SURVIVOR PROTECTOR

Decreasing Term Life Insurance
with 15-20-25-30 to age 70 Level Premium Periods

Policy Form No. 3422

with MONTHLY INCOME BENEFIT option

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.

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SURVIVOR PROTECTOR

PLAN DESCRIPTION

Survivor Protector is a simplified underwritten product that provides a monthly income benefit payable until the end of the Death Benefit Period. The benefit expires at the end of the Death Benefit Period. Premiums are guaranteed and payable to the end of the death benefit period. There are five premium options available. At the policy issue, the Owner will choose a Death Benefit Period of 15-year, 20-year, 25-year, or 30-year level to attain age 70. The Company calculates the monthly premium per $100 of monthly income benefit.

APPLICATION AND REQUIRED FORMS

- Application Form No. 3423 – Company specific with state exceptions .
- Disclosure for the Terminal Illness Accelerated Death Benefit Rider Form No. 9474 (AA, OL, PA, PS); TI501 (IAA); In CA form 3575-D – 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.)
- Replacement Form (if required) – Complete all replacement requirements as per individual state insurance replacement regulations.

SURVIVOR PROTECTOR ISSUE LIMITS			
Death Benefit Period	Issue Ages (age last)	Monthly Income	
		Minimum	Maximum
15-Year	20-75	$179	$2,145
20-year	20-70	$145	$1,736
25-Year	20-65	$125	$1,496
30-Year	20-60	$112	$1,340
To Age 70	20-55	Varies, see chart below	

TO AGE 70 INCOME LIMITS					
Ages	Monthly Income		Ages	Monthly Income	
	Minimum	Maximum		Minimum	Maximum
55	$179	$2,145	37	$106	$1,270
54	$171	$2,042	36	$105	$1,250
53	$163	$1,952	35	$103	$1,231
52	$156	$1,871	34	$102	$1,214
51	$151	$1,800	33	$100	$1,197
50	$145	$1,736	32	$99	$1,181
49	$140	$1,678	31	$98	$1,167
48	$136	$1,626	30	$97	$1,153
47	$132	$1,579	29	$96	$1,140
46	$128	$1,535	28	$94	$1,127
45	$125	$1,496	27	$94	$1,116
44	$122	$1,459	26	$93	$1,105
43	$119	$1,426	25	$92	$1,094
42	$117	$1,395	24	$91	$1,084
41	$114	$1,366	23	$90	$1,075
40	$112	$1,340	22	$89	$1,066
39	$110	$1,315	21	$89	$1,057
38	$108	$1,292	20	$88	$1,049

Premium Classes — Standard Non-Tobacco, Standard Tobacco

Modal Factors:

Monthly	.094
Quarterly	.273
Semiannual	.537

Policy Fee — $80 Annually (fully commissionable)

Death Benefit — The beneficiary can choose a monthly income payment in the amount established on the effective date until the end of the Death Benefit Period, subject to a 24-month guarantee. The beneficiary can also choose to receive a lump sum benefit. The Company will reduce the present value of the lump sum benefit over time at 3.5% with a 24-month minimum guarantee.

Underwriting — Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

Conversion Privilege — While the policy is in force, the insured may convert it to any permanent plan of insurance offered by the Company at the time of conversion. Conversion is allowed on or before the earlier of

1) the expiry date,
2) the policy anniversary following the insured attained age 75, or
3) within five years from the Policy Date if later than the policy anniversary following the insured's attained age 75.

Evidence of insurability will not be required. The face amount of the new policy may not exceed the lump sum death benefit of the policy currently in effect on the effective date of the conversion, nor may the face amount 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)

- Waiver of Premium Disability Agreement
- Waiver of Premium for Unemployment Rider
- Accidental Death Benefit Rider
- Total Disability Benefit Rider*
- Accident Only Total Disability Benefit Rider*
- Children's Insurance Agreement
- Family Insurance Agreement
- Terminal Illness Accelerated Death Benefit Rider - available at no additional premium cost

