

# UHL/UFL Product Portfolio

## Simplified Products - Faster Results™

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

ACCIDENTAL DEATH	Description/Features	Issue Ages <sup>^</sup>	Minimum AD Face	AD Face Doubles In 20 Years To	Policy Fee	Available Riders
Protector AD	Accidental death benefit coverage; doubles over 20 years; return of premium option; small amount bonus WL coverage. No PHIs; ONE underwriting question; non-med.	18-60	\$50,000 \$75,000 \$100,000	\$100,000 \$150,000 \$200,000	NA	NA

Protector AD is an accidental death benefit rider attached to a small whole life policy.

TERM LIFE	Description/Features	Issue Ages <sup>^</sup>	Min. Face	Max. Face	Policy Fee <i>(Commissionable)</i>	Available Riders
SI Term 20	20-year level premium term; built-in table 4; PHI required.	20-60 In WA: 20-60 (NT) 25-55 (T)	\$25,000	20-45: \$300,000 46-55: \$225,000 56-60: \$150,000	\$100	Waiver of Premium; Child Rider (first \$5,000 CR at no cost for \$100,000+ face amounts); Accidental Death Benefit (\$25,000 min); no-cost Terminal Illness Benefit
SI Term 30	30-year level premium term; built-in table 4; PHI required.	20-55 (NT) 20-50 (T) In MD: 20-52 (MNT) 20-48 (MT) 20-55 (FNT) 20-50 (FT) In OR: 25-50 In WA: 20-50 (NT) 20-45 (T)	\$25,000	20-45: \$300,000 46-55: \$225,000	\$100	Waiver of Premium; Child Rider (first \$5,000 CR at no cost for \$100,000+ face amounts); Accidental Death Benefit (\$25,000 min); no-cost Terminal Illness Benefit
SI Term 20 ROP <i>(Band 1)</i>	20-year level premium term; PHI required; built-in table 4; return of premium option is 80% of 20 annual premiums.	25-60 (NT) 25-45 (T)	\$25,000	\$99,999	\$100	Child Rider; no-cost Terminal Illness Benefit
SI Term 20 ROP <i>(Band 2)</i>	20-year level premium term; PHI required; built-in table 4; return of premium option is 100% of 20 annual premiums for 25-50 NT & 80% for 51-60 NT & 25-45 T.	25-60 (NT) 25-45 (T)	\$100,000	25-45: \$300,000 46-55: \$225,000 56-60: \$150,000	\$100	Child Rider (first \$5,000 CR at no cost for \$100,000+ face amounts); no-cost Terminal Illness Benefit
SI Term 20 DLX	20-year level premium term; built in table 8; PHI required. <b>Suitable for insulin-dependent diabetics.</b>	20-60	\$25,000	\$50,000	\$100	Child Rider; Accidental Death (\$25,000 min); no-cost Terminal Illness Benefit

**For agent use only. Not for use with the general public.** Product and rider/benefit availability varies by state. <sup>^</sup>Age Last Birthday. \$20 minimum premium requirement for all products unless Monthly EFT. <sup>1</sup>Not available in GA, KY, MD, PA, or TN. Underwriting reserves the right to order additional requirements as needed, including a Personal History Interview.

