

HOME PROTECTOR

**Level Term Life Insurance To Age 95
with 15-20-25-30 Year Level Premium Period**
(Policy Form No. 3274)

**Level Term Life Insurance to Age 95
with 20-25-30 Year Level Premium Period
with Return of Premium**
(Policy Form No. 3482)

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 prompt 1, 1, 2) for other state approvals.

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HOME PROTECTOR

PLAN DESCRIPTION

Home Protector is a simplified issue term to age 95 life insurance plan with 15, 20, 25 and 30 year level premium periods. Also available as a Return of Premium (ROP) (where approved) for the 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. 3491
- Disclosure for the Terminal Illness Accelerated Benefit Rider (Form No. 9474). This form must be presented to the applicant at point of sale. (The states of MA and VA require this disclosure from to be signed by the applicant and submitted with the application.)
- 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.
- Chronic Illness Accelerated Death Benefit Rider Disclosure Statement (Form No. 3230) – Must be presented to the applicant and the agent must certify that it has been presented.
- 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
20 Year ROP	Ages 20 – 60
25 Year ROP	Ages 20 – 55
30 Year ROP	Ages 20 – 50

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

Maximum Face Amount — \$300,000

Rate Classes — Unisex
Tobacco/Non-Tobacco

Modal Factors —	Monthly	.088
	Quarterly	.262
	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, a current mortgage is required regardless of the date originally taken or refinanced. If either of the following potential applicants is on the mortgage, or deed of trust, both may apply. Domestic partners, common law couples, significant others, and engaged couples may be eligible if both have lived in the home to which the mortgage applies for a minimum of 3 months, share in the economy of that home and a loss of either would create a financial hardship on the other. A single parent with a grown child/children living at home do not fit our definition of a couple. As part of this requirement, Section D of the application "Complete Mortgage and Employment Information" must be completed.

Conversion Privilege — As long as this policy is in force, it may be converted for a new permanent policy that is acceptable to the company and made available for conversion at the time of the 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 Benefit (not available on the 15 year level premium plan)
- Accelerated Living Benefit Rider (Critical Illness): Available at 25%, 50% or 100% acceleration of the death benefit (Up to \$100,000 Critical Illness benefit)*
- Disability Income Rider**: 60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$1500 maximum monthly benefit
- Accident Only Total Disability Benefit Rider**: 60 day elimination, non-retroactive, monthly benefit 2% of face amount up to \$2000 maximum monthly benefit
- Waiver of Premium*
- Waiver of Premium for Unemployment Rider
- 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
- Chronic Illness Accelerated Death Benefit Rider - 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	21.5		
53	7.90	14.76	9.89	18.53	13.91	23.35		
54	8.60	15.71	10.70	19.85	15.09	25.36		
55	9.20	16.66	11.51	21.19	16.38	27.55		
56	9.87	17.69	13.01	23.84				
57	10.55	18.72	14.70	26.82				
58	11.22	19.75	16.60	30.18				
59	11.88	20.86	18.76	33.95				
60	12.56	21.88	21.20	38.20				
61	14.11	25.39						
62	15.86	29.45						
63	17.82	34.17						
64	20.02	39.65						
65	21.20	46.00						

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

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

**FACE AMOUNTS
\$25,000 - \$300,000**

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

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

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

LEVEL TERM INSURANCE TO AGE 95 - ANNUAL PREMIUMS PER \$1,000					
ULTIMATE PREMIUMS AFTER THE GUARANTEED PERIOD (ROP Plan)					
Attained Age	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco
35	2.70	4.90	65	38.18	65.80
36	2.85	5.20	66	41.75	70.83
37	3.03	5.55	67	45.53	76.00
38	3.20	5.95	68	49.53	81.33
39	3.40	6.38	69	53.98	87.18
40	3.65	6.90	70	59.15	93.88
41	3.95	7.53	71	65.40	102.00
42	4.33	8.28	72	72.63	111.28
43	4.75	9.18	73	80.28	120.75
44	5.25	10.18	74	88.47	130.98
45	5.78	11.20	75	97.40	142.20
46	6.33	12.25	76	107.43	154.58
47	6.80	13.20	77	118.98	168.70
48	7.23	14.00	78	132.23	184.68
49	7.75	15.03	79	146.98	202.15
50	8.40	16.25	80	163.60	221.63
51	9.20	17.80	81	181.95	242.85
52	10.15	19.65	82	201.28	264.60
53	11.25	21.80	83	222.15	287.53
54	12.60	24.33	84	245.20	312.93
55	14.10	27.00	85	270.23	340.50
56	15.68	29.83	86	297.85	370.45
57	17.23	32.45	87	328.30	403.03
58	18.78	35.00	88	360.28	436.35
59	20.55	37.95	89	392.98	469.23
60	22.68	41.45	90	422.63	497.08
61	25.23	45.68	91	450.53	521.55
62	28.18	50.48	92	482.75	549.80
63	31.35	55.58	93	519.83	581.75
64	34.70	60.73	94	562.25	620.40