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

SURVIVOR PROTECTOR Annual Rates per $100 of Monthly Income										
ISSUE AGE	15-YEAR PERIOD		20-YEAR PERIOD		25-YEAR PERIOD		30-YEAR PERIOD		TO AGE 70	
	NT	T	NT	T	NT	T	NT	T	NT	T
20-25	19.24	35.24	24.33	41.70	34.46	48.56	40.48	60.26	70.71	110.87
26	19.66	35.81	25.54	43.09	35.47	50.38	41.60	62.74	70.81	111.55
27	19.94	36.37	26.59	44.48	36.67	52.19	42.72	65.21	70.91	112.52
28	20.36	36.93	27.63	46.05	37.68	54.21	44.07	67.68	71.39	113.98
29	20.78	37.49	28.67	47.44	38.69	56.02	45.20	70.16	71.97	116.01
30	21.06	38.05	29.71	48.83	39.70	57.83	46.32	72.86	72.65	118.15
31	21.76	39.88	31.45	51.96	41.71	61.86	48.35	78.03	73.53	121.06
32	22.47	41.56	33.19	55.08	43.93	65.69	50.37	83.20	74.59	124.16
33	23.17	43.25	34.93	58.21	45.94	69.52	52.39	88.37	75.37	126.68
34	23.87	44.93	36.66	61.34	47.96	73.55	54.42	93.54	76.24	129.59
35	24.57	46.62	38.23	64.47	50.18	77.38	56.44	98.94	77.31	132.89
36	26.82	51.25	41.36	70.90	54.41	85.04	62.29	111.31	78.28	136.38
37	28.92	55.88	44.48	77.33	58.84	92.69	68.13	123.68	78.57	140.17
38	31.17	60.52	47.44	83.75	63.27	100.35	73.76	136.27	78.86	143.56
39	33.42	65.15	50.57	90.18	67.71	108.01	75.78	141.67	79.25	146.96
40	33.84	66.56	50.91	92.10	67.91	108.81	79.60	150.44	79.60	150.44
41	34.96	68.80	51.61	95.22	68.31	110.83	80.50	152.46	78.20	148.34
42	36.51	71.89	53.00	99.39	70.73	115.46	82.98	157.63	81.35	148.79
43	37.63	74.42	54.91	104.78	76.57	125.74	89.50	170.00	80.93	150.30
44	39.46	77.93	58.56	113.12	82.22	135.82	95.79	182.37	85.05	148.72
45	42.26	83.69	62.21	121.64	88.06	146.09	102.31	194.96	88.06	146.09
46	47.32	90.43	68.81	131.54	96.52	160.20	111.98	211.60	92.07	153.90
47	52.51	97.17	75.24	141.44	105.19	174.30	121.43	228.24	91.08	154.62
48	57.57	104.05	81.84	151.35	113.85	188.61	131.10	244.88	90.18	155.25
49	62.62	110.79	88.27	161.25	122.32	202.72	140.54	261.52	88.65	156.15
50	65.71	113.87	91.92	165.95	126.95	210.17	145.71	269.62	91.92	165.95
51	71.61	123.14	100.09	178.98	139.44	229.92	159.21	291.20	91.69	162.59
52	77.65	132.27	108.26	192.18	151.94	249.87	172.70	313.01	91.02	159.36
53	83.55	141.40	116.60	205.39	164.23	269.62	186.41	334.83	91.49	157.82
54	89.58	150.52	124.76	218.42	176.72	289.37	199.91	356.64	90.91	154.46
55	90.43	151.22	132.93	231.63	189.22	309.11	213.62	378.45	90.43	151.22
56	102.78	180.01	143.70	257.17	204.73	333.50	241.51	429.27	N/A	N/A
57	109.94	200.37	154.65	282.89	220.45	357.88	269.62	480.32	N/A	N/A
58	117.24	220.73	165.42	308.43	235.97	382.46	297.50	531.36	N/A	N/A
59	124.41	241.09	176.20	334.15	251.48	406.84	325.61	582.40	N/A	N/A
60	131.71	261.59	186.97	359.69	267.00	431.23	353.49	633.45	N/A	N/A
61	141.68	298.10	204.17	403.14	290.37	470.72	N/A	N/A	N/A	N/A
62	151.50	334.60	221.20	446.58	313.75	510.42	N/A	N/A	N/A	N/A
63	161.47	371.11	238.41	490.02	337.12	549.92	N/A	N/A	N/A	N/A
64	171.44	407.62	255.61	533.46	360.70	589.41	N/A	N/A	N/A	N/A
65	181.27	444.12	272.64	576.90	384.07	629.11	N/A	N/A	N/A	N/A
66	203.74	491.16	320.08	638.59	N/A	N/A	N/A	N/A	N/A	N/A
67	226.20	538.06	367.51	700.27	N/A	N/A	N/A	N/A	N/A	N/A
68	248.53	585.10	414.95	761.79	N/A	N/A	N/A	N/A	N/A	N/A
69	271.00	632.14	462.39	823.47	N/A	N/A	N/A	N/A	N/A	N/A
70	293.32	679.17	509.83	885.16	N/A	N/A	N/A	N/A	N/A	N/A
71	361.00	839.24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
72	428.68	999.45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
73	496.36	1159.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
74	564.04	1319.73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
75	631.71	1479.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Premium Calculation Example:
Male/Non-Tobacco/Age 40/20-Year Plan/$1,000 Monthly Benefit: [(**50.91*** 10) + 80]* **0.094** = **$55.38**/mo
Issue Ages: based on age last birthday
Modal Factors: Monthly 0.094 / Quarterly 0.273 / Semi-Annual 0.537

