

# Home Secure™

*Level Term Life Insurance*

Agent Underwriting and Product Guide



The Baltimore Life

COMPANIES

The Baltimore Life Insurance Company  
10075 Red Run Boulevard  
Owings Mills, MD 21117-4871  
[www.baltlife.com](http://www.baltlife.com)

*For agent use only. Not for use in sales presentations.*

# Table of Contents

Product Details.....	1
Optional Riders.....	2
Underwriting.....	6
Point-of-Sale Underwriting Process.....	9
INS <i>peed</i> Application Process.....	9
Paper Application Process.....	15
Premium Rates.....	17
Return of Premium Rates.....	21
Maximum Premiums After Guarantee Period.....	25
Sample Premium Calculation.....	27

## Home Secure™ Term Life Insurance

Home Secure is a simplified issue level term product for the mortgage term market and is for individuals who have financed a mortgage in the past 36 months. It can provide your clients with comprehensive mortgage protection if your client lives, dies or becomes disabled. Home Secure offers a quick and simple enrollment process.

- Through *INSpeed*®, which is an intelligent underwriting system, you complete telephonic application and voice signatures in one streamlined process. It is an ideal solution for applicants desiring an instant decision at point of sale, and for agents and organizations that specialize in telesales.
- A paper application can also be submitted and is supported by our point-of-sale underwriting decision process. Our point-of-sale underwriting process can provide an immediate decision in many cases.

### Policies

**Term Life Insurance Policy, Form ICC10 8167** (or state-specific version 8167)

**Term Life Insurance Policy with Return of Premium, Form ICC10 8167-ROP**

(or state-specific version 8167-ROP)

### Issue Ages for Level Premium Period (Age last birthday)

Minimum:	Maximum:
Age 18	Age 65 - 15 Year ( <i>ROP not available on 15-Year product</i> )
	Age 60 - 20 Year
	Age 50 - 30 Year, Non-Tobacco
	Age 45 - 30 Year, Tobacco

### Face Amount

Minimum:	\$50,000 for issue ages 18-50
	\$25,000 for issue ages 51-65 ( <i>Only available on 15- and 20-Year products</i> )
Maximum:	The lesser of 125% of mortgage amount OR:
	(1) \$300,000 for issue ages 18 - 60
	(2) \$100,000 for issue ages 61 - 65

**Death Benefit:** Level death benefit all years to age 100

**Policy Fee:** None

**Premiums:** Premiums are guaranteed to remain level for the level premium period and increase annually thereafter. Premiums differ by age, gender, tobacco class and level premium period. *See premium rate tables, which reflect annual premium rates.*

### Premium Modes

- Monthly Electronic Funds Transfer (EFT), Semiannual EFT, Annual EFT  
After policy issue, the applicant may request direct billing for annual and semiannual modes by contacting the Customer Service Department at (800) 628-5433.
- Initial Premium Options:  
***INSpeed Applications:*** Initial premium must be paid via EFT and may be drafted immediately at time of application or a future draft date can be elected.

#### ***Paper Applications:***

EFT: The initial premium can be drafted immediately when the application is received at Baltimore Life; or a future draft date can be elected.

The applicant can elect to pay only the first premium using a credit or debit card (*We accept VISA, MasterCard and Discover. We do not accept Direct Express, SSI Debit Card or American Express*). As an example, if the applicant elected a premium mode of annual, semi-annual, quarterly or monthly EFT, he could use his credit or debit card to pay the first premium only. All future premiums would be drafted or billed based on the premium mode selected. **A completed Form 5122-1212 should be sent with the paper application when the applicant wants to use a credit or debit card for the first premium. (Note: Form 5122-1212 can only**

be sent via U.S. postal mail, email between the agency office and the Home Office, or transmitted by fax via dial-up or analog telephone line.) When using the “Applications and Forms Package” from the agent website and the agent indicates that a paper application is being used, Form 5122-1212 will automatically be included in the forms package. **Credit card information cannot be stored. Completed Form 5122-1212 must be destroyed once sent or transmitted to the Home Office.** Personal checks will not be accepted.

- No modal loading. Multiply annual premium by .083333 for monthly, and multiply annual premium by .50 for semiannual modes.

#### Conversion Privilege

- The policy may be converted with no evidence up to the end of the level premium period or age 70, whichever occurs first.
- Eligible conversion amount may not exceed the death benefit less any cash surrender value (ROP policy).
- Any Home Secure™ policy with a death benefit lien or outstanding debt (ROP policy) may not be converted.
- The new policy can be any permanent policy offered by the Company for purposes of conversion for Home Secure™, at the standard class as the Home Secure™ policy. The new policy will be issued at the insured’s attained age.
- Partial conversions for an amount less than the full death benefit may be made; the remaining Home Secure™ coverage not converted will be terminated. Amount converted must meet the new policy’s face amount minimum.
- Any benefits, riders, or additional insurance coverage added to the new policy is subject to requirements established by the Company.
- Any cash surrender value (ROP policy) will be paid to the policyowner upon conversion.

**Free Look Period:** The length of the free look period varies per state. Please see specific state policy for details.

#### Issue Ages/Effective Dates/Special Considerations

- The applicant’s age at his or her last birthday is the basis for premium.
- Age is determined based on the date of application submission.
- The applicant may not elect to backdate or forward date the policy’s effective date.
- If the applicant’s birthday occurs after application submission, but before underwriting approval, the issued policy’s effective date will be backdated to the day prior to the applicant’s birthday, therefore preserving the age at application submission (provided that the initial premium was submitted with the application).

#### Sales Proposals

“This policy is a “non-illustrated” policy according to the NAIC illustration regulation. No signatures, illustration or certification form is required. Secure Solutions Illustrator proposal software is available to generate sales proposals.

#### Required Forms for INSpeed and Paper Application Processes

Refer to the following sections of this agent guide for information on forms needed for the respective application process:

- “Requirements Prior to the INSpeed Call” for the INSpeed application process; or
- “Required Forms” for the paper application process.

