

HOME PROTECTOR

**Level Term Life Insurance to Age 95
with 15-20-25-30 Year Level Premium Period**

Policy Form No. 3274 (AA, OL, PA, PS)

**Level Term Life Insurance to Age 95
with 20-25-30 Year Level Premium Period
with Return of Premium**

Policy Form No. 3482 (AA, OL, PA, PS)

AGENT GUIDE FOR AGENT USE ONLY

All products and riders not available in all states.

*Please check with the State Approval Grid on the Company website or check with the Home Office
New Business Agent Support at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.*

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 prompts that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
New Business Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
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
Technical Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

 **Not Sure Who To Call? Contact our New Business Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.



Want to Chat With Us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.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.

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HOME PROTECTOR PLAN DESCRIPTION

Home Protector is a simplified issue term to age 95 life insurance plan with 15, 20, 25, & 30 year level premium periods. Also available as a Return of Premium (ROP) (where approved) for the 20, 25, & 30 year level premium periods. The premiums are guaranteed to remain level for the period selected.

APPLICATION AND REQUIRED FORMS

Application Form No. 3491

Company specific with state exceptions.

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

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

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

This disclosure statement must be presented to the applicant at point-of-sale.

Disclosure for the Accelerated Living Benefit Rider, Form No. 9543 (AA, OL, PA, PS); In CA Form 3576-D

This disclosure statement must be presented to the applicant at point-of-sale if applying for the Critical Illness Rider. (The states of MA & WA require this disclosure form to be signed by the applicant and submitted with the application.) For California, please refer to Form No. 3703-CA for rider details.

Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D

This disclosure statement must be presented to the applicant and the agent must certify that it has been presented. Availability and terms may vary by state, see rider for complete details.

Replacement Form

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

HIPAA, Form No. 9526

This form must be submitted with each application.

POLICY SPECIFICATIONS

Issue Ages (age last)	15 Year Level Premium	Ages 20 – 65
	20 Year Level Premium	Ages 20 – 60
	25 Year Level Premium	Ages 20 – 55
	30 Year Level Premium	Ages 20 – 50
	20 Year ROP	Ages 20 – 60
	25 Year ROP	Ages 20 – 55
	30 Year ROP	Ages 20 – 50
Minimum Face Amount	\$25,000 face amount or \$25.00 monthly premium (excluding riders), whichever is greater	
Maximum Face Amount	Ages 20 - 45	\$500,000
	Ages 46 - 65	\$300,000
Rate Classes	Unisex	
	Tobacco/Non-Tobacco	
Modal Factors	Monthly	.088
	Quarterly	.262
	Semi-Annual	.519
Policy Fee	\$80.00 (fully commissionable)	
Underwriting	Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.	

Mortgage Requirement:

To be eligible for this plan, a current mortgage is required regardless of the date originally taken or refinanced. If either of the following potential applicants is on the mortgage, or deed of trust, both may apply. Domestic partners, common law couples, significant others, and engaged couples may be eligible if both have lived in the home to which the mortgage applies for a minimum of 3 months, share in the economy of that home, and a loss of either would create a financial hardship on the other. A single parent with a grown child/children living at home does not fit our definition of a couple. As part of this requirement, Section D of the application '**Complete Mortgage and Employment Information**' must be completed.

Conversion Privilege:

Non-ROP	As long as the Policy is in force by payment of premiums, it may be converted to any plan of whole life or endowment insurance that is offered by the Company for conversion as of the Effective Date of the conversion. Conversion is allowed on or before the earlier of: (a) the Expiry Date; or (b) the Policy Anniversary following the Insured's attained age 75; or (c) within 5 years from the Policy Date if later than the Policy Anniversary following the Insured's attained age 75.
ROP	As long as the Policy is in force by payment of premiums, it may be converted to any plan of whole life or endowment insurance that is offered by the Company for conversion as of the Effective Date of the conversion. Conversion is allowed on or before the earlier of the Policy Anniversary on which the level premium period ends, or the Policy Anniversary with the Insured's age 75.

Evidence of insurability will not be required for conversion. The face amount of the new Policy may not exceed the face amount of the original Policy at the time of conversion and may not be less than the Company's minimum required on the date of conversion for the plan selected.

BENEFITS AND RIDERS not available in all states

Return of Premium Benefit (not available on the 15 year level premium plan)

Accelerated Living Benefit Rider (Critical Illness)*:

Available at 25%, 50%, or 100% acceleration of the Death Benefit. (Up to \$100,000 Critical Illness benefit)

Total Disability Benefit Rider **::

60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1500 maximum monthly benefit.

Accident Only Total Disability Benefit Rider:**

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

Waiver of Premium Disability Agreement***Waiver of Premium for Unemployment Rider****Children's Insurance Agreement****Accidental Death Benefit Agreement****Level Term Insurance Rider (available on spouse only)****Terminal Illness Accelerated Death Benefit Rider:**

Available at no additional premium cost.

Accelerated Benefits Rider - Confined Care:

Available at no additional premium cost.

Chronic Illness Accelerated Death Benefit Rider:

Available at no additional premium cost.

* Waiver of Premium Disability Agreement cannot be issued on the same Policy with the Critical Illness Rider.

