FAMILY SOLUTION

(Ages 0 through 49)
Whole Life Insurance

AGENT GUIDE

Underwriting Guidelines
Premium Rates

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

AGENT GUIDE FOR AGENT USE ONLY

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 Team 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 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.

LIVE CHAT

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.iaamerican-waco.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

Table of Contents

Item:	Page #:
Policy Specifications	4
Plan Descriptions	4
Telephone Interview Information	5
Application Completion Guidelines	5-7
Other Required Forms / Key Administrative Guidelines	7-8
State Specifics	9
Build Chart	10
Bank Draft Procedures	11
Product Software	12
Application Submission	12
Mobile Application	12
Rider Descriptions	12-14
Level Term Insurance Agreement	12
Waiver of Premium Disability Agreement	13
Accidental Death Benefit Agreement	14
Children's Insurance Agreement	14
Terminal Illness Accelerated Death Benefit Rider	14
Accelerated Death Benefits Rider-Confined Care	14
Rider Availability Chart (by plan)	14
Prescription Reference Guide	15-30
Medical Impairment Guide	31-33
Rates Per 1,000	34-35

UNDERWRITING GUIDELINES

Our Family Solution life insurance plans target a broad spectrum of the final expense insurance market. These policies and our application Form 9617 (with state variations); Form GL212 [IAA] accommodate a simplified approach to buying life insurance.

Family Solution's 'Immediate Death Benefit' plan is for applicants with no severe health history and can answer **'NO'** to all health questions 1 through 9 on the application.

Family Solution's 'Return of Premium Death Benefit' plan is for those who answer **'NO'** to questions 1 through 6, **'YES'** to any health questions 7 through 9.

If health questions 1 through 6 are answered **'YES'**, the client is not eligible for any Family Solution plans.

The Family Solution application features simple **'YES'** or **'NO'** questions that enable you to decide which plan of insurance the client may be eligible for.

POLICY SPECIFICATIONS

Issue Ages (Age Last Birthday):	**0 to 49**
Premium Paying Period:	**To age 100**
Minimum Death Benefit:	**$5,000**
Maximum Immediate Death Benefit:	**Ages 0 to 49: $35,000**
Maximum Return of Premium Death Benefit:	**Ages 18 to 49: $20,000**
Policy Fee:	**$30 (Commissionable)**
Modal Factors:	
Monthly EFT	**0.088**
Quarterly	**0.262**
Semi-Annual	**0.519**
No-cost Riders Included:	**Availability:**
Terminal Illness Accelerated Death Benefit Rider*	**All plans**
Accelerated Death Benefits Rider-Confined Care*	**Not Available on ROP Plan**
Optional Benefits and Riders:	**Availability:**
Level Term Insurance Rider (Available on spouse only)	**All plans**
Waiver of Premium Disability Agreement (WP)	**Not Available on ROP Plan**
Children's Insurance Agreement (CIA)	**Not Available on ROP Plan**
Accidental Death Benefit Agreement (ADB)	**Not Available on ROP Plan**
Application No. (Company specific with some state variations)	9617
*** Included at no additional premium, where available.**	

PLAN DESCRIPTIONS

Immediate Death Benefit	Simplified issue whole life policy with a level death benefit of 100% of face amount paid immediately.
Return of Premium Benefit	Simplified issue whole life policy which pays a return of premium plus 10% interest if death occurs during the first three years. 100% paid after the graded period. 100% paid for accidental death, all years.

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified **'YES'/'NO'** application, a telephone interview (when required), a liberal height and weight chart, and a check with the Medical Information Bureau (M.I.B., LLC) and pharmaceutical-related facility. Check the height/weight charts in this guide to determine which coverage plan the proposed insured will qualify for based on their build.

NOTE: Underwriting reserves the right to request medical records when deemed necessary. A Motor Vehicle Report (MVR) is ordered when applying for Accidental Death Benefit Agreement (ADB).

TELEPHONE INTERVIEW

A telephone interview for a Third-Party Payor (Issue Ages 25 to 29) will be started by the Home Office only (cannot be completed at point-of-sale). In addition, we will not accept an application on a proposed insured with an issue age between 30-49 if a Third-Party Payor is involved.

