
65	117	271	553	0	90	223	495	0
66	125	283	565	0	95	232	508	0
67	133	295	577	0	100	242	523	0
68	141	307	588	0	107	253	537	0
69	149	319	598	0	114	265	551	0
70	158	331	607	0	121	277	564	0
71	167	343	616	0	129	290	580	0
72	177	354	625	0	137	302	599	0
73	186	366	635	0	145	314	621	0
74	196	377	647	0	154	326	644	0
75	206	387	661	0	164	338	670	0
76	216	398	682	0	174	351	700	0
77	225	407	714	0	183	364	737	0
78	235	416	766	0	192	376	792	0
79	245	425	851	0	202	387	874	0
80	256	433	1,000	0	212	400	1,000	0



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