#### Additional Benefits/Riders

##### RETURN OF PREMIUM (ROP) BENEFIT

- Return of Premium (ROP) benefit is integrated with the policy (Form ICC10 8167-ROP or state-specific version 8167-ROP).
- ROP benefit is payable at the end of the level premium period and is equal to the sum of the total premiums paid for the integrated base policy (the premium from all riders will be excluded), reduced by the amount of any policy debt (cash value loan) or liens (accelerated death benefit).
- Interim cash values develop, which are equal to the sum of total premiums paid-to-date for the integrated base policy multiplied by the applicable durational cash value percentage. The applicable cash value percentage varies by the initial term period, issue age, gender, tobacco class, and duration of the policy.

- Whenever there is cash value, loans are permitted. Loan interest will not exceed an annual rate of 8%. The available loan value is the cash surrender value as of the date of the loan, less interest and any unpaid premiums to the end of the current policy year. If the outstanding loan balance exceeds the policy cash value, the policy will enter the grace period and lapse without payment.
- ROP benefit will expire at the end of the level premium period. The ROP benefit will be paid at that time and the insured can retain coverage under the term product, subject to the annual renewable term premium schedule (with no ROP benefit in effect).
- The ROP benefit will be paid in a single lump sum.
- No ROP benefit is paid if the insured dies before the end of the level premium period.
- The policyowner cannot elect to end the ROP benefit without ending the policy.

#### WAIVER OF PREMIUM FOR DISABILITY (PW) (FORM 7924)

- Issue ages 18 through 55.
- Benefit expires at age 60.
- If the insured becomes totally disabled before age 60, as defined in the policy, the full premium will be waived during the disability.
- Total disability includes the loss of sight of both eyes, loss of both hands, both feet, or one hand and one foot.
- If a *Waiver of Premium for Disability* (PW) is attached to the policy, then once disability on the insured has continued for at least six months, the premium for this rider is waived. The PW benefit is retroactive to the date of disability.
- If the *Non-Occupational Disability Income* (DI) rider is elected, your client may wish to consider electing the *Waiver of Premium for Disability* rider. Premiums for the non-occupational DI must be paid while in force regardless of disability status. *Note: It is possible that the DI rider premium may be waived without any DI benefits being payable due to the exclusion of certain occupations.*
- See rider for exclusions and details.

#### ACCELERATED DEATH BENEFIT (FORM 8216)

- Issue ages: Equal to base policy
- A percentage of the policy's death benefit may be accelerated if insured is:
  - (1) terminal ill, or
  - (2) permanently confined to a Qualified Nursing Facility (QNF).
- Minimum acceleration amount: \$5,000
- Maximum acceleration amount is:
  - 75% of eligible death benefit for terminal illness, or
  - 50% of eligible death benefit for qualified nursing facility,
 up to \$250,000.

*\*Note: In PA and IN the terminal illness rider can be accelerated up to 65% and the qualified nursing and extended care rider can be accelerated up to 40%. \$250,000 is the maximum accelerated benefit.*

- Terminal illness means a medical condition resulting from disease or injury with a reasonable expectation that the insured's death is likely to occur within 12 months of the physician's certification.
- Qualified nursing facility is a skilled nursing facility, intermediate care facility or custodial care facility that is licensed by the state and must conduct business in accordance with law. See rider for definition and exclusions.
- Upon acceleration, a lien against the death benefit for the amount accelerated, plus a \$100 service fee, will accrue at a maximum annual interest rate of 8%.
- At the insured's death, the amount payable will be the policy death benefit minus the accelerated death benefit lien.
- If there is a policy loan (ROP policy), a portion of the accelerated benefit will first be applied to terminate the loan (state variations may apply to this requirement).

- After acceleration, any policy value withdrawn by any method will be applied first to reduce the lien until it has been extinguished.
- The lien may be repaid at any time.
- The benefit may be accelerated only one time. Only one benefit election is allowed under this rider.
- The accelerated death benefit rider is automatically available with the policy, where approved, unless the applicant elects against its inclusion. The accelerated death benefit disclosure (Form 8217) must be provided to the applicant, if rider is elected.
- Rider termination: (1) policy ends, (2) insured's death, (3) lien plus accrued interest exceeds the death benefit, or (4) five years or less from policy expiry.
- Proceeds payable under the accelerated death benefit may be taxable. Please advise your clients to consult with their personal tax advisor.

#### NON-OCCUPATIONAL DISABILITY INCOME (DI) (FORM 8196)

- Issue ages 18-55
- The company will pay a monthly benefit for up to two (2) years during an insured's "total disability".
- The disability income rider provides coverage for **only non-occupational** sicknesses and accidents.
- Termination Age: 60
- Minimum Monthly Benefit: \$100
- Maximum Monthly Benefit (lesser of the following):
  1. Monthly mortgage payment (may include escrow - homeowner's insurance, property taxes, PMI)
  2. \$2,000
  3. 5% of the corresponding insured's life insurance coverage
  4. 60% of the corresponding insured's monthly gross income
  5. All other disability income coverages are considered in determining 60% of income maximum.
- Benefit Period: 2 years
- Elimination (Waiting Period): 90 Days

#### Eligibility:

1. The insured's average work week must be at least 30 hours.
  2. The insured must be employed and covered by worker's compensation insurance, Occupational Disease laws, or similar state or federal laws. If an individual is not covered by one of these employment-related plans or laws, (s)he may NOT apply for the disability income rider.
  3. Individuals engaging in the following occupations are excluded from eligibility: postal, city, county, state, or federal employees, railroad, law enforcement, firefighter, underground mining, or active in the military, National Guard, or Reserve.
- "Total Disability" means the inability to engage in an occupation for compensation or profit, resulting from:
    1. bodily injury received after the rider date; or
    2. disease first diagnosed and treated by a licensed physician after the rider date.

The insured will be considered totally disabled if he or she has a total and irrecoverable loss of the:

1. sight of both eyes;
  2. use of both hands or both feet; or
  3. use of one hand and one foot.
- "Occupation" means any occupation for which the insured is or has become reasonably fitted by education, training or experience.
  - **Recurrent Disability:** If the insured becomes totally disabled again for the same or a related cause, the company will consider the latest period of disability a continuation of the prior period of total disability. However, if the insured has

worked a minimum of 30 hours per week, in a gainful occupation for at least 6 months between the two periods of disability, then the company will consider the latest disability a new disability. The insured will be subject to a new waiting period.