APPLICATION COMPLETION

The following section is to help agents with the completion of the life insurance application (Form No. 9617). It follows along item by item, with the application used. As a reminder, the application requirement for completeness is to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

Front of the Application:

- **Proposed Insured** — Provide the proposed insured's **full legal name.**
- **Address** — Provide the proposed insured's physical address.
- **City / State / Zip Code**
- **Telephone Case Number** — Provide the case number provided to you by the vendor (if interview 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 # (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 and Weight** — Record the proposed insured's current height and weight. Refer to the build tables in this guide to assist in determining the appropriate plan to apply for based on build.
- **Occupation** — Provide a job title or duties performed.
- **Owner:**
  - — Name
  - — Social Security number
  - — Address
- **Payor:**
  - — Name
  - — Social Security number
  - — Address
- **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** — Check the box for the appropriate death benefit plan being applied for. This is based on the answers to the health questions and the proposed insured's build.
- **Automatic Premium Loan (APL)** — Check **'YES'** or **'NO'**. (Check **'Yes'** to ensure the proposed insured has this option if ever needed.)
- **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 Amt $** — Enter the amount of coverage being applied for.
- **Mail Policy To** — Check the box to show the preference to whom the policy contract should be mailed.
- **Rider** (Be sure to check the box next to the rider being applied for.):
  - — **Children's Insurance Agreement**
    - Indicate the number of children applying for coverage.
    - Enter 1 unit ($3,000), 2 units ($6,000), or 3 units ($9,000) of coverage.
  - — **Accidental Death Benefit Agreement**
    - Check the box for ADB.
    - Indicate the amount of coverage.
- **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 send it with the application.
  - — **Collected $** – Only select this choice if actually collecting initial payment and mailing it to the Home Office.
- **Policy Date Request** — The **'Requested Policy Date'** or the first draft, if applicable, cannot be more than 30 days out from the date the application was signed.
- **Replacement Section:**
  - — Answer questions A & B
  - — If replacing coverage, please provide the other insurance Company name, policy #, & amount of coverage.
  - — **NOTE: Complete any state required Replacement form.**
- **Physician Name, City/State & Phone** — Provide the name and contact information of the proposed insured's doctor (or medical facility).
- **Health Questions:**
  - — If any answer to questions 1 through 6 is answered **'YES'**, the proposed insured is not eligible for any coverage.
  - — If any answer to questions 7 through 9 is answered **'YES'**, the proposed insured is eligible for the Return of Premium Death Benefit Plan.
  - — If all questions 1 through 9 are answered **'NO'**, the proposed insured is eligible for the Immediate Death Benefit Plan.

Back of the Application:

- **List children for coverage under the Children's Insurance Agreement:**
  - — For each child to be covered provide their name, height & weight, sex, & birthdate.
  - — If more space is needed to list the children covered, please provide their information on a separate sheet of paper and submit along with the application.
- **Proposed Children's Health Statement:**
  - — This statement applies to all of the children proposed for coverage.
  - — Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".
- **Signature of proposed insured:**
  - — The proposed insured should sign their own application.
  - — Power of Attorney (POA) signatures are not acceptable.
- **Date Signed** — The date signed should always be the date the proposed insured answered all the medical questions and signed the application.
- **Signed at** — Provide both the city and state indicating where the applicant was when the application was taken.
- **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 Remark - Provide any special instructions or notes for the Company.
  - — Agent's Signature
  - — Agent Number
  - — Date
  - — Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

- **Bank Draft Authorization** — Complete the following if premiums are being paid via bank draft. A complete explanation of acceptable draft dates is found later 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

CUSTOMER BENEFITS

- Simple YES/NO application
- No medical exams or blood work required
- Affordable rates that will not increase
- Benefits not subject to Federal income tax
- Cash value for emergencies and other needs

