

HOME PROTECTOR

**Level Term Life Insurance To Age 95
with 15-20-25-30 Year Level Premium Period**
(Policy Form No. 9790)

AGENT GUIDE FOR AGENT USE ONLY

All products and riders not available in all states. Please check with the State Approval Grid under "State Approvals" on the company website or check with the Home Office Marketing Sales Team at (800) 736-7311 (menu extension 112) for other state approvals.

HOME PROTECTOR

PLAN DESCRIPTION

Home Protector is a simplified issue term to age 95 life insurance plan with 15, 20, 25 and 30 year level premium periods. The premiums are guaranteed to remain level for the period selected.

APPLICATION AND REQUIRED FORMS

- Application – Form no. 9797
- Disclosure for the Terminal Illness Accelerated Benefit Rider (Form No. 9474). This form must be presented to the applicant at point of sale.
- Disclosure for the Accelerated Benefits Rider-Confined Care - (Form No. 9675). This disclosure statement must be presented to the applicant at point-of-sale.
- Disclosure for the Accelerated Living Benefit Rider (Form No. 9543) – This disclosure statement must be presented to the applicant at point-of-sale.
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

Issue Ages (age last birthday)

- * 15 year level premium Ages 20 – 65
- * 20 year level premium Ages 20 – 60
- * 25 year level premium Ages 20 – 55
- * 30 year level premium Ages 20 – 50

Minimum Face Amount — \$25,000 face amount or \$25.00 monthly premium (excluding riders), whichever is greater

Maximum Face Amount — \$250,000

Rate Classes: Unisex
Tobacco/Non-Tobacco

Modal Factors — Monthly088
Quarterly262
Semiannual.....519

Policy Fee — \$80.00 (fully commissionable)

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

Mortgage Requirement — To be eligible for this plan, the Proposed Insured must be the holder or co-holder of a new or existing mortgage on their home. As part of this requirement, Section D of the application "Complete Mortgage and Employment Information" must be completed.

Conversion Privilege — While the policy is in force, it may be converted to any permanent plan of insurance offered by the company at the time of conversion. Conversion is allowed on or before the earlier of: (a) the policy anniversary on which the level premium period ends; or (b) the policy anniversary coinciding with the Insured's attained age 75.

Evidence of insurability will not be required. The face amount of the new policy may not exceed the face amount of the original policy 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)

- Return of Premium Rider
- Accelerated Living Benefit Rider (Critical Illness): Available at 25%, 50% or 100% acceleration of the death benefit (Up to \$100,000 Critical Illness benefit)*
- Total Disability Benefit Rider (DIR): 60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1500 maximum monthly benefit
- Waiver of Premium*
- Children's Insurance Agreement
- Accidental Death Benefit
- Level Term Insurance Rider (available on Spouse only)
- Terminal Illness Accelerated Benefit Rider - available at no additional premium cost.
- Accelerated Benefits Rider-Confined Care - available at no additional premium cost.

* Waiver of Premium cannot be issued on the same policy with the Critical Illness Rider.