Benefits and Riders not available in all states

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

ACCIDENTAL DEATH BENEFIT (ADB) - Policy Form No. 3367

Issue Ages: 20 – 64

Minimum ADB Amount: $1,000

Maximum ADB Amount: $200,000 or five times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit Agreement provides an additional death benefit should the insured die from 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		

TOTAL DISABILITY BENEFIT RIDER (DIR)* - Policy Form No. 9785 (AA, OL, PA, PS); TD301 (IAA)

Issue Ages: 20 – 55

Minimum Disability Income Benefit: $500 monthly

Maximum Disability Income 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
18	9.78	28	13.60	38	20.52	48	32.98
19	10.12	29	14.08	39	21.56	49	34.74
20	10.46	30	14.58	40	22.60	50	36.62
21	10.80	31	15.14	41	23.68	51	38.66
22	11.16	32	15.70	42	24.78	52	40.92
23	11.52	33	16.32	43	25.92	53	43.42
24	11.90	34	17.00	44	27.12	54	45.98
25	12.28	35	17.76	45	28.42	55	48.62
26	12.70	36	18.58	46	29.80		
27	13.14	37	19.50	47	31.32		

*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

Issue Ages: 20 – 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 (WP) - Policy Form No. 7180 (AA, PA, PS); PWO (OL); WPD301 (IAA)

Issue Ages: 20 – 55

If elected, the Company will waive the payment of each premium of the policy in the event of total and permanent disability of the Insured 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**
18-27	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 FOR UNEMPLOYMENT RIDER (WOPU) - Policy Form No. 3231

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 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).

WAIVER OF PREMIUM FOR UNEMPLOYMENT RATES PER $100		
Issue Age	Rate per $100	
	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); CIB304 (IAA)

Issue Ages of Children: 15 days - 17 years

Issue Age of Primary Insured: 20 - 50

Maximum Rider Units: Five units

Premium: $8.50 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 that is 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.

FAMILY INSURANCE AGREEMENT (FIA) - Policy Form No. 8374

Issue Ages: Spouse — 15-60
Children — 15 days-17 years

Maximum: Five units - combination of FIA and CIA units cannot exceed five units

Premium: $39.00 annually per unit

The Family Insurance Agreement provides $3,000 coverage per unit on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base. FIA rider expires on the policy anniversary date nearest the primary insured's attained age of 65. Coverage on the spouse expires at the spouse's age of 65. According to the following chart, it provides a decreasing term coverage on the spouse as their age increases. Spouse signature is only required if the spouse is applying for over $25,000.

SPOUSE'S INSURANCE PER UNIT OF FIA									
AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	16,750	25	13,250	35	9,750	45	6,250	55	2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

RIDERS INCLUDED AT NO ADDITIONAL COST

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER — Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA); 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), or 3575-D in CA, with the applicant at point-of-sale. For California, please refer to Form No. 3672-CA for rider details. *(The states of MA, VA, and WA require this disclosure form to be signed by the applicant and submitted with the application.)*

New Business Tips

PRODUCT SOFTWARE

NAIC Illustration is not required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed cash values. Quotes can be ran 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 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, transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. 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 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 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 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) by 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),
  — Approved other than as applied for,
  — Telephone Interview Needed
  — Refer to Home Office, or
  — Not Eligible for Coverage.

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 60 days after the date the application was signed.
   (b) Drafts cannot be on the 29th, 30th or 31st of the month.
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) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the E-Check section of Form 9903 in addition to items 1 & 2 listed above.
   (a) 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.
   (b) 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 drafted on those exact 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 <u>one</u> 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. 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.

Underwriting

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. 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 when deemed necessary.