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

- **Incomplete or unsigned applications** — Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please make sure that all blanks are filled in and the application reviewed and signed by the Owner and proposed insured. Also, remember to include your agent number.
- **Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (IAA)** — The agent must present to the applicant and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA and VA require this disclosure form to be signed by the applicant and submitted with the life application.)
- **Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (IAA)** — The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.
- **HIPAA, Form No. 9526** — Must be sent with each application. *
  *Juvenile Applications - Please print the juvenile's name at the top of the HIPAA form signed by the guardian.
- **Replacement Form (if required)** — Complete all replacement requirements as per individual state insurance replacement regulations.
- **Replacement of Existing Insurance** — Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) to determine if the replacement is in his/her best interest. Do not request a replacement (both external & internal) 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. The Company reviews applications involving replacement sales daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to including termination of an agent's contract.
- **All changes must be crossed out and initialed by proposed insured** — No white outs or erasures on the application.
- **Application Date / Requested Policy Date** — Application date should always be the date the proposed insured answered 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.
- **Initial Premium** — Submit the first full modal premium with the application, unless the initial premium is bank draft. The first premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for first premium. See the eCheck procedures described in this guide.
- **Re-Writes on Same Insured** — If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered by the Underwriting Department.
- **Applications on Juveniles (Issue Ages 0-17):**
  - — All children within the family are required insured equally.
  - — We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
  - — Juvenile questionnaires (Form No. 9825) are to be sent with the applications.

- **Third Party Payor** — The Company has experienced problems in terms of anti-choice, adverse claims experience and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary insured, 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 when the proposed insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Family Solution applications where a Third-Party Payor is involved, and the applicant is age 30 or older. We do accept such applications if the payor is a spouse, business, or business partner. If the proposed insured ranges from ages 0 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the proposed insured ranges from ages 25 to 29.
- **Applicants Re-applying for Coverage** — Underwriting will not process new applications if the proposed insured has had three policies with any of our companies which have lapsed, made not taken, surrendered, or canceled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
- **Request for Re-dates and/or Reinstatements:**

  — 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 Reinstate Request*:**

    — If the policy lapse has occurred 60 days after the policy date & within the first policy year:
    - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at **cx@aatx.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) to be completed.
    - In addition, a new Bank Draft Authorization (Form No. 1963) for payments via bank draft. Or we would need the back premiums due for payments on direct bill.
    - Fax documents above to **Client Experience Department** at **(254) 297-2105**.
    - As an alternative, we will process a new application with 'Reinstate' and the policy number wrote down at the top. Fax this request to **Client Experience Department** at **(254) 297-2105**.

    — If the policy lapse occurred more than one year after the policy date:
    - We require completion of a new application and faxed to the **New Business Department** at **fax # (254) 297-2100**.
    - Make sure to send a note with the application saying this is a 'Reinstatement' & indicate the original policy number.

    ** Upon request, we will review these case-by-case for consideration for a re-date & reinstate.

PREMIUMS REQUIREMENTS

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

* We may need loan interest or payment if the policy is over-loaned.

CUSTOMER BENEFITS

- Simple **'YES/NO'** application.
- No medical exams or blood work required.
- Affordable rates that will not increase.
- Benefits not subject to federal income tax.
- Cash value for emergencies and other needs.

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:
— 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.
— Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of their personal information.
— Supplement to Application Form No. 3481 must be completed due to the no-cost Terminal Illness Accelerated Death Benefit Rider provided.

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.

Florida:
If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than parent is signing the application, proof of child guardianship must be provided.

Idaho:
Notice of Lapse Designee Form No. 3373 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.
— If any **'YES'** answers to application health questions 1-9, do not send/collect initial premium.
— Conditional Receipt Form No. 9712-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.

South Dakota:
Refer to agent guide as to what plan the client is eligible for based on health question responses and build charts.

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.

Virginia:
Refer to Agent Guide as to what plan applicant is eligible for based on health question responses and build charts.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE

ALL PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BUILD CHARTS
(Unisex)