- **Additional and Concurrent Disability:** If the insured sustains an additional disability for the same or a related cause after the date of disability, but before the end of the two-year benefit period, the new disability will be considered a continuation of the prior total disability. There will be no new waiting period, and no extension of the maximum benefit period. If the insured suffers an unrelated additional disability after the date of disability, but before the two-year benefit period has ended, the unrelated disability will be considered a new disability. Following a new 90-day elimination period after the date of the new disability, the insured is eligible for another two-year benefit. At no time will the company pay more than one benefit payment in any one month.
- **Premiums:** Rates are guaranteed for the first year and may change thereafter. Any change in premium will be made on the same basis for all riders of its type in effect for the same premium class, gender, and issue age. No change in premium will occur on renewal because the insured's health has worsened or occupation changed. Premium rates vary by age and gender.
- **Waiver Benefits:** Premiums for the Non-Occupational DI must be paid while the rider is in force regardless of the disability status of the insured. If the PW rider is attached to the policy, then once disability on the insured has continued for at least six months, subject to PW benefit requirements, the premium for the Non-Occupational DI rider is waived retroactively. *Note: It is possible that the DI rider premium may be waived without any DI benefits being payable due to the exclusion of occupational disabilities.*
- **Exclusions and Limitations:** State exceptions apply to exclusions and limitations to the riders. Generally, the exclusions and limitations resulting in no benefits payable if disability results from the following:
  1. an injury occurring or illness starting before this rider is in effect (unless the injury or illness is fully disclosed in the application);
  2. normal pregnancy or normal child birth;
  3. an intentionally self-inflicted injury or an attempted suicide while sane or insane;
  4. the voluntary taking of any drug not prescribed for the insured by a physician;
  5. the voluntary taking of any drug prescribed for the insured by a physician and intentionally not taken as prescribed;
  6. the abusive use of alcohol by the insured, including having a blood alcohol concentration above the maximum level permitted by the law of the state in which this rider was issued for operation of a motor vehicle (whether or not total disability results from operating a motor vehicle);
  7. committing or attempting to commit a misdemeanor or a felony or while being incarcerated in a penal institution;
  8. if total disability results from war (declared or undeclared) or other armed conflict, insurrection, or participation in a riot;
  9. if total disability results from service in any armed force engaged in a military conflict, whether or not declared;
  10. travel or flight in or descent from any kind of aircraft, if the insured has any duties on board, or if the insured is flying in the course of any training or instruction, or in maneuvers of any armed force; or
  11. the voluntary taking, administering, absorbing, or inhaling of poisons, gases, or fumes.

## Underwriting

Home Secure™ Term Life Insurance is designed to be underwritten on a non-medical basis and is for people in good health (Standard through Table 4 risks). There are no paramedical exams, attending physician statements, or blood or urine samples.

At point of sale, the underwriting process will include:

1. the applicant's build,
2. application medical questions, and
3. routine checks through the Medical Information Bureau (MIB), pharmacy records database, and the motor vehicle report (MVR).

Information received on the application, MIB, MVR, and pharmacy records may require follow-up investigation by an underwriter. It is important that you prescreen the applicant's eligibility using the height/weight chart and weight change parameters as well as questions 1-11 in Section One of the application before making the INSpeed® application call.

When submitting a paper application, call our Point-of-Sale Underwriting Call Center at (888) 368-9678.

UNISEX BUILD CHART

Height Exact	Weight (Min)	Weight (Max)
4'8"	81	186
4'9"	84	193
4'10"	87	200
4'11"	90	208
5'	93	215
5'1"	96	223
5'2"	99	230
5'3"	103	238
5'4"	106	246
5'5"	109	254
5'6"	113	262
5'7"	116	271
5'8"	119	279
5'9"	123	288
5'10"	126	297
5'11"	130	305
6'	134	314
6'1"	137	323
6'2"	141	333
6'3"	145	342
6'4"	149	351
6'5"	153	361
6'6"	157	371
6'7"	161	381
6'8"	165	389
6'9"	169	395
6'10"	173	401

*A weight gain or loss of more than 40 pounds, other than due to pregnancy, will disqualify the applicant.*



Any “YES” responses to the application’s pre-qualification questions 1-11 (below) will disqualify the applicant.

1. Do you currently require the use of a wheelchair?
2. Have you been told by a medical professional you have a terminal illness or 12 months or less to live, or been advised to use hospice services?
3. Have you been convicted more than once of driving under the influence of alcohol or drugs?
4. Have you ever tested positive for HIV, the Human Immunodeficiency Virus, or have you ever been diagnosed by a medical professional as having Acquired Immunodeficiency Syndrome or AIDS, or AIDS Related Complex?
5. Have you ever had more than one occurrence of cancer, lymphoma, or melanoma other than basal or squamous cell skin cancer?
6. Have you ever been treated by a medical professional or been diagnosed as having any of the following: ALS or Lou Gehrig’s Disease, Huntington’s Disease, multiple sclerosis, muscular dystrophy, myocardial infarction or heart attack, cardiomyopathy or weakened or poorly functioning heart muscle, systemic lupus erythematosus, scleroderma, cystic fibrosis, sickle cell anemia, chronic renal failure or advised to undergo dialysis, Hepatitis C, cirrhosis or other chronic liver disease, schizophrenia, psychosis, dementia, Alzheimer’s, bipolar disorder, mental retardation, Down Syndrome, or Parkinson’s disease?
7. Have you ever had or been advised to have an organ transplant, coronary or heart surgery, angioplasty or stent placement, pacemaker or defibrillator implantation, heart valve repair or replacement, or amputation due to disease?
8. In the past 10 years, have you received treatment or been advised to seek treatment for alcoholism or drug addiction?
9. In the past 5 years, have you been confined to a nursing facility, had carotid artery surgery, had gastric bypass or Lap Band surgery, used or been advised to use supplemental oxygen or insulin?
10. In the past 5 years, have you used substances such as cocaine, heroin, amphetamines, barbiturates or hallucinogens?
11. In the past 5 years, have you been convicted of a felony or been on parole or probation?