HOME PROTECTOR ANNUAL RATE PER \$1,000

POLICY FEE — \$80

FULL GUARANTEE

Issue Age	15 YEAR		20 YEAR		25 YEAR		30 YEAR	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
20	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
21	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
22	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
23	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
24	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
25	1.20	2.26	1.37	2.45	1.89	2.86	2.01	3.26
26	1.29	2.34	1.45	2.57	1.99	3.00	2.10	3.47
27	1.29	2.34	1.53	2.69	2.09	3.14	2.18	3.69
28	1.29	2.41	1.60	2.82	2.19	3.29	2.27	3.91
29	1.29	2.41	1.69	2.94	2.30	3.44	2.36	4.13
30	1.29	2.57	1.78	3.07	2.40	3.59	2.45	4.35
31	1.37	2.65	1.88	3.30	2.51	3.88	2.55	4.65
32	1.37	2.82	1.98	3.53	2.61	4.18	2.66	4.96
33	1.46	2.97	2.08	3.76	2.72	4.48	2.77	5.27
34	1.55	3.20	2.18	3.99	2.82	4.78	2.87	5.58
35	1.65	3.36	2.28	4.22	2.95	5.08	3.02	5.89
36	1.80	3.76	2.50	4.68	3.26	5.68	3.35	6.57
37	1.97	4.07	2.71	5.15	3.57	6.28	3.67	7.25
38	2.14	4.47	2.94	5.61	3.87	6.89	3.99	7.94
39	2.29	4.95	3.16	6.08	4.16	7.50	4.32	8.62
40	2.52	5.34	3.37	6.53	4.47	8.11	4.64	9.31
41	2.76	5.89	3.67	7.28	4.92	8.94	5.12	10.29
42	3.00	6.37	3.96	8.03	5.37	9.77	5.61	11.27
43	3.24	6.93	4.25	8.78	5.82	10.60	6.09	12.25
44	3.56	7.47	4.54	9.52	6.26	11.43	6.57	13.23
45	3.80	8.03	4.88	10.27	6.80	12.27	7.08	14.22
46	4.31	8.82	5.40	11.12	7.62	13.46	7.79	15.39
47	4.73	9.61	5.92	11.97	8.43	14.65	8.57	16.66
48	5.25	10.41	6.44	12.83	9.26	15.84	9.42	18.03
49	5.67	11.20	6.96	13.69	10.07	17.03	10.37	19.52
50	6.18	12.07	7.48	14.56	10.90	18.23	11.40	21.13
51	6.79	12.94	8.28	15.88	11.82	19.80		
52	7.40	13.80	9.08	17.20	12.82	21.50		
53	7.90	14.76	9.89	18.53	13.91	23.35		
54	8.60	15.71	10.70	19.85	15.09	25.36		
55	9.20	16.66	11.51	21.19	16.38	27.55		
56	9.87	17.69	13.01	23.84				
57	10.55	18.72	14.70	26.82				
58	11.22	19.75	16.60	30.18				
59	11.88	20.86	18.76	33.95				
60	12.56	21.88	21.20	38.20				
61	14.11	25.39						
62	15.86	29.45						
63	17.82	34.17						
64	20.02	39.65						
65	21.20	46.00						

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

HOME PROTECTOR ANNUAL RATE PER \$1,000
(With Return of Premium Rider Included)
POLICY FEE — \$80

FULL GUARANTEE

Issue Age	20 YEAR		25 YEAR		30 YEAR	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
20	6.63	9.59	4.24	6.34	3.43	5.38
21	6.63	9.59	4.24	6.34	3.43	5.38
22	6.63	9.59	4.24	6.34	3.43	5.38
23	6.63	9.59	4.24	6.34	3.43	5.38
24	6.63	9.59	4.24	6.34	3.43	5.38
25	6.63	9.59	4.24	6.34	3.43	5.38
26	6.81	10.15	4.40	6.61	3.61	5.69
27	7.01	10.70	4.56	6.86	3.76	6.00
28	7.20	11.21	4.72	7.12	3.89	6.31
29	7.42	11.77	4.89	7.38	4.04	6.62
30	7.62	12.28	5.06	7.62	4.19	6.93
31	7.80	12.78	5.22	8.16	4.37	7.38
32	7.95	13.27	5.38	8.69	4.55	7.82
33	8.09	13.73	5.5	9.21	4.72	8.25
34	8.28	14.20	5.66	9.73	4.90	8.68
35	8.50	14.67	5.87	10.24	5.13	9.10
36	9.17	16.15	6.34	11.22	5.60	10.03
37	9.84	17.60	6.79	12.16	6.03	10.94
38	10.49	19.05	7.22	13.05	6.42	11.83
39	11.13	20.47	7.61	13.88	6.81	12.69
40	11.80	21.88	8.01	14.67	7.16	13.53
41	12.41	23.28	8.61	15.82	7.75	14.51
42	13.02	24.64	9.20	16.90	8.31	15.46
43	13.62	26.00	9.73	17.92	8.82	16.38
44	14.21	27.33	10.23	18.86	9.30	17.29
45	14.98	28.66	10.90	19.74	9.79	18.16
46	15.98	30.51	12.01	21.40	10.54	19.35
47	16.99	32.36	13.15	23.02	11.33	20.6
48	17.99	34.18	14.29	24.60	12.17	21.93
49	18.91	36.00	15.36	26.14	13.07	23.34
50	19.83	37.78	16.44	27.64	14.02	24.86
51	21.31	40.48	17.61	29.39		
52	22.74	43.14	18.88	31.24		
53	24.10	45.77	20.24	33.20		
54	25.41	48.37	21.70	35.29		
55	26.65	50.95	22.99	37.50		
56	28.30	53.12				
57	30.04	55.31				
58	31.90	57.55				
59	33.86	59.81				
60	35.95	62.08				