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

Benefits and Riders

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

RETURN OF PREMIUM BENEFIT (ROP) - Policy Form No. 3482

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

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

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

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

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 or \$200,000, whichever is less.

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

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

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

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

THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement (Form No. 9543) 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
0-27	3.24	6.04	1.62	3.02	0.82	1.52
8-32	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.

DISABILITY BENEFIT RIDER (DIR) - Policy Form No. 9785****Issue Ages: 20 – 55****Minimum DIR Benefit - \$500 monthly**

Maximum DIR Benefit - 2% of the life insurance face amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

If elected, the 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

** Disability Income Rider and Accident Only Total Disability Income 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 2 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		

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

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

If elected, the company will waive the payment of each premium of 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.

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 a period of four consecutive weeks while the policy is still in force. See the rider policy form for a complete description of rider details. Rider coverage expires at age 65 or at the end of the policy level premium paying period (unless rider is in effect).

Waiting Period:

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

UNEMPLOYMENT WAIVER OF PREMIUM RATES PER \$100		
Issue Age	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

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.

CIA Calculation Example: 2 units of CIA

$(\$8.50 \times 2) \text{ multiplied } \times .088 = \$1.50 \text{ per month. Add this to life coverage monthly premium for the total monthly premium.}$

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		

RIDERS INCLUDED AT NO ADDITIONAL COST

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. (The states of MA and VA require this disclosure form to be signed by the applicant and submitted with the application.)

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. (Rider not available in CT, DC, IN, MA, NJ, or VA)*

CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER - Policy Form No. 3229

With this benefit a portion of the death benefit can be accelerated early if an authorized Physician certifies that the proposed insured is chronically ill. Chronically ill being defined as:

- 1) Being unable to perform, without substantial assistance from another person, at least two Activities of Daily Living (eating, toileting, transferring, bathing, dressing and continence) for a period of at least 90 consecutive days due to loss of functional capacity; or
- 2) Requiring substantial supervision for a period of at least 90 consecutive days by another person to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

Under the terms of this rider, the policy owner can request to receive portions of the death benefit (minimum of \$1,000) as often as one time per calendar year. An administrative fee of \$150 will be assessed at the time of each acceleration. These requests can be made up to a maximum equaling 95% of the policy death benefit or a maximum amount of \$150,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider is automatically added to policies (where available) and requires no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. *Remember the disclosure statement Form No. 3230 must be presented to the applicant at point-of-sale.*

(Rider not available in CA, CT, & DC)

New Business Tips

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the company websites and will quickly and easily present the guaranteed death benefit & guaranteed cash values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smart phone 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 scanning, faxing or mailing. Refer to the Company website for instructions on AppScan, App Drop and AppFax under the link "Transmit Apps". Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for "AppDrop"). If the application is scanned or faxed, be sure to transmit 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 E-Check procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions on utilizing the E-Check procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face to face sale to be made with the client.)

Automated Underwriting Decisions are an option available through the Mobile Application for this product. This option provides you with the opportunity to receive a preliminary underwriting outcome on your screen within seconds of application submission. Underwriting questionnaires will also be available in our mobile application for use with these products. These can help to provide a faster underwriting decision when completed at point of sale.

When completing an application for this product, you will be prompted to choose whether or not you would like an underwriting decision. If you select yes, fill out the remainder of the mobile application and submit it to the Home Office. At this point, you will be provided with an automated decision. The outcome will either be 'Approved', 'Refer to Home Office', or 'Declined'.