APPLICATION COMPLETION

The following section is to help agents with the completion of the life insurance application (Form No. 3423). 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.

- **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 # (paper):** List the applicants driver's license number and the SOI.
- **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 chart 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:** List the appropriate **Monthly Income Death Benefit** amount the proposed insured is applying for and check the proper **Level Term Period**. DO NOT INDICATE THE INITIAL LUMP SUM BENEFIT ON THE APPLICATION.
- **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.

- **Riders (Be sure to check the box next to the rider being applied for.):**
  - **Children's Insurance Agreement:**
    - Check the 'CIA' box.
    - Enter the # of units of coverage being applied for. 1 unit ($3,000); 2 units ($6,000); 3 units ($9,000); 4 units ($12,000); or 5 units ($15,000).
  - **Accidental Death Benefit Rider:**
    - Check the box for 'ADB'.
    - Indicate the amount of coverage.
  - **Accident Only Total Disability Benefit Rider:**
    - Check the 'Accident Only DIR' box.
    - Indicate the amount of coverage.
  - **Waiver of Premium Unemployment Agreement:**
    - Check the 'Waiver of Premium Unemployment' box.
  - **Total Disability Benefit Rider:**
    - Check the box for 'Disability Income'.
    - Indicate the amount of coverage.
  - **Waiver of Premium Disability Agreement:**
    - Check the 'Waiver of Premium' box.
  - **Family Insurance Agreement:**
    - Check the box for 'FIA'.
    - Indicate the number of units.
- **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.**
- **Mail Policy To:** Check the box to show the preference to whom the policy contract should be mailed.
- **Mode:**
  - **Bank Draft** - Monthly bank draft
  - **Quarterly** - Quarterly bank draft
  - **Payroll Deduction**
  - **Other**
  - **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.
- **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.**
- **Other proposed insured's:** Provide details on any *additional* proposed insured's.
- **Section A:** All proposed insureds must complete **Section A**. If any answers to questions in **Section A** are **'Yes'**, the proposed insured will need to circle the applicable condition.
- **Section B:** Give details to **'Yes'** answers in **Section A**, and list current medications, treatments, and doctor's information.
- If the proposed insured has a condition listed in the **Medical Impairment Guide** as a **'Decline'** or exceeds the maximum or minimum weight in the build chart provided in this guide, do not submit the application to the Home Office.
- **Comments:** Use the space provided for information the proposed insured would want to be considered in addition to the application.
- **Signed at:** Provide both the city and state indicating where the applicant was when the application was taken.
- **Date of Application:** The **'Date of Application'** should always be the date the proposed insured answered all the medical questions and signed the application.

- **Signature of proposed insured:** The proposed insured *must* sign here.
- **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.)
- **Preauthorization Check Plan** — 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

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.
- **HIPAA, Form No. 9526**: Must be sent with each application.
- **Replacement Form (if required)**: Complete all replacement requirements as per individual state insurance replacement regulations.
- **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) 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 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**: 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.
- **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.
- **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 Critical Life Benefits 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 your client's best interests to ask 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 other paperwork necessary.
      * A policy re-date 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

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.

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:
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.
— 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:
Notice of Lapse designee Form No. 3381 must be completed and sent to the Home Office along with the life 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:
Notice of Lapse designee Form No. 3297 must be completed and sent to the Home Office along with the life application.

TELEPHONE INTERVIEW

A telephone interview with the proposed insured may be required based on the Non-Med Limit Chart below. If an interview is necessary, the agent and proposed insured can complete it at point-of-sale.

After completing the application, you may call from the proposed insured's home for a personal history telephone interview. The Company has designed the interview to confirm the answers given on the application. The interview can be completed in either of two ways:

1) at point-of-sale, or
2) the interviewing company will contact the proposed insured after receipt of the application by the Home Office.

**The agent and proposed insured can complete the point-of-sale telephone interviews by calling the toll-free number below. When calling the vendor, identify yourself, the Company, and the product the proposed insured is applying for, `Survivor Protector'** The proposed insured must always complete the telephone interview without assistance from the agent or another person. If agent and proposed insured completed at point-of-sale, mark the `Telephone interview done' question `Yes' in the upper right-hand corner of the application. If the agent completed the sale outside of the vendor's hours of operation or if the agent and proposed insured did not complete at point-of-sale, mark the question `NO', and the interviewing company will initiate the call after receipt of the application.