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

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

ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD					
*NOTE: These premiums are not for use in calculating initial premium.					
ANNUAL PREMIUM PER \$1,000					
Age	Non-Tobacco	Tobacco	Age	Non-Tobacco	Tobacco
35	2.70	4.90	66	41.75	70.83
36	2.85	5.20	67	45.53	76.00
37	3.03	5.55	68	49.53	81.33
38	3.20	5.95	69	53.98	87.18
39	3.40	6.38	70	59.15	93.88
40	3.65	6.90	71	65.40	102.00
41	3.95	7.53	72	72.63	111.28
42	4.33	8.28	73	80.28	120.75
43	4.75	9.18	74	88.47	130.98
44	5.25	10.18	75	97.40	142.20
45	5.78	11.20	76	107.43	154.58
46	6.33	12.25	77	118.98	168.70
47	6.80	13.20	78	132.23	184.68
48	7.23	14.00	79	146.98	202.15
49	7.75	15.03	80	163.60	221.63
50	8.40	16.25	81	181.95	242.85
51	9.20	17.80	82	201.28	264.60
52	10.15	19.65	83	222.15	287.53
53	11.25	21.80	84	245.20	312.93
54	12.60	24.33	85	270.23	340.50
55	14.10	27.00	86	297.85	370.45
56	15.68	29.83	87	328.30	403.03
57	17.23	32.45	88	360.28	436.35
58	18.78	35.00	89	392.98	469.23
59	20.55	37.95	90	422.63	497.08
60	22.68	41.45	91	450.53	521.55
61	25.23	45.68	92	482.75	549.80
62	28.18	50.48	93	519.83	581.75
63	31.35	55.58	94	562.25	620.40
64	34.70	60.73			
65	38.18	65.80			

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

Benefits and Riders

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

RETURN OF PREMIUM RIDER (Policy Form No. 9791)

Issue Ages: Same as base plan

Description: The Return of Premium Rider provides a cash value that is payable at the end of the level premium period if the Insured is living and the policy is in force on a premium paying basis. The amount of the cash value is equal to the total of policy premiums that have been paid for the base policy, the Return of Premium Rider, the policy fee and the modal factor. Premium for additional riders attached to the policy are excluded. This rider may not be added after the issue of the base policy and may not be terminated separately from the base policy.

Cash Value: The Return of Premium Rider provides cash values beginning as early as the 2nd policy year. The cash values are equal to a percentage of the total premiums paid for the policy, the Return of Premium Rider, the policy fee and modal factor. Premium for additional riders attached to the policy are excluded. The cash value percentages vary by age, sex, policy duration, level premium period, underwriting class and face amount but always equal 100% at the end of the level premium period.

LEVEL TERM INSURANCE RIDER (Policy Form 8087) (Available on Spouse only)

The Spouse Term Rider provides level term insurance for 20 years or to the Insured's attained age 70, whichever comes first. A telephone interview may be required due to the Spouse's age and amount of coverage being applied for. Please see the Non-Med chart in this guide for requirements.

Spouse Issue Ages: 15-65

Minimum Amount: \$25,000

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

ACCELERATED LIVING BENEFIT RIDER (CRITICAL ILLNESS)- (Policy Form No. 9542)*

Issue Ages: 20 – 65

Maximum Critical Illness Benefit: \$100,000

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

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

THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement (Form No. 9543) with the applicant. This disclosure provides definition of the covered conditions.

Critical Illness Rider Premium: The initial premium for the Critical Illness Rider is guaranteed for the first 5 policy years. After that time, the Company may change the premium for this rider (change by Issue Class only). The changed premium may be greater than or less than the rider premium at issue but will not be greater than the maximum premium shown in the Guaranteed Annual Premium chart below.