### Health Impairments

In addition to the applicant build requirements and pre-qualification questions, there are health impairments which may not qualify for Home Secure™, which are listed below.

If you are unsure whether or not the applicant’s health impairment relates to an impairment in this list, please contact Baltimore Life’s Underwriting Department at 1-800-628-5433 BEFORE calling to begin the INSpeed® application process.

HEALTH IMPAIRMENTS
<ul style="list-style-type: none"><li>• COPD</li><li>• Elevated PSA not investigated and deemed benign</li><li>• Asthma not well controlled or requiring oral steroids</li><li>• Chronic congestive heart failure</li><li>• Seizure disorder with seizures within the past 12 months</li><li>• Psychiatric hospitalization within the past 3 years</li><li>• Rheumatoid arthritis requiring daily steroid use</li><li>• Blood pressure reading, within past 12 months, greater than 150/90</li><li>• Diabetes under age 50</li><li>• Cancer within the past five years</li></ul>

### Underwriting Details

- This product is **not** available to active-duty military personnel or members of the Reserves with knowledge of pending activation orders.
- The medical requirements in this section apply to face amounts up to \$300,000 for issue ages 18-60, and face amounts

up to \$100,000 for issue ages 61-65 for the Home Secure™ product.

- Any Baltimore Life in-force life insurance on the insured will be considered with the product's face amount maximums and may require additional medical testing.
- All applications must be submitted through either the INSpeed® Call Center or using a paper application. All medical questions will be answered by the applicant during a call or, when using a paper application, an underwriting interview must be completed.
- A point-of-sale "approval" decision will be granted for applicants meeting underwriting standards and requirements.
- **Applicants outside the height/weight build parameters and/or answering "yes" to any of the 11 pre-qualification medical questions will be automatically disqualified.**

#### Disability Income Underwriting

The Non-Occupational Disability Income Rider (DI) is underwritten on a non-medical, accept/reject basis. DI is underwritten along with the base policy on the Home Secure™ application and with routine database checks. There are no supplemental applications, paramedical exams, APS, or fluid requirements for DI.

**It is important that you prescreen the applicant's eligibility for DI in questions 4-8 in the DI rider section of the application, BEFORE making the INSpeed® application call. Any response other than an acceptable response will disqualify the applicant for the DI rider.**

Acceptable responses for the DI pre-qualification questions in the application:

4. **YES** - Is your average work week 30 hours or more?
5. **YES** - Does your employer provide worker's compensation or any other form of on-the-job disability coverage for work-related sicknesses or injuries?
6. **NO** - Are you engaged in any of the following occupations: postal, city, county, state, or federal employee, railroad, law enforcement, fire fighter, underground miner, or active in the military, National Guard or Reserve?
7. **NO** - Have you within the past 12 months, received disability benefits of any kind or been disabled for more than 30 days, other than for pregnancy, or have you applied to receive, or are you eligible to receive disability payment compensation or a benefit from any source as a result of illness or injury?
8. **NO** - Do you need supervision and/or assistance of any kind with bathing, bowel or bladder function, dressing, eating, using the toilet or transferring?

## INSpeed® Application Process

INSpeed® is a state-of-the-art, paperless application process combining a simplified issue, intelligent underwriting system for point-of-sale decisions; complete telephonic application, voice or electronic disclosures, and voice signatures into one streamlined process. INSpeed® is an ideal solution for agents and organizations that specialize in telesales.

### INSpeed® Advantages

- Complete life insurance application process by telephone; no paper application, no paper disclosures (except for in Pennsylvania and Maine).
- Voice signatures only (no wet signatures, no email click-wrap signatures, or electronic hardware for signature pads required).
- No requirement to meet face-to-face with the applicant (face-to-face sales are also acceptable).
- Immediate underwriting decision within a matter of minutes.
- No paper application submission required following the telephone application.
- Immediate coverage with an unconditional approval and the first premium payment.
- A process that prevents omitted information and subsequent policy amendments.

### INSpeed® Application Overview

1. Three-party telephone call between you, the applicant, and the INSpeed call center representative (CCR). You must perform a two-party in-bound call into the INSpeed call center. The CCR will not make outbound connections to the agent, applicant, or payor. **The payor must be available during the INSpeed call, if (s)he is someone other than the applicant.**
2. You and the applicant will provide responses for the complete life application.
3. Once the application questions are answered and electronic reports are obtained (MIB, pharmacy records database, and motor vehicle report [MVR]) during the INSpeed call, the INSpeed CCR will provide a decision at point of sale. Those applications not approved at point of sale will be referred to underwriting for additional review.
4. Following the decision, the CCR will collect the premium and billing information. If the application is unconditionally approved and the first premium is received, coverage will be effective immediately.
5. The applicant will receive an email link to the forms completed within minutes following the INSpeed call.

Before you call the INSpeed application call center, you will have performed other important functions of the process:

1. Discussed the applicant's needs.
2. Collected pertinent applicant information.
3. Pre-qualified the applicant for Home Secure™ (See *Client Pre-Qualification Worksheet, Form ad8319*)
4. Emailed, provided face-to-face, or read aloud to the applicant all required notice and disclosure forms.

### Application Pre-Qualification

Taking a few moments prior to the INSpeed application call to pre-qualify your client, the applicant, may save you a great deal of time and make the experience a very good one for the applicant. If the applicant's responses are inconsistent with the program, the process could be ended unexpectedly. Important information to pre-qualify the applicant:

1. Mortgage loan date
2. Height, weight and weight gain or loss
3. Application – Section One, questions 1-11: any “Yes” responses will disqualify applicant.
4. Cross reference any known health impairments against the health impairments list in the Underwriting section of this guide.
5. Cross reference any prescriptions taken by the applicant against the prescription drug list.
6. Disability Income Rider: applicant's occupation and certain responses to the DI questions 4-8 may disqualify applicant for DI.