IMPORTANT

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

Underwriting

SIMPLIFIED UNDERWRITING

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

APPLICATION COMPLETION

- **Proposed Insured:** List the applicant's first, middle, and last name.
- **Address:** List the address of the applicant.
- **Telephone Interview:** Check 'Yes' or 'No' (only required if applicant qualifies for a telephone interview based off Non-Med Limits). If 'Yes', provide the case number on the **Telephone Case Number** line.
- List the applicant's phone number and email address, if available.
- **Sex:** Check the appropriate box in regards to the applicant's gender.
- **Date of Birth:** List the applicant's date of birth.
- **Age:** List the applicant's age. **Calculate age based upon last birthday.**
- **State of Birth:** List the state of birth for the applicant.
- **SS#:** List the applicant's Social Security number.
- **DL#:** List the applicant's **Driver's License number**.
- **SOI:** Add the state of issue
- **Height/Weight:** Record the Proposed Insured's current height and weight. Refer to the **Build Chart** to assist in determining if the applicant is eligible for coverage.
- **Marital Status:** Check 'Single' or 'Married'
- **Owner:** List the name, Social Security number, and address of the owner.
- **Payor:** List the name, Social Security number, and address of the payor.
- **Primary Beneficiary:** List the name, Social Security number (if available), and relationship of the primary beneficiary.
- **Contingent Beneficiary:** List the name, Social Security number (if available), and relationship of the contingent beneficiary (if applicable).
- **Plan:** List the appropriate plan on the line provided. If applying for ROP, check the **ROP** box.
- **Face Amount:** List the face amount here.
- During the past 12 months have you used tobacco in any form? Check 'Yes' or 'No'
 - **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. Excludes occasional cigar or pipe use.
- **Riders**
 - **WOP:** Check the box provided.
 - **DIR:** Check the box provided and write in the amount being applied for.
 - **Other Insured:** Check the box provided and write in the amount being applied for.
 - **ADB:** Check the box provided and write in the amount being applied for.
 - **CIA:** Check the box provided and write in the numbers of units being applied for.
 - **CIR:** Check the box provided and write in the percentage being applied for.
 - **WOP for Unemployment Rider:** Check the Other box and write in WOPU.
 - **Accident Only DIR:** Check the Other box and write in Accident Only DIR and the amount being applied for.
- **Mode:** Check the appropriate method of payment and provide the **Modal Premium** amount.
- **CWA:**
 - Check **E-Check Immediate 1st Prem** if an E-Check is applicable.
 - If collecting premium at point of sale, check the **Collected** box and provide the amount collected.
- **Mail Policy To:** Check the appropriate box.
- **Requested Policy Date:** Provide the requested *policy effective date*.

- **Other Proposed insured's:** Provide details on *any additional proposed insured's*.
- **Section A:** All applicants must complete **Section A**. If the Proposed Insured(s) answers **Yes** to any questions, the *applicable condition should be circled*.
- **Section B:** Give details to all **Yes** answers in **Section A** and list personal physician information and current prescription.
- If the Proposed Insured has a condition which is listed in the **Medical Impairment Guide** as a **Decline** or if he or she exceeds either the maximum or minimum weight in the **Build Chart** provided in this guide, the application should not be submitted to the Home Office.
- **Section C:** Answer questions 1 through 3, provide details where applicable.
- **Section D:** Complete Mortgage and Employment Information.
- **Comments:** Use the space provided to list any information you want considered in addition to the application.
- **Signed at:** The city and state in which the application was signed *must* be listed here.
- **Date of Application:** The application must be dated with the *date of application completion*.
- **Signature of Proposed Insured:** The proposed insured *must* sign here.
- **Signature of Owner:** If the Owner is *different* than the proposed insured, the Owner *must* sign.
- **Signature of Spouse:** The spouse of the proposed insured *must* sign here if applying for coverage.
- **Agent's Report:**
 - **Replacement Questions:** Check '**Yes**' or '**No**' for each question listed.
 - Agent Signature, Number, and Commission Percentage must be listed here.
- **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 of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the company's "Compliance Guidelines" manual found on our website. Applications involving replacement sales are monitored on a daily basis. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.
- **Applicants Re-applying for Coverage** – A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
- **Application Date/Requested Policy Date** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- **Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins. As a result of the issues related to this situation, we **DO NOT** accept Home Protector applications where a Third Party Payor is involved.
- Monthly Direct Bill is not an acceptable payment option for this plan.
- **Applications in the State of Alabama** – Alabama Amendment to Application Form No. 3475 must be completed and 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.
 - 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.
- **Applications in the State of 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.