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

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000
FULL GUARANTEE**

Issue Age	15 YEAR		20 YEAR		25 YEAR		30 YEAR	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
20	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
21	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
22	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
23	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
24	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
25	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
26	1.29	2.34	1.45	2.57	1.99	3.00	2.10	3.47
27	1.29	2.34	1.53	2.69	2.09	3.14	2.18	3.69
28	1.29	2.41	1.60	2.82	2.19	3.29	2.27	3.91
29	1.29	2.41	1.69	2.94	2.30	3.44	2.36	4.13
30	1.29	2.57	1.78	3.07	2.40	3.59	2.45	4.35
31	1.37	2.65	1.88	3.30	2.51	3.88	2.55	4.65
32	1.37	2.82	1.98	3.53	2.61	4.18	2.66	4.96
33	1.46	2.97	2.08	3.76	2.72	4.48	2.77	5.27
34	1.55	3.20	2.18	3.99	2.82	4.78	2.87	5.58
35	1.65	3.36	2.28	4.22	2.95	5.08	3.02	5.89
36	1.80	3.76	2.50	4.68	3.26	5.68	3.35	6.57
37	1.97	4.07	2.71	5.15	3.57	6.28	3.67	7.25
38	2.14	4.47	2.94	5.61	3.87	6.89	3.99	7.94
39	2.29	4.95	3.16	6.08	4.16	7.50	4.32	8.62
40	2.52	5.34	3.37	6.53	4.47	8.11	4.64	9.31
41	2.76	5.89	3.67	7.28	4.92	8.94	5.12	10.29
42	3.00	6.37	3.96	8.03	5.37	9.77	5.61	11.27
43	3.24	6.93	4.25	8.78	5.82	10.60	6.09	12.25
44	3.56	7.47	4.54	9.52	6.26	11.43	6.57	13.23
45	3.80	8.03	4.88	10.27	6.80	12.27	7.08	14.22
46	4.31	8.82	5.40	11.12	7.62	13.46	7.79	15.39
47	4.73	9.61	5.92	11.97	8.43	14.65	8.57	16.66
48	5.25	10.41	6.44	12.83	9.26	15.84	9.42	18.03
49	5.67	11.20	6.96	13.69	10.07	17.03	10.37	19.52
50	6.18	12.07	7.48	14.56	10.90	18.23	11.40	21.13
51	6.79	12.94	8.28	15.88	11.82	19.80		
52	7.40	13.80	9.08	17.20	12.82	21.5		
53	7.90	14.76	9.89	18.53	13.91	23.35		
54	8.60	15.71	10.70	19.85	15.09	25.36		
55	9.20	16.66	11.51	21.19	16.38	27.55		
56	9.87	17.69	13.01	23.84				
57	10.55	18.72	14.70	26.82				
58	11.22	19.75	16.60	30.18				
59	11.88	20.86	18.76	33.95				
60	12.56	21.88	21.20	38.20				
61	14.11	25.39						
62	15.86	29.45						
63	17.82	34.17						
64	20.02	39.65						
65	21.20	46.00						

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519
- **Policy Fee** — \$80

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000
75% ROP PLAN**

FACE AMOUNTS \$25,000 - \$500,000

Issue Age	20 YEAR		25 YEAR		30 YEAR	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
20	6.00	9.89	5.09	7.61	4.12	6.46
21	6.60	10.40	5.09	7.61	4.12	6.46
22	7.00	10.92	5.09	7.61	4.12	6.46
23	7.52	11.46	5.09	7.61	4.12	6.46
24	7.95	11.51	5.09	7.61	4.12	6.46
25	7.96	11.51	5.09	7.61	4.12	6.46
26	8.17	12.18	5.28	7.93	4.33	6.83
27	8.41	12.84	5.47	8.23	4.51	7.20
28	8.64	13.45	5.66	8.54	4.67	7.57
29	8.90	14.12	5.87	8.86	4.85	7.94
30	9.14	14.74	6.07	9.14	5.03	8.32
31	9.36	15.34	6.26	9.79	5.24	8.86
32	9.54	15.92	6.46	10.43	5.46	9.38
33	9.71	16.48	6.60	11.05	5.66	9.90
34	9.94	17.04	6.79	11.68	5.88	10.42
35	10.20	17.60	7.04	12.29	6.16	10.92
36	11.00	19.38	7.61	13.46	6.72	12.04
37	11.81	21.04	8.15	14.59	7.24	13.13
38	12.59	21.86	8.66	15.66	7.70	14.20
39	13.36	22.68	9.13	16.66	8.17	15.23
40	14.16	23.52	9.61	17.60	8.59	16.24
41	14.89	24.36	10.33	18.98	9.30	17.41
42	15.62	25.22	11.04	20.28	9.97	18.55
43	16.34	26.08	11.68	21.50	10.58	19.66
44	17.05	26.95	12.28	22.63	11.16	20.75
45	17.98	27.82	13.08	23.69	11.75	21.79
46	19.18	28.70	14.41	25.68	12.65	23.22
47	20.39	29.58	15.78	26.59	13.60	24.69
48	21.59	30.46	17.15	27.32	14.60	25.32
49	22.69	31.35	18.43	28.05	15.68	25.94
50	23.80	32.25	19.73	28.79	16.82	26.56
51	25.57	33.14	21.13	29.53		
52	27.29	34.04	22.66	30.27		
53	28.92	34.95	24.29	31.02		
54	30.49	35.86	26.04	31.77		
55	31.62	36.79	27.59	32.51		
56	32.72	37.71				
57	33.83	38.64				
58	34.95	39.58				
59	36.07	40.51				
60	37.18	41.44				

- **Issue Ages** — based on age last birthday
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519
- **Policy Fee** — \$80

The initial base premium remains level for the term selected. At the end of the term, the premium will increase each year until the Expiry Date based upon attained age. The guaranteed annual premiums per \$1,000 are shown below.

**LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000
ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD**

Attained Age	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco
35	2.70	4.90	65	38.18	65.80
36	2.85	5.20	66	41.75	70.83
37	3.03	5.55	67	45.53	76.00
38	3.20	5.95	68	49.53	81.33
39	3.40	6.38	69	53.98	87.18
40	3.65	6.90	70	59.15	93.88
41	3.95	7.53	71	65.40	102.00
42	4.33	8.28	72	72.63	111.28
43	4.75	9.18	73	80.28	120.75
44	5.25	10.18	74	88.47	130.98
45	5.78	11.20	75	97.40	142.20
46	6.33	12.25	76	107.43	154.58
47	6.80	13.20	77	118.98	168.70
48	7.23	14.00	78	132.23	184.68
49	7.75	15.03	79	146.98	202.15
50	8.40	16.25	80	163.60	221.63
51	9.20	17.80	81	181.95	242.85
52	10.15	19.65	82	201.28	264.60
53	11.25	21.80	83	222.15	287.53
54	12.60	24.33	84	245.20	312.93
55	14.10	27.00	85	270.23	340.50
56	15.68	29.83	86	297.85	370.45
57	17.23	32.45	87	328.30	403.03
58	18.78	35.00	88	360.28	436.35
59	20.55	37.95	89	392.98	469.23
60	22.68	41.45	90	422.63	497.08
61	25.23	45.68	91	450.53	521.55
62	28.18	50.48	92	482.75	549.80
63	31.35	55.58	93	519.83	581.75
64	34.70	60.73	94	562.25	620.40

***NOTE: The above premiums are not for use in calculating initial premium.**

Benefits and Riders not available in all states

The premiums for benefits and riders shown are annual premiums. Be sure to apply appropriate modal factor when calculating modal premium.

RETURN OF PREMIUM BENEFIT (ROP)

Policy Form No. 3482 (AA, OL, PA, PS)

Available on Plans: 20, 25, & 30 year level premium plans

Description: The Return of Premium Benefit provides a Cash Value that is payable at the end of the level premium period if the Insured is living and the Policy is in force on a premium paying basis. It is available at an additional premium. The benefit is an endowment that is equal to 75% of the sum of the base Policy premiums payable during the level premium period, the Policy fee and the modal loading amount. Premium for riders attached to the Policy are excluded.

Cash Value: The Return of Premium Benefit provides Cash Values within the first few Policy years. Should the Policy terminate early, the Owner is entitled to a partial surrender once the Cash Values begin. The percentage of premiums returned increases yearly until it reaches 75 % at the end of the level premium paying period that was selected.

LEVEL TERM INSURANCE RIDER (LTR)

Policy Form 8087 (AA, OL, PA, PS) (Available on spouse only)

The Level Term Insurance Rider provides level term insurance for 20 years or to the Insured's attained age 70, whichever comes first.

Spouse Issue Ages: 15-65

Minimum Amount: \$25,000

Maximum Amount: Not to exceed face amount of base Policy or \$200,000, whichever is less.

LEVEL TERM RATES							
ANNUAL PREMIUMS PER \$1,000							
Age	Rate	Age	Rate	Age	Rate	Age	Rate
15	1.73	28	2.69	41	7.09	54	18.57
16	1.77	29	2.89	42	7.80	55	19.50
17	1.81	30	3.12	43	8.67	56	20.53
18	1.86	31	3.39	44	9.18	57	21.67
19	1.90	32	3.71	45	9.75	58	22.94
20	1.95	33	4.11	46	11.14	59	24.38
21	2.00	34	4.33	47	12.00	60	26.00
22	2.05	35	4.59	48	13.00	61	27.86
23	2.11	36	4.88	49	14.18	62	30.00
24	2.17	37	5.20	50	15.60	63	32.50
25	2.23	38	5.57	51	16.25	64	35.45
26	2.36	39	6.00	52	16.96	65	39.00
27	2.52	40	6.50	53	17.73		

ACCELERATED LIVING BENEFIT RIDER-CRITICAL ILLNESS (CIR)***Policy Form No. 9542****Issue Ages:** 20 – 65**Maximum CIR Benefit:** \$100,000

An Accelerated Living Benefit Rider is available at a 25%, 50%, or 100% acceleration of death benefit. If elected, the Critical Illness Rider provides a cash benefit equal to the specified percentage of acceleration which is paid directly to the Owner upon the diagnosis of a covered critical illness. Rider coverage expires at age 70. The covered illnesses are as follows:

Heart Attack	Coronary Artery Bypass Graft (pays 10% of death benefit)
Stroke	Cancer
Kidney Failure	Major Organ Transplant Surgery
Paralysis	Blindness
Terminal Illness	HIV contracted performing duties as professional healthcare worker

THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement- Form No. 9543 (AA, OL, PA, PS); AB503 (IAA); In CA Form 3576-D (Company specific with state exceptions with the applicant.) (The states of MA & WA require this disclosure form to be signed by the applicant and submitted with the application.) This disclosure provides definition of the covered conditions.

Critical Illness Rider Premium: The initial premium for the Critical Illness Rider is guaranteed for the first five Policy years. After that time, the Company may change the premium for this rider (change by issue class only). The changed premium may be greater than or less than the rider premium at issue but will not be greater than the maximum premium shown in the Guaranteed Annual Premium chart below.

CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-27	1.62	3.02	0.81	1.51	0.41	0.76
28-32	2.07	4.12	1.04	2.06	0.52	1.03
33-37	2.92	5.97	1.46	2.99	0.73	1.49
38-42	4.20	8.51	2.10	4.26	1.05	2.13
43-47	5.95	12.04	2.98	6.02	1.49	3.01
48-52	8.22	16.80	4.11	8.40	2.06	4.20
53-57	11.21	23.61	5.61	11.81	2.80	5.90
58-62	14.80	32.85	7.40	16.43	3.70	8.21
63-65	17.86	39.88	8.93	19.94	4.47	9.97

CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-27	3.24	6.04	1.62	3.02	0.82	1.52
28-32	4.14	8.24	2.08	4.12	1.04	2.06
33-37	5.84	11.94	2.92	5.98	1.46	2.98
38-42	8.40	17.02	4.20	8.52	2.10	4.26
43-47	11.90	24.08	5.96	12.04	2.98	6.02
48-52	16.44	33.60	8.22	16.80	4.12	8.40
53-57	22.42	47.22	11.22	23.62	5.60	11.80
58-62	29.60	65.70	14.80	32.86	7.40	16.42
63-65	35.72	79.76	17.86	39.88	8.94	19.94

These premiums are not for use in calculating initial premium.

* Critical Illness Rider and Waiver of Premium Disability Agreement cannot be issued on the same Policy.

TOTAL DISABILITY BENEFIT RIDER (DIR)****Policy Form No. 9785****Issue Ages:** 20 – 55**Minimum DIR Benefit:** \$500 monthly**Maximum DIR Benefit:** 2% of the life insurance face amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually, the maximum DIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

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

TOTAL DISABILITY BENEFIT RIDER							
ANNUAL PREMIUMS PER \$100 OF MONTHLY BENEFIT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
20	10.46	29	14.08	38	20.52	47	31.32
21	10.80	30	14.58	39	21.56	48	32.98
22	11.16	31	15.14	40	22.60	49	34.74
23	11.52	32	15.70	41	23.68	50	36.62
24	11.90	33	16.32	42	24.78	51	38.66
25	12.28	34	17.00	43	25.92	52	40.92
26	12.70	35	17.76	44	27.12	53	43.42
27	13.14	36	18.58	45	28.42	54	45.98
28	13.60	37	19.50	46	29.80	55	48.62

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

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

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

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

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

WAIVER OF PREMIUM DISABILITY AGREEMENT (WOP)***Policy Form No. 7180 (AA, PA, PS); PWO (OL)****Issue Ages:** 20 – 55

If elected, the Company will waive the payment of each premium of your monthly premiums if the Insured becomes permanently and totally disabled as defined and specified in the rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

WAIVER OF PREMIUM RATES PER \$100	
Issue Age	Rate per \$100
20-27	1.00
28-32	1.25
33-37	1.50
38-42	2.50
43-47	4.50
48-52	9.50
53-55	11.00

* Waiver of Premium Disability Agreement cannot be issued on the same Policy with the Critical Illness Rider.

WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER (WOPU)**Policy Form No. 3231 (AA, OL, PA, PS)****Issue Ages:** 20 – 60

If elected, the Company will waive the payment of each premium of the Policy (base coverage and all riders) for up to six months should you become unemployed (receiving state or Federal unemployment benefits) for a period of four consecutive weeks while the Policy is still in force. See the rider Policy form for a complete description of rider details. Rider coverage expires at age 65 or at the end of the Policy level premium paying period (unless rider is in effect).

Waiting Period: The benefit provided under this rider is available after the waiting period has expired (24 months from the rider issue date).

UNEMPLOYMENT WAIVER OF PREMIUM RATES PER \$100		
Issue Age	Male	Female
20-24	7.60	6.20
25-34	3.80	4.00
35-44	2.90	3.00
45-60	2.90	2.60

CHILDREN'S INSURANCE AGREEMENT (CIA)*Policy Form No. 8375 (AA, OL, PA, PS)***Issue Ages of Children:** 15 days - 17 years**Issue Age of Primary Insured:** 20 - 50**Maximum Rider Units:** Five Units**Premium:** \$8.52 annually per unit

The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until age 25, at which time their coverage then may be converted into any plan of whole life or endowment insurance offered by the Company for up to five times the amount of coverage under the rider. Each unit provides \$3,000 insurance on each child. Benefit expires at the earlier of primary Insured's age 65 or the child's age 25.

CIA Calculation Example: 2 units of CIA

(\$8.52 X 2) multiplied X .088 = \$1.50 per month. Add this to life coverage monthly premium for the total monthly premium.

ACCIDENTAL DEATH BENEFIT AGREEMENT (ADB)*Policy Form No. 7159***Issue Ages:** 20 – 64**Minimum Amount:** \$1,000

Maximum Amount: \$200,000 or five times the face amount of the Policy, whichever is less. If elected, the Accidental Death Benefit will be paid to the Beneficiary if the Insured dies as the result of an accident.