### Requirements Prior to the INSpeed® Call

While you are discussing the applicant's insurance needs and before you and the applicant call the INSpeed application call center, you must email, provide face-to-face, or read aloud to the applicant the following disclosures. The INSpeed CCR will ask the applicant to verify whether the disclosures have been provided to him/her. If the applicant acknowledges that (s)he has not received these disclosures, the INSpeed process will be stopped.

- HIPAA Authorization (Form 7699)
- Notice and Disclosure (Form ICC10 8168-DISCL or state variation Form 8168)

- Conditional Receipt (Form ICC10 8168-Receipt or state variation Form 8168)
- Accelerated Death Benefit Disclosure (Form 8217)
- Replacement of Life Insurance, if applicable (Form 7296-1201-NAIC or state variation)
- Pennsylvania Disclosure Statement, if applicable (Form 1589)
- Maine Preliminary Statement of Policy Cost, if applicable (Form 7060 ME)
- Life Insurance Buyer's Guide for GA, ME, NH, WI only (Form 8015 or state variation)

Any other state specific forms required before or at the time of application

### Requirements During the INSpeed® Call

There is also pertinent information you and the applicant should be prepared to provide to the INSpeed CCR. Collecting this information ahead of the INSpeed call will enhance call efficiency and brevity.

### Agent Provides CCR

- Term period, face amount, and riders
- For the DI rider, the applicant's gross monthly income from occupation, monthly DI currently in force, and DI monthly income amount being applied for
- Agent commission split information, if applicable, agent numbers and percentages
- Agent's Statement responses

### Applicant Provides CCR

- Applicant's name, address, occupation, telephone number and best time to call (*Verify spelling*)
- Applicant's country and state of birth
- Applicant's social security number
- Applicant's email address (*Necessary to provide applicant access to completed forms after INSpeed call*)
- Applicant's driver's license number
- Primary beneficiary name(s), relationship to applicant, and social security number(s) (*Social security numbers are optional although desired*)
- Contingent beneficiary name(s), relationship to applicant
- Applicant's mortgage loan date, lender, mortgage amount, and monthly payment (which may include any escrow payment for homeowner's insurance and property taxes)
- Existing, pending, or policies being replaced:
  - insurance company name
  - whether policy is being replaced
- Provide specifics relating to aviation, hazardous avocations or sports
- Provide specifics to health impairments, time periods of occurrences, and medications taken
- Primary physician information
- Bank account number, routing number, bank name, account holder name, and draft date
- If payor is other than the applicant:
  - Payor must be available at time of the INSpeed call
  - Payor name, relationship to applicant, and social security number
  - Bank account information

### Decisions

When the underwriting evaluation is completed during the INSpeed call, the CCR will assign and communicate the case number and respond with one of the following seven decisions:

1. **APPROVED:** Provided the initial premium is paid at point of sale, the case will be jet issued with an immediate effective date.
2. **APPROVED PENDING MIB:** A conditional approval is granted based on all information received except further clarification is needed on MIB information received. A final decision will be granted within 48 hours.
3. **APPROVED PENDING MVR:** A conditional approval is granted based on all information received except for an outstanding motor vehicle report. A final decision will be granted within 48 hours. All but a few states provide

electronic MVR reports within seconds during the *INSpeed* call. This decision will occur in just a handful of states.

4. **APPROVED PENDING REPLACEMENT REVIEW:** A conditional approval is granted based on all information received, but subject to replacement review due to a replacement occurring. A notification must be sent to the company being replaced prior to policy issue. A final decision will be granted within 48 hours.
5. **APPROVED, EXCEPT FOR DI AND/OR PW:** Life insurance coverage has been approved, but without the Disability Income and/or Waiver of Premium rider(s). The CCR will recalculate premium and acknowledge applicant's acceptance without the DI and/or PW. Provided the initial premium is paid at point of sale, the case will be jet issued with an immediate effective date.
6. **REFERRED TO UNDERWRITING, DECISION WITHIN 48 HOURS:** There may be instances when an underwriter must clarify information received on the application, MIB, pharmacy records, or MVR. A follow-up phone call to the applicant may occur to clarify information. A final decision will be provided within 48 hours.
7. **REFERRED TO UNDERWRITING, 5 DAYS TO COMPLETE UNDERWRITING:** Based on the application and other routine requirements, the underwriting evaluation cannot be concluded without additional records. You may wish to contact underwriting for more information.

### Coaching

**Agents are not authorized to coach an applicant on how to respond to health questions or underwriting information before or during the *INSpeed* call.** However, you may inform the applicant about the telephone application process and what to expect during the call. You and the applicant must answer questions truthfully and to the best of your knowledge.

### Examples of coaching include:

- (1) interpretation of questions and how the applicant should respond,
- (2) advising or interrupting the CCR or applicant during the *INSpeed* call with comments,
- (3) anyone, including family members of the applicant, may not assist or provide responses to questions, and
- (4) no assistance may be provided on behalf of the applicant for medications, time periods, and dosages.

**THE APPLICANT MUST ANSWER ALL QUESTIONS INDEPENDENTLY DURING THE *INSpeed* CALL. Any instances recognized as "coaching" during the process will be referred to the Underwriting Department.**

### Restarts

If there are instances when the call is unexpectedly dropped due to phone connections or the call is stopped for another reason, the application may be saved and stored. The application may not be restarted in all situations. When the application is intentionally stopped, the CCR will notify you if the application may be restarted. You will have 36 hours to restart the application before the saved application becomes outdated. If the 36 hour time limit has expired, you and the applicant must start a completely new application.

All parties (you, the applicant, and payor if other than the applicant) necessary for the completion of the restarted application must be available to continue.