- **Applications in the State of Idaho** – Notice of Lapse designee Form No. 3373 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of 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.
- **Applications in the State of Kentucky** – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- **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.

Reinstatements: TERM/SI/UL

When a policy has lapsed within the last 30 days, the insured can complete the reinstatement form on the lapse notice if they can get it to us within 30 days from the date the lapse notice was mailed. It must include information for all insureds covered by the policy and all insureds over age 18 must sign the form.

If it is **past the 30 day window**, we can send requirements for reinstatement or you can provide details and the forms listed. See below.

FORM REQUIREMENTS:

- **Application is less than 3 months old**
 - Send request to reinstate. The original app can be used for medical information.
- **Application is 3-6 months old**
 - State of Health Form 1110 Reaffirmation of Application
 - HIPAA form 9526
- **Application is over 6 months old**
 - Form ICC15-3167 Application for Reinstatement (check for a state specific form)
 - HIPAA form 9526

PREMIUMS REQUIREMENTS:

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

In the case that the policy is over loaned we may need loan interest or a loan payment

TELEPHONE INTERVIEW

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 below. 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 interview company will contact the Proposed Insured after receipt of the application by the Home Office.

Point-of-sale telephone interviews can be completed by calling 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 interview is completed at point-of-sale, mark the "Telephone Interview Done" question "Yes" in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question "NO" and the interview company will initiate the call after receipt of the application.

EMSI: 1-866-719-2024
EMSI (Spanish Line): 1-866-901-1776
8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST

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

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

HOME PROTECTOR NON-MED LIMITS		
Age & Amount*	20-55	56-65
25,000 - 149,999		
150,000- 300,000		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).

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

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

Immediate Draft for Cash with Application (CWA) using E-Check:

- 1) To bind coverage IMMEDIATELY, you may use the E-Check 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) The E-Check section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

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

- Check **'Yes'** to the "Would you like your draft to coincide with your Social Security payment schedule?" question on the **Bank Draft Authorization Form No. 9903**.
- Provide the applicant's requested draft day by checking one of the options listed below on the 9903 form.
 - If payments are received on the **1st or 3rd** of the month, check **"Requested Draft Date, If Any (1st-28th)"** and list either **the 1st or the 3rd** in the space provided.
 - If payments are received on the **2nd Wednesday** of the month, check the **"2nd Wednesday"** box provided.
 - If payments are received on the **3rd Wednesday** of the month, check the **"3rd Wednesday"** box provided.
 - If payments are received on the **4th Wednesday** of the month, check the **"4th Wednesday"** box provided.
- The **"Policy Date Request"** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

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

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

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

DISABILITY INCOME (DIR & AODIR) 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, AODIR 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 (except stay at home spouses or significant others)
- **The following Proposed Insured occupations are not eligible for DIR or AODIR:**
 - Casino Workers
 - Housekeeping
 - Janitor
 - Retired
 - Student
 - Migrant laborers
- **The following Proposed Insured occupations are not eligible for DIR only:**
 - Self-Employed

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

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

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

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

PRACTICE GOOD FIELD UNDERWRITING OR...