CRITICAL ILLNESS RIDER INITIAL ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
20-27	\$ 1.62	\$ 3.02	\$ 0.81	\$ 1.51	\$ 0.41	\$ 0.76
28-32	2.07	4.12	1.04	2.06	0.52	1.03
33-37	2.92	5.97	1.46	2.99	0.73	1.49
38-42	4.20	8.51	2.10	4.26	1.05	2.13
43-47	5.95	12.04	2.98	6.02	1.49	3.01
48-52	8.22	16.80	4.11	8.40	2.06	4.20
53-57	11.21	23.61	5.61	11.81	2.80	5.90
58-62	14.80	32.85	7.40	16.43	3.70	8.21
63-65	17.86	39.88	8.93	19.94	4.47	9.97

CRITICAL ILLNESS RIDER GUARANTEED ANNUAL PREMIUM AT SPECIFIED PERCENTAGE ACCELERATION RATES PER \$1,000 OF BASE LIFE INSURANCE						
Age	100%		50%		25%	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
20-27	3.24	\$ 6.04	\$ 1.62	\$ 3.02	\$ 0.82	\$ 1.52
28-32	4.14	8.24	2.08	4.12	1.04	2.06
33-37	5.84	11.94	2.92	5.98	1.46	2.98
38-42	8.40	17.02	4.20	8.52	2.10	4.26
43-47	11.90	24.08	5.96	12.04	2.98	6.02
48-52	16.44	33.60	8.22	16.80	4.12	8.40
53-57	22.42	47.22	11.22	23.62	5.60	11.80
58-62	29.60	65.70	14.80	32.86	7.40	16.42
63-65	35.72	79.76	17.86	39.88	8.94	19.94

These premiums are not for use in calculating initial premium.

* Critical Illness Rider and Waiver of Premium cannot be issued on the same policy.

TOTAL DISABILITY BENEFIT RIDER-DIR (Policy Form No. 9785)**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 Disability Income 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 2 years and disability must begin before age 65.

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

WAIVER OF PREMIUM-WP (Policy Form No. 7180 for AA, PA, PS & PWO for OL)***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
20-27	\$1.00
28-32	\$1.25
33-37	\$1.50
38-42	\$2.50
43-47	\$4.50
48-52	\$9.50
53-55	\$11.00

* Waiver of Premium cannot be issued on the same policy with the Critical Illness Rider.

CHILDREN'S INSURANCE AGREEMENT-CIA (Policy Form No. 8375)**Issue Ages of Children: 15 days - 17 years****Issue Age of Primary Insured: 20 - 50****Maximum Rider Units: 5 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 is convertible to a permanent plan of insurance at a rate of five times the children's coverage. Each unit provides \$3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 65, or the child's age 25.

ACCIDENTAL DEATH BENEFIT-ADB (Policy Form No. 7159)

Issue Ages: 20 – 64

Minimum Amount: \$1,000

Maximum Amount: \$200,000 or 5 times the face amount of the policy, whichever is less. The Accidental Death Benefit will be paid to the beneficiary if the insured dies as the result of an accident.

Benefit Terminates: At age 65

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

TERMINAL ILLNESS ACCELERATED BENEFIT RIDER (Policy Form No. 9473)

This rider (where available) provides an accelerated payment of life insurance proceeds and is added to every policy with no additional premium. An administrative fee of \$150 and an actuarial adjustment factor will be assessed at the time of acceleration. With this benefit, the policyowner can receive up to 100% of the death benefit (less any loans) if the insured is diagnosed by a licensed physician as terminally ill where life expectancy is 12 months or less (24 months in some states). The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This is a one time benefit. *Remember to leave disclosure statement (Form No. 9474) with the applicant.*

ACCELERATED BENEFITS RIDER—CONFINED CARE (Policy Form No. 9674)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider (where available) is added to policies issued at no additional premium. *Remember the disclosure statement (Form No. 9675) must be presented to the applicant at point-of-sale.*

New Business Tips

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the HOME PROTECTOR CD and will quickly and easily present the guaranteed death benefit for a given premium payment or the premium necessary to create a certain guaranteed death benefit.

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, faxing or mailing. Refer to the Company website for instructions on AppScan and AppFax under the link New Business/Underwriting and Transmitting Applications. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Company website for the instructions on utilizing the eCheck procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

IMPORTANT

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.

Underwriting

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart in this guide.