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

HT.	MAXIMUM WEIGHT FOR PLAN		MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	RETURN OF PREMIUM*	IMMEDIATE	RETURN OF PREMIUM**
4’10"	211	212 - 230	92	87 - 91
4’11”	218	219 - 238	94	89 - 93
5’	225	226 - 246	96	91 - 95
5’1”	233	234 - 254	99	94 - 98
5’2”	241	242 - 262	101	96 - 100
5’3”	248	249 - 271	105	100 - 104
5’4”	256	257 - 280	107	102 - 106
5’5”	264	265 - 288	110	105 - 109
5’6”	273	274 - 297	112	107 - 111
5’7”	281	282 - 306	116	111 - 115
5’8”	289	290 - 316	119	114 - 118
5’9”	298	299 - 325	123	118 - 122
5’10”	307	308 - 335	126	121 - 125
5’11”	315	316 - 344	131	126 - 130
6’	324	325 - 354	135	130 - 134
6’1”	334	335 - 364	139	134 - 138
6’2”	343	344 - 374	142	137 - 141
6’3”	352	353 - 384	146	141 - 145
6’4”	361	362 - 394	149	144 - 148

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

JUVENILE BUILD CHART

AGES 0-2			AGES 3-9			AGES 10-14		
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
24"	8	23	30"	18	40	48"	44	92
26"	10	26	34"	22	44	52"	54	108
28"	13	31	38"	26	54	56"	63	126
30"	15	36	42"	32	64	60"	74	144
32"	18	40	46"	38	78	64"	87	166
34"	21	42	50"	46	94	68"	100	186
36"	23	45	54"	56	111	72"	113	206
38"	26	48	58"	66	128	76"	126	228
AGES 15-17								
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
4' 8"	74	169	5' 3"	93	215	5' 10"	115	265
4' 9"	76	176	5' 4"	96	221	5' 11"	118	272
4' 10"	79	182	5' 5"	99	228	6'	122	280
4' 11"	82	188	5' 6"	102	235	6' 1"	125	288
5'	84	195	5' 7"	105	243	6' 2"	129	296
5' 1"	87	201	5' 8"	109	250	6' 3"	132	304
5' 2"	90	208	5' 9"	112	257	6' 4"	136	312

Proposed insured with weights below the minimum or above the maximum in this chart are not eligible for coverage. The chart above serves as a general guide relating to juvenile build. However, Underwriting reserves the right to use discretion concerning appropriate build for age as well as the height and weight limits for such proposed insured.

FAMILY SOLUTION: Field Underwriting Hints

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

- Good Field Underwriting – Carefully ask all the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the interview (when required). The interview will be brief, pleasant, professionally managed, and recorded.

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines...

BEFORE asking any health questions, stress the importance for 'truthful and complete' answers, including tobacco usage that will 'match' information already in the applicant's medical records, national prescription database, and MIB, LLC.

Providing COMPLETE INFORMATION on the application REDUCES the need to order medical records and speeds up issue time!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those applicants until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

(1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day** if desired. **If the applicant provides the Requested Draft Day and wants a draft on a specific day, supply that date in the Policy Date field (mm/dd/yy).**
   (a) Drafts cannot occur more than 30 days after the date the application was signed.
   (b) Drafts cannot be on the 29th, 30th or 31st of the month.
   (c) Drafts cannot occur more than 10 days into the grace period.

(2) A copy of a voided check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (the Bank Verification section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card.)

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

(1) In addition to items 1 & 2 above, complete the eCheck Authorization (the eCheck Bank Draft Authorization Section of Form 9903). Using this form, the Company will draft the first premium upon receipt of the application.

(2) When the application is approved, the premium will be applied. Future drafts will occur on the next due date and the **Requested Draft Day** (if 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'** section found on the back page of the application, you will need to write in one of the following options:
  — **'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. Complete the rest of the application paperwork in the normal fashion. Also, you still have the choice of requesting immediate drafts for CWA; follow the routine procedures.

PRODUCT SOFTWARE

NAIC Illustration is not required. However, presentation software is available on the Company's websites. It will quickly and easily present the guaranteed death benefit & guaranteed cash values. You can run quotes based on a desired face amount or premium amount to customize a solution for your client. To run a quote using your smartphone or tablet, please go to www.insuranceapplication.com (Select the option for the 'Phone Quoter').

APPLICATION SUBMISSION

You can submit new applications to the Home Office by scanning, faxing, or mailing. 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, send all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the Bank Draft Procedures section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under a separate cover to the attention of policy Issue. Be sure to include the proposed insured's name on the cover sheet.

MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select the 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.
- Complete the application and all required forms in their entirety. Applications 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) by voice signature.