### Call Center Hours

Monday – Friday, 10:00 a.m. until 9:00 p.m. Eastern Time

### Call Center Telephone Number

1-888-BLC-EAPP (1-888-252-3277)

### New Business Email Address

hs@baltlife.com

### Home Secure Client Site

www.baltlife.com/homeseecure

### Premiums - *INSpeed* Applications

After completing the application's medical questions and obtaining the applicant's electronic signature, the CCR will ask for the premium mode, communicate the applicable modal premium amount, and proceed to billing information. **All initial premiums must be paid via electronic funds transfer (EFT) from the applicant's or payor's bank account.** Future premiums will continue at the same EFT premium and mode as the initial premium, unless the applicant notifies Customer Service at (800) 628-5433 to switch the mode, or billing to direct bill, after the policy is issued.

- **Direct bill may not be selected for the initial premium or subsequent monthly premiums.**
- EFT premium modes are monthly, semiannual and annual. *(The applicant/payor will receive a 30-day advanced notice by mail for an annual or semiannual EFT draft.)*

Many of our applicants/payors elect to pay their premiums using EFT monthly mode. To pay the initial premium, the applicant/payor can choose one of the following options:

1. If no draft day is selected, the initial premium will be drafted immediately. The draft day for all future premiums will be the policy issue date.
2. Draft the initial premium immediately, but choose a different draft day in the future. The applicant would then have temporary insurance coverage under the Conditional Receipt until the policy is issued on the desired, ongoing draft day selected.
3. Draft the initial premium in the future. That day becomes both the policy issue date and the premium draft day. No temporary insurance coverage under the Conditional Receipt would apply.

*Note:* A draft from the 1st through the 28th may be selected. If the initial draft date is the 29th, 30th or 31st, and a future draft dates is not specified, the future draft date will be the 28th.

#### **Option 1: No draft day selected**

INS*Speed* application completed: Aug 15  
 Initial draft: Aug 15 (Temporary insurance coverage begins)  
 Issue date: August 17  
 Next draft date following initial draft: September 17

#### **Option 2: Future draft day selected, immediate first draft requested**

INS*Speed* application completed and approved: Aug 15  
 Future draft day selected: 5th of each month  
 Initial draft: Aug 15 (Temporary insurance coverage begins)  
 Issue date: September 5  
 Next draft date following initial draft: October 5

#### **Option 3: Future draft day selected, delay first draft until future draft day selected**

INS*Speed* app completed and approved: Aug 15  
 Future draft day selected: 5th of each month (No conditional coverage)  
 Initial draft: September 5th  
 Issue date: September 5th (Insurance coverage begins)  
 Next draft date following initial draft: October 5th

#### **Premiums - Paper Applications**

- EFT premium modes are monthly, semiannual and annual. *(The applicant/payor will receive a 30-day advanced notice by mail for an annual or semiannual EFT draft.)*
- After policy issue, the applicant/payor may request direct billing for annual and semiannual modes by contacting the Customer Service Department at (800) 628-5433.
- EFT from a checking or savings account is accepted. *(Verify if savings account can be drafted.)*
- Initial Premium Options:
  - **EFT:** The initial premium can be drafted immediately when the application is received at Baltimore Life, or a future draft date can be elected.
  - The applicant can elect to pay only the first premium using a credit or debit card *(We accept VISA, MasterCard and Discover. We do not accept Direct Express, SSI Debit Card or American Express).* As an example, if the applicant elected a premium mode of annual, semi-annual, quarterly or monthly EFT, he could use his credit or debit card to pay the first premium only. All future premiums would be drafted or billed based on the premium mode selected. **A completed Form 5122-1212 should be sent with the paper application when the applicant wants to use a credit or debit card for the first premium. (Note: Form 5122-1212 can only be sent via U.S. postal mail, email between the agency office and the Home Office, or transmitted by fax via dial-up or analog telephone line.)** When using the “Applications and Forms Package” from the agent website

and the agent indicates that a paper application is being used, Form 5122-1212 will automatically be included in the forms package. **Credit card information cannot be stored. Completed Form 5122-1212 must be destroyed once sent or transmitted to the Home Office.**

– **Personal checks** will not be accepted.

- If the application is approved at point of sale using our Point-of-Sale Underwriting Decision process, and authorization is given by applicant/payor to draft the first premium, the insurance coverage will become effective immediately.
- If the application is approved *after* the point-of-sale underwriting interview and authorization is given for the initial draft, temporary insurance coverage under the Conditional Receipt will be effective until the policy approval date. After the policy is approved, the policy effective date will be the new draft day for recurring premiums unless a future draft day is elected.
- Future EFT draft date selections:
  - Draft the initial premium immediately when the application is received by Baltimore Life, but choose a different draft day in the future. The applicant would then have conditional insurance coverage from the day the authorization to draft was given until the policy is issued on the desired ongoing draft day selected
  - Draft the initial premium in the future. That day becomes both the policy issue date and the premium draft day. No conditional coverage would apply.

*Note:* A draft from the 1st through the 28th may be selected. If the initial draft date is the 29th, 30th or 31st, and a future draft date is not specified, the future draft date will be the 28th

#### Replacements

- It is very important to obtain the applicant's email address in a policy replacement situation.
- Disclosure forms, including the replacement form, will be populated with the applicant's responses and a link to the completed forms will be emailed to the applicant within moments following the *INSpeed* call.
- The applicant must be prepared to provide information on the policy(ies) being replaced during the *INSpeed* call:
  - Insurance company name, policy number, face amount, and year issued
  - Reason for replacing
- *INSpeed* applications: Replacement business **will not** be accepted in AR, FL, SD, and WA.
- Paper applications: Replacement business **will** be accepted in AR, FL, SD, and WA.

#### Pennsylvania and Maine Disclosure Statements - *INSpeed* Applications

Disclosure statement forms for business submitted in PA (Form 1589) or ME (Form 7060) must be generated from the Secure Solutions Illustrator software and emailed (or postal mailed) to the applicant, and received by the applicant.

- Disclosures are automatically created when generating a software proposal for PA or ME.
- You may email the disclosure to the applicant and New Business directly from the software.
- The applicant must have an email account and receive the disclosure prior to the *INSpeed* call, **OR** the applicant must receive a copy of the disclosure by postal mail prior to the *INSpeed* call.
- Email the disclosure to New Business at **hs@baltlife.com**.