Benefit Terminates: At age 65

ACCIDENTAL DEATH BENEFIT							
ANNUAL PREMIUMS PER \$1,000 OF FACE AMOUNT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	0.96	30	0.96	42	1.08	54	1.32
19	0.96	31	0.96	43	1.20	55	1.44
20	0.96	32	0.96	44	1.20	56	1.44
21	0.96	33	0.96	45	1.20	57	1.44
22	0.96	34	0.96	46	1.20	58	1.56
23	0.96	35	0.96	47	1.20	59	1.56
24	0.96	36	0.96	48	1.20	60	1.56
25	0.96	37	1.08	49	1.32	61	1.56
26	0.96	38	1.08	50	1.32	62	1.68
27	0.96	39	1.08	51	1.32	63	1.68
28	0.96	40	1.08	52	1.32	64	1.68
29	0.96	41	1.08	53	1.32		

RIDERS INCLUDED AT NO ADDITIONAL COST *not available in all states*

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

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

With this benefit, you can receive up to 100% of the Death Benefit Proceeds of the Policy if diagnosed as terminally ill where life expectancy is 24 months or less (12 months in some states). This rider is added to every Policy (where available) 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 No. 9474 (AA, OL, PA, PS), or 3575-D in CA, with the applicant at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.*

ACCELERATED BENEFITS RIDER-CONFINED CARE

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

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 2.5% of the face amount per month up to \$5,000. The Cash Value (if any), the amount available for loans (if any), and the premium for the Policy will decrease in proportion to the amount of the Death Benefit Proceeds paid. This rider (where available) is added to Policies issued at no additional premium. The Proceeds of the accelerated benefit will reduce the Death Benefit Proceeds by the amount of the Proceeds paid. *Remember the disclosure statement Form No. 9675 (AA, OL, PA, PS) must be presented to the applicant at point-of-sale. (Rider not available in CT, DC, IN, MA, NJ, VA, & WA)*

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER

Policy Form No. 3579 (AA, OL, PA, PS)

With this benefit, a portion of the Death Benefit Proceeds can be accelerated early if an authorized physician certifies that the proposed Insured is chronically ill. Chronically Ill defined as:

- 1) Becoming permanently unable to perform, without substantial assistance from another person, at least two activities of daily living (eating, toileting, transferring, bathing, dressing, and continence) for a period of at least 90 consecutive days due to loss of functional capacity; or
- 2) Requiring substantial supervision for a period of at least 90 consecutive days by another person to protect oneself from threats to health and safety due to severe cognitive impairment.

The chronic illness must have occurred after the Effective Date of the rider.

Under the terms of this rider, the Policy Owner can request to receive portions of the Death Benefit Proceeds (minimum of \$1,000) up to 25% and as often as one time per calendar year. An administrative fee of \$100 will be assessed at the time of each acceleration. These requests can be made up to a maximum equaling 95% of the Policy Death Benefit Proceeds or a maximum amount of \$150,000. The Cash Value (if any), the amount available for loans (if any), and the premium for the Policy will decrease in proportion to the amount of the Death Benefit Proceeds paid. This rider is automatically added to Policies (where available) and requires no additional premium. The Proceeds of the accelerated benefit will reduce the Death Benefit Proceeds by the amount of the Proceeds paid. *Remember the disclosure statement Form No. 3579-D must be presented to the applicant at point-of-sale. Rider not available in all states.*

NEW BUSINESS TIPS

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed Death Benefit Proceeds & guaranteed Cash Values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smartphone or tablet, please go to www.insuranceapplication.com (select option for the 'Phone Quoter').

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scan, mail, or fax. Refer to the Company website for instructions on [AppDrop](#). Information on AppDrop can also be found on www.insuranceapplication.com (select the option for 'AppDrop'). If the application is scanned or faxed, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions on utilizing the eCheck procedure); otherwise, you must send the check under separate cover to the attention of Policy Issue. Be sure to include the proposed Insured's name on the cover sheet.

MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (select option for the 'Mobile Application').
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, or (3) voice signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision)
 - Telephone Interview Needed
 - Refer to Home Office
 - Not Eligible for Coverage

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.

Underwriting

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The **build chart** is found later in this guide. Underwriting decisions will be made on an accept/reject basis (no table ratings available). Applications on individuals who are considered above a table 4 risk will be declined. NOTE: Underwriting reserves the right to request medical records only if or when deemed necessary.

FRONT OF THE APPLICATION:

Proposed Insured:

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

Address:

Proposed Insured's physical address **City/State/Zip Code**.

Telephone Case Number:

Provide the case number provided to you by the vendor (if completed point-of-sale).

Male / Female:

Select appropriate gender.

Date of Birth:

Please enter as MM/DD/YYYY.

Age:

Calculate based upon age last birthday as of the Policy date.

State of Birth:

If the applicant was not born in the U.S., list the country of birth.

Social Security Number

DL# (Paper):

List the applicant's driver's license number and the state of issue.

DL# (e-App):

If you have a driver's license, select '**Yes**'. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select '**No**'. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

Height/Weight:

Record the proposed Insured's current height and weight. Refer to the **build chart** to assist in determining if the applicant is eligible for coverage.

Marital Status:

Check '**Single**' or '**Married**'

Owner:

- Name
- Relationship to the proposed Insured
- Social Security number
- Address
- City/State/Zip

Payor:

- Name
- Relationship to the proposed Insured
- Social Security number
- Address
- City/State/Zip

Primary and Contingent Beneficiary:

- Full names of Primary and Contingent Beneficiaries (if applicable) must be listed on the application including the Beneficiary's relationship to the proposed Insured. Also provide the Beneficiary's Social Security number if it can be obtained.
- A Beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members or a Trust.

NOTE: Funeral homes are not acceptable Beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.

Plan:

- In the blank provided, write in the name of the product being applied for ('Home Protector') or the product's initials ('HP').
- If applying for ROP, check the '**ROP**' box.