BENEFITS AND RIDERS not available in all states

Level Term Insurance Rider

Policy Form 8087 (AA, OL, PA, PS); LT301 (IAA)(Available on spouse only)

The Level Term Insurance Rider provides 20-year level term insurance on the spouse's. If any of the spouse health questions 1 through 9 are answered **'Yes'**, the spouse is not eligible for rider coverage.

Spouse Issue Ages: 15 - 49

Minimum Amount: $5,000

Maximum Amount: $35,000 (not to exceed face amount of base policy)

LEVEL TERM RATES							
ANNUAL PREMIUMS PER $1,000							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
15	1.73	24	2.17	33	4.11	42	7.80
16	1.77	25	2.23	34	4.33	43	8.67
17	1.81	26	2.36	35	4.59	44	9.18
18	1.86	27	2.52	36	4.88	45	9.75
19	1.90	28	2.69	37	5.20	46	11.14
20	1.95	29	2.89	38	5.57	47	12.00
21	2.00	30	3.12	39	6.00	48	13.00
22	2.05	31	3.39	40	6.50	49	14.18
23	2.11	32	3.71	41	7.09		

Waiver of Premium (WP)

Policy Form 7180 (AA, OL, PA, PS); WPD301 (IAA)

(not available on ROP Plan)

Issue Ages: 0 - 49

The Company will waive the premium of the policy in case of permanent and total disability of the insured as defined and specified in the agreement. The principal points in the contract are:

1. Total disability has existed continuously for at least six consecutive months.
2. For policies issued prior to age 15, premiums will be waived after the policy anniversary nearest the insured's age 15.
3. Insured must provide due proof of being permanently and totally disabled while this agreement was in force and sent to the Home Office.
4. Premium for the benefit ceases when the benefit terminates.
5. Cash and loan values continue increasing if premiums are waived.
6. Premiums shall not be waived if disability results directly or indirectly from service in any country's military, naval, or air forces while engaged in war, whether declared or undeclared.
7. Rider coverage expires at age 60 (unless the rider is in effect).

WAIVER OF PREMIUM			
ISSUE AGE	ANNUAL PER $100	ISSUE AGE	ANNUAL PER $100
0-5	1.39	28	2.93
6	1.43	29	3.05
7	1.47	30	3.17
8	1.51	31	3.31
9	1.55	32	3.45
10	1.60	33	3.60
11	1.64	34	3.76
12	1.69	35	3.94
13	1.75	36	4.12
14	1.80	37	4.31
15	1.86	38	4.52
16	1.92	39	4.75
17	1.99	40	5.00
18	2.06	41	5.26
19	2.14	42	5.55
20	2.21	43	5.86
21	2.29	44	6.21
22	2.36	45	6.59
23	2.45	46	7.15
24	2.53	47	7.78
25	2.62	48	8.50
26	2.72	49	9.31
27	2.82		
27	2.82		

Accidental Death Benefit Agreement (ADB)

Policy Form 7159 (AA, OL, PA, PS); ADB302 (IAA)

(Not available on ROP plan)

Accidental Death Benefit Agreement provides an additional death benefit should the insured die from of an accident.

Issue Ages: 0 - 49

Minimum Amount: $2,500

Maximum Amount: Equal to the face amount of the policy

Premium: $1.50 per $1,000 ADB coverage

Children's Insurance Agreement (CIA)

Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA)

(Not available on ROP plan)

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

Issue Ages: Primary insured: 15 - 49
Children: 15 days - 17 years

Premium: $8.50 annually per unit

Maximum: Three units ($9,000 face amount of coverage)

CIA Calculation Example: 2 units of CIA ($8.50 X 2) multiplied X .088 = $1.50 per month. Add this to life coverage monthly premium for the total monthly premium.