APPLICATION COMPLETION

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon last birthday.**
- Height and Weight – Record the Proposed Insured's current height and weight. Refer to the Build Chart in this guide to assist in determining if the applicant is eligible for coverage.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- Beneficiary – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured's estate.
- Plan Applied For – After the plan, write "Home Protector" or use the abbreviation "HP".
- Return of Premium – Check the box if requesting the Return of Premium Rider.
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).
- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- Mortgage Requirement – To be eligible for this plan, the Proposed Insured must be the holder or co-holder of a new or existing mortgage on their home. As part of this requirement, Section D of the application "Complete Mortgage and Employment Information" must be completed.
- Application Date/Requested Policy Date – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale. Refer to the Non-Med Limits chart in this guide to determine if a Point-of-Sale interview is required.
- **Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins. As a result of the issues related to this situation, we **DO NOT** accept Home Protector applications where a Third Party Payor is involved.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- If the Proposed Insured has a condition which is listed in the "Medical Impairment Guide" as a "Decline" or if he or she exceeds either the Maximum or Minimum weight in the "Build Chart" provided in this guide, the application should not be submitted to the Home Office.
- **Applications in the State of 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.
- **Applications in the State of California** – Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.

TELEPHONE INTERVIEW

A telephone interview conducted with the Proposed Insured and/or Spouse (if applying for Spouse coverage) may be required based on the Non-Med Limit Chart on the following page. If an interview is required, it may be completed at point-of-sale.

After fully completing the application you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

- 1) at point-of-sale, or
- 2) the Company will contact the Proposed Insured upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling at the toll free number below. When calling the vendor be sure to identify yourself, Company and product being applied for "Home Protector", and indicate if an interview on the spouse is necessary. The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made on the weekend or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

US Only

EMSI: 1-866-719-2024

**8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST**

Puerto Rico Only

Source Access: 866-910-6539

**8am – 5pm Monday thru Friday CST
EMSI: 1-800-766-4605
8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST**

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete a Bank Authorization (Either Form No. 1963 or the Bank Draft Authorization section of Form 9903) and send in with the application. Please specify a Requested Draft Date, if one is desired. (a) Drafts cannot occur more than 30 days in advance of the application date, b) cannot be on the 29th, 30th or 31st of the month or (c) more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available, then you must also submit a Bank Account Verification (Either Form No. 9724 or the Bank Account Verification section of Form 9903).

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

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (Either Form No. 9409 or the eCheck Bank Draft Authorization section of Form 9903). With the use of this form, the company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

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

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

HOME PROTECTOR NON-MED LIMITS		
Age & Amount*	20-55	56-65
25,000 - 149,999		
150,000- 250,000		T

T = Telephone Interview

NOTE: Underwriting reserves the right to request medical records or interview only if or when deemed necessary. A Motor Vehicle Report (MVR) will be ordered when applying for Accidental Death Benefit (ADB).

* The Non-Med chart above applies to both the Primary Insured and the Spouse (if applying for coverage under the term rider).

DISABILITY INCOME AND CRITICAL ILLNESS GUIDELINES

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR or CIR**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High Risk Avocations within past 12 months
 - Police
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners and Workers
 - Unemployed
- **The following Proposed Insured occupations are not eligible for DIR only:**

Casino Workers	Retired
Housekeepers	Self-employed
Janitors	Students
Migrant laborers	

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

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

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

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

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That agent's applicants will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

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

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE

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

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

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email (underwriting@aatx.com) the Underwriting Department.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE

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

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL III RIDER	QUESTION ON APP
Connective Tissue Disease		Decline	Decline	Decline	2f
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	2g
Congestive Heart Failure (CHF)		Decline	Decline	Decline	2a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	Decline	Decline	3a
	Probation or Parole within the past 6 months	Decline	Decline	Decline	3a
Crohns Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	2b
Cystic Fibrosis		Decline	Decline	Decline	2d
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	2b
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	1a
Dementia		Decline	Decline	Decline	2d
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	2b
	Diagnosed prior to age 35	Decline	Decline	Decline	2b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	2b
	Controlled with oral medications	Standard	Decline	Standard	2b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	5b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	2b
Down's Syndrome		Decline	Decline	Decline	2d
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	3a
	License currently suspended or revoked	Decline	Decline	Decline	3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	3b
	Treatment within past 4 years	Decline	Decline	Decline	3b
	Treatment 4 years or more, non-usage since	Standard	Decline	Standard	3b
Duodenitis		Standard	Standard	Standard	2b
Emphysema		Decline	Decline	Decline	2c
Epilepsy	Petit Mal	Standard	Decline*	Standard	2d
	All others	Decline	Decline	Decline	2d
Family History	A natural parent, brother or sister, has suffered from diabetes, kidney disease, required a major organ transplant or been diagnosed with heart disease, cerebrovascular disease, or internal cancer prior to age 60	Standard	Standard	Decline	Section C,2
Fibrillation		Decline	Decline	Decline	2a
Fibromyalgia		Standard	Decline	Standard	2g
Gallbladder disorder		Standard	Standard	Standard	2g
Gastritis	Acute	Standard	Standard	Standard	2b
Glomerulosclerosis	Acute – after one year	Standard	Standard	Decline	2c
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	2f
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Standard	4a
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	2g
	Migraine, severe or not investigated	Decline	Decline	Decline	2g