APPTICAL: 877-351-1773
7:30 a.m. — 1:00 a.m. Monday thru Friday CST
9:00 a.m. — 9:00 p.m. Saturday & Sunday CST

SURVIVOR PROTECTOR NON-MED LIMITS			
Age and Amount*	20-55	56-65	66-75
$25,000 - $150,000			T
$150,001 - $300,000			T

* The Company uses the initial lump sum benefit amount when determining the interview requirement. Using our quoting software, you can obtain the initial lump sum benefit amount.

Note: Do not indicate the initial lump sum benefit on the application.

T = Telephone Interview

NOTE: Underwriting reserves the right to request medical records or interviews only if necessary. When applying for Accidental Death Benefit (ADB), our Underwriting Department will order a Motor Vehicle Report (MVR).

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 below the minimum or above the maximum weight on the above chart are not eligible for coverage. Suppose the applicant has a medical condition combined with the build that exceeds Table 2; the applicant is not eligible for coverage.

TOTAL DISABILITY BENEFIT RIDER (DIR & AODIR) 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**
  - — Blasters & Explosives Handlers
  - — Disabled
  - — Participated in High-Risk Avocations within past 12 months
  - — Individuals carrying a weapon in their occupation
  - — Professional Athletes
  - — Structural Workers / Iron Workers
  - — Underground Miners & Workers
  - — Unemployed (except stay-at-home spouses, significant other, and students)
  - — 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 Survivor Protector plan has specific underwriting standards we follow when considering applicants. For this plan, we generally consider applicants up to Table 4. However, if an applicant is considered high-risk or declinable by most underwriting standards, in that case, we request that they refrain from applying for this plan.

Before asking any health questions, stress the importance of providing truthful and complete answers. This includes disclosing any tobacco usage that may reflect in the client's medical records, the national prescription database, or MIB, LLC. It's important that all information provided is accurate so that we can provide the best options for your coverage.

Underwriters require additional details if the applicant answered **'YES'** to any health questions. Provide the age at onset, the name of all medications currently taken, the last reading, and how often the medical condition is checked. It is also crucial to know the name of the doctor treating the condition and the date of the client's last visit. By providing us with this information, our Underwriting department may expedite the processing time of the application and avoid further documentation requests such as medical records or an interview.

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.

Survivor 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, professionally managed, and recorded.

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.

SURVIVOR 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	Medically diagnosed, treated, or taken medication for 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	1a

NOTE: * Underwriting will consider issuing DIR/AODIR with an exclusion rider. Applies to standard life application Form No. 3355. 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.

SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	1c
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	1c
	All others	Decline	Decline	Decline	Decline	1c
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1e
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Cirrhosis of Liver	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1b
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1e
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	1f
Congestive Heart Failure CHF)	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1a
Criminal History	Convicted of misdemeanor or felony with the past 5 years	Decline	Decline	Decline	Decline	3b
	Probation or parole within the past 6 months	Decline	Decline	Decline	Decline	3d
Crohns Disease	Diagnosed prior to age 20 or within the past 12 months	Decline	Decline	Decline	Decline	1b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	1a
Dementia	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	1b
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	1b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	Decline	1b
	Controlled with oral medications	Standard	Decline	Standard	Standard	1b
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	3f
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	3d
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	1b
Down Syndrome	Medically diagnosed, treated, or taken medication for	Decline	Decline	Decline	Decline	1c
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	Decline	3b
	License currently suspended or revoked	Decline	Decline	Decline	Decline	3b
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	3c
	Treatment within 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

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SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
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 one year	Standard	Standard	Standard	Decline	1d
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	1d
	Insufficiency or Failure	Decline	Decline	Decline	Decline	1d
	Nephrectomy	Decline	Decline	Decline	Decline	1d
	Polycystic Kidney Disease	Decline	Decline	Decline	Decline	1d
	Transplant recipient	Decline	Decline	Decline	Decline	1d
Knee Injury	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

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SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

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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
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	1c
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	1c
	All others	Decline	Decline	Decline	Decline	1c
Shoulder Injury	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 or 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	a2

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SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
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

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SURVIVOR PROTECTOR PRESCRIPTION REFERENCE GUIDE

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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 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

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SURVIVOR PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
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

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SURVIVOR PROTECTOR PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benztropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
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
Bumetadine	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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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
Cytoxan	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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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

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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
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

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SURVIVOR PROTECTOR 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 USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levatol	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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	Decline
Soltalol 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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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
Tresiba (Insulin)	Diabetes	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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
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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