#### Pennsylvania and Maine Disclosure Statements - Paper Applications

Disclosure statement forms for business submitted in PA (Form 1589) or ME (Form 7060) must be generated from the Secure Solutions Illustrator software, signed by the applicant at point of sale, and submitted with the paper application.

#### Electronic Signature and Call Recording - *INSpeed* Applications

Each call to the *INSpeed* application call center is recorded for quality and authentication purposes. During the call, you, the applicant and the payor, if other than the applicant, will be asked to acknowledge and agree to the information provided in the application. Furthermore, the applicant will acknowledge whether they have received all notices and disclosures from you prior to the *INSpeed* call. The applicant's, the payor's, and your oral consent effectively serve as voice signatures for the application and disclosure forms.

#### Secure Email Link to Completed Forms - *INSpeed* Applications

Within a few minutes following the *INSpeed* application call, the applicant will receive an email from Baltimore Life. The email will contain a secure Web link to the applicant's completed notice and disclosure forms for reference on

Baltimore Life's website. Only the forms specific to the applicant's *INSpeed* application can be viewed through this email link. There is no additional action required on the part of the applicant once the forms are viewed by the applicant. In fact, the applicant is not required to view the completed forms although it is highly recommended. **Any discrepancies or concerns expressed by the applicant upon review of the forms should be reported to New Business at (800) 628-5433.**

#### Policy Issue and Delivery - *INSpeed* Applications

During the *INSpeed* call, you will have an opportunity to select whether the issued policy be mailed directly to the applicant, or to you for you to deliver the policy. **If you choose to have the policy mailed to you for delivery, a policy delivery receipt is required in California, Colorado, Kansas, Louisiana, Pennsylvania, South Dakota, Utah, West Virginia and Wisconsin. Mailing the policy directly to the applicant in these states will not trigger a delivery receipt requirement.**

The policy will be issued and mailed within 48 hours of final approval. Of course, any outstanding requirements will delay the issue process.

#### Point-of-Sale Underwriting Decision using Paper Application

You will pre-qualify your client using the Home Secure application Forms ICC108168-0910 or 8168-0910, or state specific variations. The application has been designed to help you classify your client's risk profile more accurately by following the parameters below. NOTE: If the applicant is diabetic, (s)he must know the date and results of the recent A1C test; if the applicant is hypertensive, s(he) must know the date and results of the recent blood pressure reading.

The application is structured into three parts: Section One, Section Two, and Section Three.

- All "no" answers to Section One, coupled with a good height/weight, a clean MIB, and an acceptable prescription drug history should result in an issue.
- Any "yes" answer in Sections Two and Three, does not mean that there is an automatic decline. However, details to all "Yes" responses will require more information during the call center interview. Ask the applicant to have any recent lab tests or health findings available for the interview.

Once you have completed the entire application and pre-qualified the applicant, contact the call center (888-368-9678) for an underwriting interview. This point-of-sale interview generally lasts 15 minutes or less, so you spend less time on the phone. The professional call center representative will review the exact same health questions you used during the pre-qualification. During the call, an MIB, MVR and a prescription drug database search will be run "in the background." If there are discrepancies between those results and the answers provided in the interview, your client may be asked a question from the application again in an attempt to clarify the difference in information. This process reduces the need for an APS and allows Baltimore Life and our agents to keep point-of-sale decision rates high. **Any underwriting decision is communicated to you, the agent, NOT to your client. In addition, you will receive a confirmation number that must be written on the front page of the application.**

After your client has completed the interview, the call center representative will provide you with an underwriting decision of either "approved" or "not approved."

#### Fax and Email Procedures for Paper Applications

Once the appointment is finished and the decision has been given, please fax your application and all required forms to our New Business center as follows:

**Career Agency Sales Group**  
(866) 892-6528 or  
newbusiness@baltlife.com

**Independent Sales Producers**  
(866) 892-6428 or  
newbusiness-independent-sales@baltlife.com

**All forms must be faxed to the Home Office whether the decision was an approval or decline.**

#### Paper Application Interview (Point-of-Sale Underwriting) Call Center Information

The call center phone number is (888) 368-9678.

Call center hours are 9:00 a.m. - 10:30 p.m. Monday through Thursday, and 9:00 a.m. - 6:00 p.m. on Friday, EASTERN TIME ZONE.

Languages supported include English and Spanish. Other languages are available on request.



TTY available in both English and Spanish.

During high call volume periods, you may reach a voice mail box. Leave a message and request to have the interview completed. A call center representative will return your call within ten minutes or will accommodate your specific date/time request for the return call during business hours. If you, the agent, are not present during the interview, you will be called and informed of the decision.

If the call center is closed, you may leave a message and request to have the interview completed. A call center representative will accommodate your specific date/time request for the return call during business hours. If you are not present during the interview, you will be called and informed of the decision.

**The interview must be completed in order to process the application. The interview must be completed within five days from the date of the application.**

#### Required Forms - Paper Application

The following forms are necessary if your client applies for Home Secure. Please note there are state specific variations of many of these forms. Please verify state availability of the product and rider and verify if the state in which you are selling requires a state specific form. (These forms can be generated on our agent website within the application and forms package section, as well as in the section labeled “Forms and Applications Viewing/Ordering.”)

- Home Secure Application, Form ICC8168-0910 or 8168-0910
- Authorization of Release of Health-Related Information (HIPAA), Form 7699
- Pennsylvania Disclosure, Form 1589
- Maine Preliminary Statement of Policy Cost, Form 7060(ME)
- Pennsylvania Notice Regarding Replacement, Form 2407(PA)
- Life Insurance Buyer’s Guide, Form 8015 (Required at time of application for Georgia, Maine, New Hampshire and Wisconsin applicants)
- Accelerated Death Benefit Rider Disclosure Statement, Form 8217

#### Additional Forms

- Other state forms may be required, such as state specific replacement forms or the NAIC replacement form (Form 7296-1201-NAIC), if applicable.
- Form 5122, Credit/Debit Card Authorization, for initial premium.