Tobacco Use:

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

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Riders:

- **Waiver of Premium Disability Agreement:**
 - Check the 'Other' box.
 - Write 'WOP' in the space provided.
- **Total Disability Benefit Rider:**
 - Check the box for 'DIR'.
 - Indicate the amount of coverage.
- **Accidental Death Benefit Agreement:**
 - Check the box for 'ADB'.
 - Indicate the amount of coverage.
- **Children's Insurance Agreement:**
 - Enter 1 unit (\$3,000), 2 units (\$6,000) of coverage, or 3 units (\$9,000)
- **Critical Illness Rider:**
 - Check the 'Other' box.
 - Indicate 'CIR' and the percentage requested in the space provided.
- **Waiver of Premium Unemployment Agreement:**
 - Check the 'Other' box.
 - Write 'WOPU' in the space provided.
- **Accident Only Total Disability Benefit Rider:**
 - Check the 'Other' box.
 - Indicate 'AODIR' in the blank provided.

Mode:

- **Bank Draft** – Monthly bank draft
- **Quarterly** – Quarterly bank draft
- **Semi-Annual** – Semi-Annual bank draft
- **Annual** – Annual bank draft
- **Draft 1st Premium on Requested Date** – Monthly bank draft for which the 1st draft will occur upon the '**Policy Date Request**' you will enter.

Modal Premium: Enter the desired premium based on the frequency by which the client will pay.

CWA (Check appropriate box, if applicable.):

- **eCheck Immediate 1st Premium** – Only select this option if the Company is to draft the proposed Insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
- **Collected \$** – Only select this option if collecting initial payment and mailing it to the Home Office.

Mail Policy To:

Check the box to indicate the preference to whom the Policy contract should be mailed.

Requested Policy Date:

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

Other Proposed Insured's:

Provide details on any *additional* proposed Insured's

Section A:

All applicants must complete **Section A**. If the proposed Insured answers '**Yes**' to any questions, the *applicable condition should be circled*.

Section B:

Give details to all '**Yes**' answers in **Section A** and list personal physician information and current prescriptions.

If the proposed Insured has a condition which is listed in the **Medical Impairment Guide** as a '**Decline**' or if he or she exceeds either the maximum or minimum weight in the **build chart** provided in this guide, the application should not be submitted to the Home Office.

Section C:

Answer questions 1 through 3, provide details where applicable.

- If replacing coverage, please provide the other insurance company name, Policy #, & amount of coverage.
- **NOTE: Complete any state required Replacement forms** – For state specific replacement instructions & replacement forms, please refer to the Company website.

Section D:

Complete Mortgage and Employment Information.

Signed at:

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

Date Signed:

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

Signature of Proposed Insured:

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

Signature of Owner:

Complete only if the Owner of the policy is different than the proposed Insured. If Owner is different, they **MUST** sign and date the application as well as the proposed Insured.

Agent's Report:

Complete all of the following:

- Answer both replacement questions.
- Agent's Remarks - Provide any special instructions or notes for the Home Office.
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

Pre-Authorization Check Plan – Authorization to Honor Charge Drawn:

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

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

Replacement of Existing Insurance:

Great care and attention should be given to any decision to replace an existing Policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.

Applicants Re-applying for Coverage:

A new application will not be processed if the proposed Insured has had two Policies with any of our Companies within the previous 12 months, or had three or more Policies in the past five years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous Policies.

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.

Third-Party Payor:

The Company has experienced problems in terms of anti-selection, adverse claims experience, and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary Insured, the spouse, business, or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins. As a result of the issues related to this situation, we **DO NOT** accept Home Protector applications where a Third-Party-Payor is involved.

Monthly Direct Bill is not an acceptable payment option for this plan.

State Specifics:

Alabama:

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

California:

- Privacy Notification Form No.3640-CA must be presented to the applicant prior to the taking of any of his/her personal information.
- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- Supplement to Application Form No. 3481 must be completed due to the no cost Terminal Illness and no cost Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented to the Applicant at point-of-sale.
- Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to Applicant at point-of-sale.

Connecticut:

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

Idaho:

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

Illinois:

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

Kansas:

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

Kentucky:

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

Montana:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application..

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.

Rhode Island:

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

Utah:

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

Applicants Re-applying for Coverage – A new application will not be processed if the proposed Insured has had two Policies with any of our Companies within the previous 12 months, or had 3 or more Policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous Policies.

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

Re-date and Reinstatement Request*:

- If the request is being made within 60 days of the Policy date:
 - A Policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aetx.com.
 - There is no additional paperwork necessary.
 - * A Policy can be re-dated ONE time only.

Reinstatement Requests Only:**

- If the Policy lapse has occurred 60 days after the Policy date & within the first Policy year:
 - We require both a 'Statement of Health' (Form No. 1110) & HIPAA (Form No. 9526) be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
 - As an alternative, a new application can be completed and submitted with 'Reinstatement' and the Policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.
- If the Policy lapse occurred more than one year after the Policy Date:
 - We require a new application to be completed and faxed to the **New Business Department** at **(254) 297-2100**.
 - ** Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstatement.

PREMIUMS REQUIREMENTS:

- UL or Non-ROP Term – 2 months premium or 1 modal premium
- ROP Term – all missed premiums
- All other plans – all missed premiums

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

TELEPHONE INTERVIEW

MOBILE APPLICATION – DECISION ENGINE PROCESS

Our mobile application technology will provide you with a point-of-sale underwriting decision on the screen within seconds of you completing the application. One of the possible outcomes is that a telephone interview is required. If an interview is required, it may be completed at point-of-sale.

After fully completing the application, you may call from the applicant'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 interview company will contact the proposed Insured after receipt of the application by the Home Office.

Point-of-sale telephone interviews can be completed by calling the toll-free number below. When calling the vendor be sure to identify yourself, Company, and product being applied for 'Home Protector' and whether or not the applicant is applying for the Critical Illness Rider or the Total Disability Benefit Rider. The applicant must always complete the telephone interview without assistance from the agent or another person. If the interview is completed at point-of-sale, mark the '**Telephone interview done**' question '**Yes**' in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question '**NO**', and the interview company will initiate the call after receipt of the application.