RIDERS INCLUDED AT NO ADDITIONAL COST

Terminal Illness Accelerated Death Benefit Rider

Policy Form No. 9473 or 3575 in CA (AA, OL, PA, PS); TIA302 (IAA)

With this benefit, you may receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 24 months or less (12 months in some states). Rider is added to every policy (where available) at no additional premium. During acceleration, the Company will add an actuarial adjustment factor and an administrative charge of $150. For California, please refer to Policy Form No. 3672-CA for rider details. *Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); T1501 (IAA), or 3575-D in CA, with the client.*

Accelerated Benefits Rider-Confined Care

Policy Form No. 9760 or 3156 in NC (AA, OL, PA, PS); AB303 (IAA)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you may receive a monthly benefit equal to 5.0% of the face amount per month. Rider is added to contracts issued as the Immediate Death Benefit Plan (where available) at no additional premium. Not available on the Return of Premium Death Benefit plan. *Remember to leave disclosure statement Form 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (IAA) with the client when applying for the Immediate Death Benefit plan. (Rider not available in CA, CT, DC, FL, IL, IN, MA, NJ, OH, SD, & VA.)*

RIDER AVAILABILITY CHART		
Rider availability can vary by death benefit plan. See chart below for availability.		
	DEATH BENEFIT PLAN	
RIDER NAME	IMMEDIATE	RETURN OF PREMIUM
Level Term (Spouse)	Yes	Yes
Accidental Death	Yes	No
Waiver of Premium	Yes	No
Children's	Yes	No
Terminal Illness	Yes	Yes
Confined Care	Yes	No

FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage

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 # Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Azathioprine	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis Liver Failure	N/A N/A	Return of Premium No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benztropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetadine	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Bumex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Capoten	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Capozide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Captopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
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	No Coverage
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heartbeat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Depacon	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Depakote	Seizures	3 years	Return of Premium
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Epitol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Gabapentin	Seizures Diabetic Neuropathy Restless Leg Syndrome	3 years N/A N/A	Return of Premium No Coverage Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
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	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Hizentra	Immunodeficiency	N/A	Decline
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Imdur	Angina / CHF	N/A	No Coverage

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FAMILY SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the **'RX FILL WITHIN'** column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lamictal	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lamotrigine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Lanoxicaps	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Lanoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage
Levocarnitine	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	5 years > 5 years	No Coverage Immediate
Lyrica	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mellaril	Schizophrenia	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heartbeat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
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/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Prinzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propanolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Quinaretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ramipril	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Requip	Parkinson's Restless Leg Syndrome	N/A N/A	Return of Premium Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Rythmol	Irregular Heartbeat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Starlix	Diabetes	N/A	See '#' Below
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heartbeat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '#' Below
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Toprol XL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Torsemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trandate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trandolapril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tresiba (Insulin)	Diabetes*	N/A	Immediate
Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Valstar	Cancer	5 years > 5 years	No Coverage Immediate
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium
Zemplar	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Zestoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zestril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ziac	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage

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FAMILY SOLUTION MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide is 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, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism / Alcohol Abuse	Within the past 24 months abused alcohol or had, or recommended to have treatment or counseling for alcohol use	No Coverage	2
Amputation	Have ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Blood Clot	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease within the past 5 years	No Coverage	4
Cardiomyopathy	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Chronic Bronchitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Criminal Background	Convicted of any felony within the past 24 months	No Coverage	2
	Probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Decline for Insurance	Declined for life insurance coverage within the past 12 months	Return of Premium	8

* Applies to standard life application Form No. 9617. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Diabetes	Medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated, or taken medication for prior to age 39	Return of Premium	7a
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Return of Premium	8
Disability	Prohibited from actively working full-time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem within the past 12 months	No Coverage	3
	Currently receiving benefits, compensation, pension for disability, or currently unemployed due to medical reasons	No Coverage	3
Down Syndrome	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Driving Record	Had driver's license suspended or revoked, or convicted of an alcohol/drug related infraction within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease / Disorder	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Heart Valve Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Hemophilia	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Hepatitis C	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated, or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Have been tested positive for	No Coverage	1
Huntington's Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Immune Deficiency Related Disorder	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Irregular Heartbeat	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Kidney Failure	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Leukemia	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Liver Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b

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Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Liver Failure	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Marfan Syndrome	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Mental Retardation	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Motor Neuron Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Neuro-Muscular Disease	Medically diagnosed, treated, or taken medication for (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease) within the past three years	Return of Premium	7b
Obesity	Surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Have ever had or medically advised to have	No Coverage	6b
Paralysis	Medically diagnosed, treated, or taken medication for paralysis of two or more extremities within the past three years	Return of Premium	7b
Parkinson's Disease	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Renal Insufficiency	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b
Schizophrenia	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6b
Seizures	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Stroke	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Systemic Lupus (SLE)	Medically diagnosed, treated, or taken medication for within the past 3 years	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	7b