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

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

HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE

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

- **Good Field Underwriting** – Carefully ask all 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	AODIR	CRITICAL III RIDER	QUESTION ON APP
Abscess	Present	Decline	Decline	Decline	Decline	2g
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	Standard	2g
Addison's Disease	Acute Single Episode	Standard	Standard	Standard	Standard	2g
	Others	Decline	Decline	Decline	Decline	2g
AIDS / ARC		Decline	Decline	Decline	Decline	1
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	Decline	3b
	After 4 years since abstained from use	Standard	Decline	Decline	Standard	3b
Alzheimer's		Decline	Decline	Decline	Decline	2d
Amputation	Caused by injury	Standard	Decline*	Decline*	Standard	2g
	Caused by disease	Decline	Decline	Decline	Decline	2g
Anemia	Iron Deficiency on vitamins only	Standard	Standard	Standard	Standard	2d
	Others	Decline	Decline	Decline	Decline	2d
Aneurysm		Decline	Decline	Decline	Decline	2a
Angina		Decline	Decline	Decline	Decline	2a
Angioplasty		Decline	Decline	Decline	Decline	2a
Ankylosis		Standard	Decline	Standard	Decline	2f
Anxiety/ Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	2d
Aortic Insufficiency		Decline	Decline	Decline	Decline	2a
Aortic Stenosis		Decline	Decline	Decline	Decline	2a
Appendectomy		Standard	Standard	Standard	Standard	2g
Arteriosclerosis		Decline	Decline	Decline	Decline	2a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	Standard	2f
	Rheumatoid - all others	Decline	Decline	Decline	Decline	2f
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	2c
	Moderate, more than 1 episode a month	Standard	Decline	Standard	Standard	2c
	Severe, hospitalization or ER visit in past 12 months	Decline	Decline	Decline	Decline	2c
	Maintenance steroid use	Decline	Decline	Decline	Decline	2c
	Combined with Tobacco Use - Smoker	Decline	Decline	Decline	Decline	2c
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	Standard	4b
	Other pilots flying for pay	Decline	Decline	Decline	Decline	4b
	Student Pilot	Decline	Decline	Decline	Decline	4b
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	4b
Back Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	2f
Bi-Polar Disorder		Decline	Decline	Decline	Decline	2d
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	Decline	2g
	Other causes	Standard	Decline	Decline	Decline	2g
Bronchitis	Acute- Recovered	Standard	Standard	Standard	Standard	2g
	Chronic	Decline	Decline	Decline	Decline	2c
Buerger's Disease		Decline	Decline	Decline	Decline	2a
By-Pass Surgery (CABG or Stent)		Decline	Decline	Decline	Decline	2a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	2d
	7 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	2d
	All others	Decline	Decline	Decline	Decline	2d
Cardiomyopathy		Decline	Decline	Decline	Decline	2a
Cerebral Palsy		Decline	Decline	Decline	Decline	2f
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HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	CRITERIA	LIFE	DI RIDER	AODIR	CRITICAL III RIDER	QUESTION ON APP
Chronic Obstructive Pulmonary Disease (COPD)		Decline	Decline	Decline	Decline	2c
Cirrhosis of Liver		Decline	Decline	Decline	Decline	2b
Connective Tissue Disease		Decline	Decline	Decline	Decline	2f
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	2g
Congestive Heart Failure (CHF)		Decline	Decline	Decline	Decline	2a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	Decline	Decline	Decline	3a
	Probation or Parole within the past 6 months	Decline	Decline	Decline	Decline	3a
Crohns Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	2b
Cystic Fibrosis		Decline	Decline	Decline	Decline	2d
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	2b
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	1a
Dementia		Decline	Decline	Decline	Decline	2d
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	2b
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	2b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	Decline	2b
	Controlled with oral medications	Standard	Decline	Standard	Standard	2b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	Decline	5b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	2b
Down Syndrome		Decline	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	Decline	3a
	License currently suspended or revoked	Decline	Decline	Decline	Decline	3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	3b
	Treatment within past 4 years	Decline	Decline	Decline	Decline	3b
	Treatment 4 years or more, non-usage since	Standard	Decline	Decline	Standard	3b
Duodenitis		Standard	Standard	Standard	Standard	2b
Emphysema		Decline	Decline	Decline	Decline	2c
Epilepsy	Petit Mal	Standard	Decline*	Standard	Standard	2d
	All others	Decline	Decline	Decline	Decline	2d
Fibrillation		Decline	Decline	Decline	Decline	2a
Fibromyalgia		Standard	Decline	Standard	Standard	2g
Gallbladder disorder		Standard	Standard	Standard	Standard	2g
Gastritis	Acute	Standard	Standard	Standard	Standard	2b
Glomerulosclerosis	Acute – after one year	Standard	Standard	Standard	Decline	2c
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	Decline	2f
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HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	CRITERIA	LIFE	DI RIDER	AODIR	CRITICAL III RIDER	QUESTION ON APP
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	2g
	Migraine, severe or not investigated	Decline	Decline	Decline	Decline	2g
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Decline*	Standard	4a
Heart Arrhythmia		Decline	Decline	Decline	Decline	2a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	Decline	2a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	Decline	2a
Hemophilia		Decline	Decline	Decline	Decline	2a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	Decline	2b
Hepatomegaly		Decline	Decline	Decline	Decline	2b
HIV	Tested Positive	Decline	Decline	Decline	Decline	1
Hodgkin's Disease		Decline	Decline	Decline	Decline	2d
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	2e
Kidney Disease	Dialysis	Decline	Decline	Decline	Decline	2e
	Insufficiency or Failure	Decline	Decline	Decline	Decline	2e
	Nephrectomy	Decline	Decline	Decline	Decline	2e
	Polycystic Kidney Disease	Decline	Decline	Decline	Decline	2e
	Transplant recipient	Decline	Decline	Decline	Decline	2e
Knee Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	2f
Leukemia		Decline	Decline	Decline	Decline	2d
Liver Impairments		Decline	Decline	Decline	Decline	2b
Lung Disease/ Disorder		Decline	Decline	Decline	Decline	2c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	2f
Marfan Syndrome		Decline	Decline	Decline	Decline	2f
Melanoma	See Cancer/Melanoma					2d
Meniere's Disease		Standard	Decline	Standard	Standard	2g
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	2d
Mitral Insufficiency		Decline	Decline	Decline	Decline	2a
Multiple Sclerosis		Decline	Decline	Decline	Decline	2d
Muscular Dystrophy		Decline	Decline	Decline	Decline	2f
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	Standard	2d
Pacemaker		Decline	Decline	Decline	Decline	2a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	Decline	2b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	Decline	2f
Parkinson's Disease		Decline	Decline	Decline	Decline	2d
Peripheral Vascular Disease		Decline	Decline	Decline	Decline	2a
Pregnancy	Current; no complications	Standard	Standard	Standard	Standard	5a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	Standard	2e
	Cancer- See Cancer/Melanoma					2d & 2e
Pulmonary Embolism		Standard	Standard	Standard	Decline	2c
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HOME PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)						
IMPAIRMENT	CRITERIA	LIFE	DI RIDER	AODIR	CRITICAL III RIDER	QUESTION ON APP
Retardation	Mild to moderate	Standard	Decline	Standard	Standard	2d
	Severe	Decline	Decline	Decline	Decline	2d
Rheumatic Fever	One attack-recovered	Standard	Standard	Standard	Decline	2a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	Decline	2c
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	2d
	All others	Decline	Decline	Decline	Decline	2d
Shoulder Injury	Within the past 12 months	Standard	Decline*	Decline	Standard	2g
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	Decline	2c
Subarachnoid Hemorrhage		Decline	Decline	Decline	Decline	2a
Suicide Attempt		Decline	Decline	Decline	Decline	2d
Thyroid Disorder		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	2a
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	Decline	2a
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	Decline	2c
	Over 2 years with no residuals	Standard	Standard	Standard	Standard	2c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard	Standard	2b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	2b
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	Decline	a2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	2a
Vascular Impairments		Decline	Decline	Decline	Decline	2a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	Decline	Decline	2g
	After 1 year since surgery with no complications	Standard	Decline	Standard	Standard	2g
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	Decline	2g
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PRESCRIPTION REFERENCE GUIDE