APPTICAL: 877-351-1773
7:30am-1:00am Monday thru Friday CST
9:00am-9:00pm Saturday & Sunday CST

PAPER APPLICATIONS

The Home Protector Decision Engine will only work with the use of our eApplication; however, applications written on paper must be submitted to the Home Office by scanning, mail, or fax.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the '**PREAUTHORIZATION CHECK PLAN**' fields found at the bottom of the back of the application. Please specify a '**Requested Draft Day**', if a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the Policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

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

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the '**Requested Draft Day**' (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums draft on these same dates, please follow the instructions below:

- On the '**Requested Draft Day**' line of the '**PREAUTHORIZATION CHECK PLAN**' on the back page of the application, you will need to list one of the indicators below:
 - '**1S**' – if payments are received on the 1st of the month
 - '**3S**' – if payments are received on the 3rd of the month
 - '**2W**' – if payments are received on the 2nd Wednesday of the month
 - '**3W**' – if payments are received on the 3rd Wednesday of the month
 - '**4W**' – if payments are received on the 4th Wednesday of the month
- The '**Policy Date Request**' field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

BUILD CHART

HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
4'10"	86	182	199
4'11"	88	188	205
5'	90	195	212
5'1"	93	201	220
5'2"	95	208	227
5'3"	99	215	234
5'4"	101	221	242
5'5"	104	228	249
5'6"	106	235	257
5'7"	110	243	265
5'8"	113	250	273
5'9"	117	257	281
5'10"	120	265	289
5'11"	125	272	298
6'	129	280	306
6'1"	133	288	315
6'2"	136	296	323
6'3"	140	304	332
6'4"	143	312	341
6'5"	146	320	350
6'6"	149	329	359
6'7"	153	337	368
6'8"	157	346	378
6'9"	160	355	387

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

TOTAL DISABILITY BENEFIT RIDER (DIR & AODIR) AND CRITICAL ILLNESS GUIDELINES

- **The proposed Insured must have worked full-time (minimum 30 hours a week) for the past six months.**
- **The following proposed Insured occupations are not eligible for DIR, AODIR, or CIR:**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High-Risk Avocations within the past 12 months
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, significant others, or students)
- **The following proposed Insured occupations are not eligible for DIR or AODIR:**
 - Individuals carrying a weapon in their occupation
 - Casino Workers
 - Housekeeping
 - Janitor
 - Retired
 - Student
 - Migrant laborers
- **The following proposed Insured occupations are not eligible for DIR only:**
 - Self Employed

**SPEED UP YOUR TURNAROUND TIME!
Practice these simple guidelines**

The HOME PROTECTOR plan is issued Standard for applicants who would normally be considered up to table 4 by most underwriting standards today. Applicants who are considered high-risk or declinable should not be sent to our Company for consideration.

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.

If applicant answers '**YES**' to any health question, such as high blood pressure, cholesterol, or diabetes get full details. Ask the following information: age at onset, name all medications, applicant's last reading and how often the problem is checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview...and speeds up issue time!

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. That agent's applicants will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

Home Protector Medical Impairment Guide

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

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

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

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Abscess	Present	Decline	Decline	Decline	Decline	1f
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	Standard	1f
Addison's Disease	Acute Single Episode	Standard	Standard	Standard	Standard	1f
	Others	Decline	Decline	Decline	Decline	1f
AIDS / ARC	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	3a
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	Decline	3c
	After 4 years since abstained from use	Standard	Decline	Decline	Standard	3c
Alzheimer's	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Amputation	Caused by injury	Standard	Decline*	Decline*	Standard	1f
	Caused by disease	Decline	Decline	Decline	Decline	1e
Anemia	Iron Deficiency on vitamins only	Standard	Standard	Standard	Standard	1e
	Others	Decline	Decline	Decline	Decline	1e
Aneurysm	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Angina	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Angioplasty	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Ankylosis	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Decline	1e
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	1c
Aortic Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Aortic Stenosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Appendectomy	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	1f
Arteriosclerosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	Standard	1e
	Rheumatoid - all others	Decline	Decline	Decline	Decline	1e
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	1c
	Moderate, more than 1 episode a month	Standard	Decline	Standard	Standard	1c
	Severe, hospitalization or ER visit in past 12 months	Decline	Decline	Decline	Decline	1c
	Maintenance steroid use	Decline	Decline	Decline	Decline	1c
	Combined with Tobacco Use - Smoker	Decline	Decline	Decline	Decline	1c
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	Standard	2
	Other pilots flying for pay	Decline	Decline	Decline	Decline	2
	Student Pilot	Decline	Decline	Decline	Decline	2
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	2
Back Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	1e & 1f
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	Decline	1c
	Other causes	Standard	Decline	Decline	Decline	1c
Bronchitis	Acute- Recovered	Standard	Standard	Standard	Standard	1c
	Chronic	Decline	Decline	Decline	Decline	1c
Buerger's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
By-Pass Surgery (CABG or Stent)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	2d
	7 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	2d
	All others	Decline	Decline	Decline	Decline	2d