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FAMILY SOLUTION
IMMEDIATE DEATH BENEFIT

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

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
0-10	11.00	10.00	N/A	N/A
11	11.24	10.20	N/A	N/A
12	11.47	10.41	N/A	N/A
13	11.70	10.61	N/A	N/A
14	11.91	10.81	N/A	N/A
15	12.12	11.01	N/A	N/A
16	12.32	11.21	N/A	N/A
17	12.50	11.41	N/A	N/A
18	12.69	11.61	15.14	11.96
19	12.87	11.80	15.73	12.46
20	13.06	12.00	16.34	12.98
21	13.42	12.25	16.90	13.40
22	13.80	12.51	17.49	13.83
23	14.20	12.77	18.10	14.28
24	14.61	13.04	18.73	14.74
25	15.03	13.30	19.39	15.22
26	15.47	13.57	20.07	15.72
27	15.92	13.85	20.78	16.24
28	16.40	14.12	21.53	16.77
29	16.90	14.39	22.33	17.32
30	17.42	14.67	23.17	17.90
31	17.99	15.16	24.17	18.73
32	18.58	15.66	25.24	19.59
33	19.21	16.19	26.36	20.51
34	19.86	16.73	27.55	21.47
35	20.53	17.30	28.80	22.47
36	21.24	17.88	30.13	23.53
37	21.98	18.49	31.53	24.65
38	22.74	19.12	33.00	25.83
39	23.55	19.78	34.56	27.08
40	24.38	20.47	36.20	28.40
41	25.06	21.02	36.86	28.83
42	25.76	21.58	37.50	29.25
43	26.47	22.15	38.12	29.66
44	27.20	22.74	38.72	30.04
45	27.94	23.34	39.29	30.40
46	28.70	23.95	39.84	30.73
47	29.48	24.58	40.36	31.02
48	30.29	25.21	40.88	31.27
49	31.13	25.85	41.38	31.46

Premium Calculation Example: Male, Non-Tobacco Age 35, Monthly, $10,000: ($20.53 X 10 + $30.00) X .088 = $20.71 per Month

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

FAMILY SOLUTION
RETURN OF PREMIUM DEATH BENEFIT

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

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
18	16.04	13.02	22.08	16.82
19	16.42	13.44	22.62	17.82
20	16.90	13.92	23.40	19.80
21	17.52	14.60	24.32	20.96
22	18.24	15.10	25.20	21.90
23	18.92	15.56	26.24	22.40
24	19.64	16.02	27.44	23.24
25	20.23	16.55	28.20	24.06
26	21.68	17.67	30.47	24.60
27	23.22	18.72	32.66	25.34
28	24.72	19.70	34.82	26.12
29	25.94	20.72	37.21	26.92
30	27.06	21.64	38.82	27.81
31	27.72	22.40	39.80	28.64
32	28.30	23.02	40.74	29.12
33	28.80	23.66	41.62	29.74
34	29.17	24.12	42.50	30.14
35	29.39	24.47	43.43	30.46
36	30.17	25.10	44.32	30.72
37	30.76	25.52	45.10	30.96
38	31.32	25.90	45.84	31.16
39	31.86	26.24	46.52	31.34
40	32.30	26.50	47.20	31.52
41	32.80	26.82	47.82	31.64
42	33.42	27.14	48.56	31.76
43	33.88	27.52	49.40	31.86
44	34.00	28.00	50.00	31.92
45	36.50	28.50	53.00	32.00
46	38.05	29.93	55.47	33.75
47	39.74	31.48	58.16	35.66
48	41.57	33.16	61.08	37.72
49	43.40	34.84	64.00	39.78

Premium Calculation Example: Male, Non-Tobacco Age 35, Monthly, $12,000 ($29.39 X 12 + $30.00) X .088 = $33.68 per month

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

QUALITY. SERVICE. EXCELLENCE.

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