<b>Underwriting Guidelines</b>		<b>Sample Build Chart</b> Weight Cannot Exceed The Following:			
<b>Application:</b> App must be fully completed. All Proposed Insureds (ages 15 and above) and all owners must sign the application. It is unlawful for any person to sign another person's name. However, if the Proposed Insured is under age 15, the parent/permanent legal guardian must sign the application. Any discrepancy detected will necessitate proof of signature (copy of driver's license or other signature-clad ID). Writing agents are expected to ask the Proposed Insured all medical and personal history questions as listed on the application and record all answers completely.		<b>Height</b>	<b>Provider</b>	<b>All other plans except EI Deluxe or Graded Benefit plans</b>	<b>Express Issue Deluxe Simple Term 20 DLX</b>
<b>New Business Memo:</b> All applications must be submitted with a fully completed New Business Memo, including how the application was taken, Proposed Insured's contact information and any special requests. Missing or incomplete information will cause delays in processing and commission payments.					
<b>Non-Tobacco Rate:</b> No use of any nicotine product (cigars, cigarettes, electronic cigarettes, pipes, smokeless tobacco including chewing tobacco, snuff, nicotine gum, nicotine patch or any other nicotine substitute) or vaping within the past 12 months.		5'0"	190 lbs	210 lbs	240 lbs
<b>Basic Eligibility Requirement:</b> Any Proposed Insured applying for coverage via any product offered by the Company is required to have mental capacity to answer the application questions, sign the application, have an attending physician, must have established routine health care and must have been seen within the past 3 years in order for the Company to make a proper assessment of insurability.		5'2"	200 lbs	225 lbs	255 lbs
		5'4"	215 lbs	240 lbs	270 lbs
<b>HIPAA Authorization:</b> A signed HIPAA Authorization form is required for all applications. Must be signed by Proposed Insured. For all juvenile applications (aged 17 and under), the parent / permanent legal guardian should sign as "Representative". The HIPAA form should not be signed by an agent unless he/she is applying for coverage.		5'6"	230 lbs	255 lbs	290 lbs
		5'8"	245 lbs	270 lbs	305 lbs
<b>Prescription Drug Database Search:</b> May be conducted. Findings may result in additional questions for the Proposed Insured.		5'10"	260 lbs	285 lbs	325 lbs
<b>Examinations:</b> No routine medical exams or bodily fluids testing required. The Company reserves the right, however, to request a medical exam or lab testing due to a Proposed Insured's medical history or build. If any examination, urinalysis or blood testing is required, the underwriter will notify the writing agent as to the specifics.		6'0"	275 lbs	305 lbs	340 lbs
<b>Attending Physician Statement (APS):</b> Based on the Proposed Insured's medical history or pharmacy report, an APS may be necessary. You may be asked to provide the APS at your client's expense. It is imperative that <u>complete</u> contact information for the facility where the Proposed Insured's medical records are housed be included in the application. An APS will <b>only</b> be accepted via fax directly from the provider's office or in an envelope sealed by the provider if sent by USPS or overnight mail. The fax number to which an APS should be sent is 317-692-7636.		6'4"	305 lbs	340 lbs	385 lbs
		<b>For Proposed Insureds outside these ranges use graded benefit plans.</b>			
<b>Foreign Nationals:</b> The Company will accept an application on a Proposed Insured who is not a naturalized US citizen provided the Proposed Insured is in the US legally and is here on a permanent basis with a valid Social Security number, a valid Visa or Green Card, and has been in the US for the past 2 years.					
<b>Military Risks:</b> The Company will accept an application on a Proposed Insured currently serving in the military in a non-combat unit, provided the Proposed Insured has not been called for combat duty nor is serving in a hazardous area. Forward a signed Military Personnel Financial Services Disclosure with the application. Forms: 200-673 (UHL); 18-673 (UFFL).					
<b>Stranger-Owned Life Insurance (STOLI):</b> Applications will not be accepted for which any agreement or understanding exists that provides for any party to obtain an interest in any policy issued on the Proposed Insured who does not have an insurable interest in the life of the Proposed Insured.*					

### Terms To Keep In Mind

<b>Proposed Insured:</b> The person whose life is covered by a policy as shown on the application.
<b>Policyowner:</b> The person who actually owns the policy and generally has the right to make changes (may or may not be the Insured).
<b>Beneficiary:</b> The person or entity to whom the policy proceeds will be paid upon the death of the Insured (generally can be changed by the Policyowner at any time).
<b>Payor:</b> The person or entity who is making the premium payments on the policy.
<b>Policy:</b> A contract between the Company and the Policyowner.
<b>Policy Maturity Date:</b> The date on which coverage under a policy terminates and the maturity proceeds (if any) become payable to the Policyowner.

\*State variations may apply.

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