NOTE: * Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at riskassess@aatx.com.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2f
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2c
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2b
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2f
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	2g
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2a
Criminal History	Convicted of misdemeanor or felony within the past 5 years	Decline	Decline	Decline	Decline	3a
	Probation or parole within the past 6 months	Decline	Decline	Decline	Decline	3a
Crohn's Disease	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	Decline	Decline	2b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2d
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	2b
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	1a
Dementia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2d
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	2b
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	2b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	Decline	2b
	Controlled with oral medications	Standard	Decline	Standard	Standard	2b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	Decline	5b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	
Diverticulitis/Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	2b
Down Syndrome	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	2d
Driving Record	Within the past 3 years an alcohol/drug related infraction, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	Decline	3a
	License currently suspended or revoked	Decline	Decline	Decline	Decline	3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	3c
	Treatment within the past 4 years	Decline	Decline	Decline	Decline	3c
	Treatment 4 years or more, non-usage since	Standard	Decline	Decline	Standard	3c
Duodenitis	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	1b
Emphysema	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Epilepsy	Petit Mal	Standard	Decline*	Standard	Standard	1c
	All others	Decline	Decline	Decline	Decline	1c
Fibrillation	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Fibromyalgia	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Standard	1f
Gallbladder disorder	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	1b
Gastritis	Acute	Standard	Standard	Standard	Standard	1b
Glomerulosclerosis	Acute – after 1 year	Standard	Standard	Standard	Decline	1d

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HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	Decline	1e
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Decline*	Standard	2
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	1c & 1f
	Migraine, severe or not investigated	Decline	Decline	Decline	Decline	1c & 1f
Heart Arrhythmia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Heart Disease / Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	Decline	1a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	Decline	1a
Hemophilia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	Decline	1b
Hepatomegaly	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1b
HIV	Tested Positive	Decline	Decline	Decline	Decline	3a
Hodgkin's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	Standard	1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	Decline	1a
	In combination with Thyroid Disorder	Standard	Standard	Standard	Decline	1a
Hysterectomy	No cancer	Standard	Standard	Standard	Standard	1d
Kidney Disease	Dialysis	Decline	Decline	Decline	Decline	1g
	Insufficiency or Failure	Decline	Decline	Decline	Decline	1g
	Nephrectomy	Decline	Decline	Decline	Decline	1g
	Polycystic Kidney Disease	Decline	Decline	Decline	Decline	1g
	Transplant recipient	Decline	Decline	Decline	Decline	1g
Knee Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	Decline*	Standard	1e
Leukemia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Liver Impairments	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1b
Lung Disease / Disorder	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	1e
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1e
Melanoma	See Cancer/Melanoma					1c
Meniere's Disease	Medically diagnosed, treated, or taken medication for	Standard	Decline	Standard	Standard	1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	1c
Mitral Insufficiency	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Multiple Sclerosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1e
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	Standard	1c
Pacemaker	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	Decline	1b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	Decline	1e
Parkinson's Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Peripheral Vascular Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Pregnancy	Current; no complications	Standard	Standard	Standard	Standard	3e

NOTE: * Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at riskassess@aetx.com.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Prostate Disease / Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	Standard	1d
	Cancer - See Cancer / Melanoma					1c & 1d
Pulmonary Embolism	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Decline	1a
Retardation	Mild to moderate	Standard	Decline	Standard	Standard	1c
	Severe	Decline	Decline	Decline	Decline	1c
Rheumatic Fever	One attack-recovered	Standard	Standard	Standard	Decline	1a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	Decline	1d
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	1c
	All others	Decline	Decline	Decline	Decline	1c
Shoulder Injury	Medically diagnosed, treated, or taken medication for within the past 12 months	Standard	Decline*	Decline	Standard	1e
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	Decline	1f
Spina Bifida	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1e
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	Standard	1e
Stroke / CVA	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Subarachnoid Hemorrhage	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Suicide Attempt	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Thyroid Disorder	Medically diagnosed, treated, or taken medication for	Standard	Standard	Standard	Standard	1f
	In combination with Hypertension (HBP)	Standard	Standard	Standard	Decline	1f
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Standard	Decline	1a
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	Decline	1a
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	Decline	
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	Decline	1c
	Over 2 years with no residuals	Standard	Standard	Standard	Standard	1c
Ulcer	Peptic, duodenal, or gastric - symptom free for 1 year	Standard	Standard	Standard	Standard	1b
Ulcerative Colitis	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	Decline	Decline	1b
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	Decline	2a
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	1a
Vascular Impairments	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1f
Weight Reduction Surgery	Surgery within the past 1 year	Decline	Decline	Decline	Decline	1f
	After 1 year since surgery with no complications	Standard	Decline	Standard	Standard	1f
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	Decline	1f

NOTE: * Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at riskassess@aetx.com.

HOME PROTECTOR PRESCRIPTION REFERENCE GUIDE

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

If a timeframe appears in the 'RX FILL WITHIN' column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amlodipine Besylate / Benaz	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

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

HOME PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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

If a timeframe appears in the 'RX FILL WITHIN' column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent / Atrovent HFA/ Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

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

HOME PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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

If a timeframe appears in the 'RX FILL WITHIN' column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetanide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heartbeat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Digoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	8 years > 8 years	Decline Standard

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline

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Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heartbeat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline

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Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levitol	High Blood Pressure (HTN)	N/A	See '*' Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Metoprolol Tartrate / Succinate	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See '**' Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See '**' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine / Nitrotab / Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline

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Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heartbeat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline

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Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heartbeat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline

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Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See '# ' Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heartbeat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Theo-Dur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '# ' Below

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

HOME PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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

If a timeframe appears in the 'RX FILL WITHIN' column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below
Toprol XL	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Torsemide	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Triamterene	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Tresiba (Insulin)	Diabetes	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	8 years > 8 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See '**' Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline

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HOME PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Visken	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency / Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See '**' Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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