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

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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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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.

PRESCRIPTION REFERENCE GUIDE (continued)

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	7 years > 7 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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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
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	7 years > 7 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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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.

PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See "H" Below
Cardura	High Blood Pressure (HTN)	N/A	See "H" Below
Cartia	High Blood Pressure (HTN)	N/A	See "H" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Casodex	Cancer	7 years > 7 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "H" 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 "H" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "H" 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 "H" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	7 years > 7 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "H" Below
	CHF	N/A	Decline

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PRESCRIPTION REFERENCE GUIDE (continued)

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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 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

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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	7 years > 7 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	7 years > 7 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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PRESCRIPTION REFERENCE GUIDE (continued)

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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	7 years > 7 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	7 years > 7 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 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	7 years > 7 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	7 years > 7 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	7 years > 7 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
Natreacor	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 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

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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	7 years > 7 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propanolol 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	7 years > 7 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 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
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	7 years > 7 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	7 years > 7 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
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
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
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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Valstar	Cancer	7 years > 7 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	7 years > 7 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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COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll free number **800-736-7311**. The following is a list of prompts that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

Department	Phone Menu Prompt:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	mktfinance@aatx.com	254-297-2166
Customer Service	1 1 7	pos@aatx.com	254-297-2105
Earned Commissions	1 1 5	mktfinance@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
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select "App Drop")	254-297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select "Mobile Application")	NA
New Agent Contracts	www.insuranceapplication.com/contractdrop	254-297-2110

* Be sure to include a Fax Application Cover Page.

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.