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL III RIDER	QUESTION ON APP
Heart Arrhythmia		Decline	Decline	Decline	2a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	2a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	2a
Hemophilia		Decline	Decline	Decline	2a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	2b
Hepatomegaly		Decline	Decline	Decline	2b
HIV	Tested Positive	Decline	Decline	Decline	1
Hodgkin's Disease		Decline	Decline	Decline	2d
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	2a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	2a
Hysterectomy	No cancer	Standard	Standard	Standard	2e
Kidney Disease	Dialysis	Decline	Decline	Decline	2e
	Insufficiency or Failure	Decline	Decline	Decline	2e
	Nephrectomy	Decline	2Decline	Decline	2e
	Polycystic Kidney Disease	Decline	Decline	Decline	2e
	Transplant recipient	Decline	Decline	Decline	2e
Knee Injury	Within the past 12 months	Standard	Decline*	Standard	2f
Leukemia		Decline	Decline	Decline	2d
Liver Impairments		Decline	Decline	Decline	2b
Lung Disease/ Disorder		Decline	Decline	Decline	2c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	2f
Marfan's Syndrome		Decline	Decline	Decline	2f
Melanoma	See Cancer/Melanoma				2d
Meniere's Disease		Standard	Decline	Standard	2g
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	2d
Mitral Insufficiency		Decline	Decline	Decline	2a
Multiple Sclerosis		Decline	Decline	Decline	2d
Muscular Dystrophy		Decline	Decline	Decline	2f
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	2d
Pacemaker		Decline	Decline	Decline	2a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	2b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	2f
Parkinson's Disease		Decline	Decline	Decline	2d
Peripheral Vascular Disease		Decline	Decline	Decline	2a
Pregnancy	Current; no complications	Standard	Standard	Standard	5a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	2e
	Cancer- See Cancer/Melanoma				2d & 2e
Pulmonary Embolism		Standard	Standard	Decline	2c
Retardation	Mild to moderate	Standard	Decline	Standard	2d
	Severe	Decline	Decline	Decline	2d
Rheumatic Fever	One attack-recovered	Standard	Standard	Decline	2a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	2c
Seizures	Petit Mal	Standard	Decline*	Standard	2d
	All others	Decline	Decline	Decline	2d
Shoulder Injury	Within the past 12 months	Standard	Decline*	Standard	2g

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DI RIDER	CRITICAL III RIDER	QUESTION ON APP
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	2c
Spina Bifida		Decline	Decline	Decline	2f
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	2f
Stroke / CVA		Decline	Decline	Decline	2a
Subarachnoid Hemorrhage		Decline	Decline	Decline	2a
Suicide Attempt		Decline	Decline	Decline	2d
Thyroid Disorder		Standard	Standard	Standard	2g
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Decline	2a
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	2a
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	2c
	Over 2 years with no residuals	Standard	Standard	Standard	2c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard	2b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	2b
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	2a
Vascular Impairments		Decline	Decline	Decline	2a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	Decline	2g
	After 1 year since surgery with no complications	Standard	Decline	Standard	2g
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	2g

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

ALPHABETICAL DRUG LIST

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

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

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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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	See Impairment Guide
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
Inspira	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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	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
Levator	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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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 Heart Beat	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 Edocrin	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
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	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

* **High Blood Pressure** - If controlled with 2 or less medications, client could qualify for the plan.

If controlled with 3 or more medications, the client will not be eligible for coverage.

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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
Theodur	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
Toremide	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
Trimterene	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
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	8 years > 8 years	Decline Standard

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
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

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

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

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

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	arlene.williams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
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

New Business Application Fax Number: (254) 297-2100. Be sure to include Fax Application Cover Page.

New Agent Contract Fax Number: (254) 297-2110.

Mailing Addresses:

General Delivery

P.O. 2549
Waco, TX 76702

Overnight

425 Austin Ave.
Waco, TX 76701

Online Services:

www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, agent e-file, and other valuable information at the Company websites.