# Home Secure™

Level Annual Premium Rates per \$1,000 (No policy fee)

## Male, Non-Tobacco

Issue Age	15-Year	20-Year	30-Year	Premium Waiver	Disability Income
				Rider Rates	Rider Rates
				Annual Rate	Annual Rate
				Per \$1000 Face Amount	Per \$100 Monthly Benefit
18	2.17	2.25	2.73	0.11	7.81
19	2.17	2.25	2.73	0.11	8.00
20	2.17	2.25	2.73	0.12	8.19
21	2.17	2.25	2.73	0.12	8.38
22	2.17	2.25	2.73	0.13	8.57
23	2.17	2.25	2.73	0.14	8.77
24	2.17	2.25	2.73	0.15	8.96
25	2.17	2.25	2.73	0.16	9.15
26	2.21	2.30	2.80	0.17	9.39
27	2.24	2.35	2.87	0.18	9.63
28	2.28	2.40	2.95	0.19	9.88
29	2.31	2.45	3.02	0.21	10.12
30	2.35	2.50	3.09	0.23	10.36
31	2.40	2.57	3.19	0.25	10.75
32	2.45	2.64	3.29	0.27	11.14
33	2.50	2.71	3.38	0.29	11.53
34	2.55	2.78	3.48	0.31	11.92
35	2.60	2.85	3.58	0.34	12.31
36	2.79	3.10	3.95	0.37	12.86
37	2.98	3.35	4.32	0.40	13.41
38	3.18	3.60	4.68	0.43	13.95
39	3.37	3.85	5.05	0.47	14.50
40	3.56	4.10	5.42	0.51	15.05
41	3.81	4.37	5.97	0.56	15.91
42	4.05	4.64	6.51	0.61	16.77
43	4.30	4.91	7.06	0.66	17.64
44	4.54	5.18	7.60	0.72	18.50
45	4.79	5.45	8.15	0.78	19.36
46	5.33	6.09	9.04	0.84	20.70
47	5.86	6.73	9.94	0.91	22.04
48	6.40	7.37	10.83	0.99	23.38
49	6.93	8.01	11.73	1.08	24.72
50	7.47	8.65	12.62	1.18	26.06
51	8.03	9.47	-	1.28	29.27
52	8.58	10.29	-	1.39	32.48
53	9.14	11.11	-	1.51	35.68
54	9.69	11.93	-	1.64	38.89
55	10.25	12.75	-	1.79	42.10
56	11.36	14.54	-	-	-
57	12.47	16.32	-	-	-
58	13.57	18.11	-	-	-
59	14.68	19.89	-	-	-
60	15.79	21.68	-	-	-
61	17.77	-	-	-	-
62	19.75	-	-	-	-
63	21.72	-	-	-	-
64	23.70	-	-	-	-
65	25.68	-	-	-	-

# Home Secure™

Level Annual Premium Rates per \$1,000 (No policy fee)

## Male, Tobacco

Issue Age	15-Year	20-Year	30-Year	Premium Waiver	Disability Income
				Rider Rates	Rider Rates
				Annual Rate	Annual Rate
				Per \$1000 Face Amount	Per \$100 Monthly Benefit
18	3.46	3.48	4.21	0.14	7.81
19	3.46	3.48	4.21	0.15	8.00
20	3.46	3.48	4.21	0.16	8.19
21	3.46	3.48	4.21	0.17	8.38
22	3.46	3.48	4.21	0.18	8.57
23	3.46	3.48	4.21	0.19	8.77
24	3.46	3.48	4.21	0.20	8.96
25	3.46	3.48	4.21	0.22	9.15
26	3.55	3.62	4.45	0.24	9.39
27	3.64	3.76	4.69	0.26	9.63
28	3.74	3.91	4.93	0.28	9.88
29	3.83	4.05	5.17	0.31	10.12
30	3.92	4.19	5.41	0.34	10.36
31	4.07	4.42	5.67	0.37	10.75
32	4.21	4.64	5.93	0.40	11.14
33	4.36	4.87	6.19	0.43	11.53
34	4.50	5.09	6.45	0.47	11.92
35	4.65	5.32	6.71	0.51	12.31
36	5.08	5.86	7.46	0.55	12.86
37	5.51	6.41	8.21	0.60	13.41
38	5.95	6.95	8.95	0.66	13.95
39	6.38	7.50	9.70	0.73	14.50
40	6.81	8.04	10.45	0.81	15.05
41	7.40	8.75	11.39	0.88	15.91
42	7.99	9.46	12.33	0.96	16.77
43	8.58	10.16	13.27	1.05	17.64
44	9.17	10.87	14.21	1.15	18.50
45	9.76	11.58	15.15	1.26	19.36
46	10.76	12.60	-	1.38	20.70
47	11.76	13.62	-	1.51	22.04
48	12.76	14.63	-	1.65	23.38
49	13.76	15.65	-	1.80	24.72
50	14.76	16.67	-	1.96	26.06
51	16.10	18.10	-	2.13	29.27
52	17.43	19.52	-	2.32	32.48
53	18.77	20.95	-	2.53	35.68
54	20.10	22.37	-	2.76	38.89
55	21.44	23.80	-	3.01	42.10
56	23.61	27.38	-	-	-
57	25.78	30.97	-	-	-
58	27.96	34.55	-	-	-
59	30.13	38.14	-	-	-
60	32.30	41.72	-	-	-
61	36.43	-	-	-	-
62	40.55	-	-	-	-
63	44.68	-	-	-	-
64	48.80	-	-	-	-
65	52.93	-	-	-	-

# Home Secure™

Level Annual Premium Rates per \$1,000 (No policy fee)

**Female, Non-Tobacco**

Issue Age	15-Year	20-Year	30-Year	Premium Waiver	Disability Income
				Rider Rates	Rider Rates
				Annual Rate	Annual Rate
				Per \$1000 Face Amount	Per \$100 Monthly Benefit
18	1.86	1.87	2.34	0.10	11.81
19	1.86	1.87	2.34	0.10	12.15
20	1.86	1.87	2.34	0.11	12.50
21	1.86	1.87	2.34	0.11	12.85
22	1.86	1.87	2.34	0.12	13.19
23	1.86	1.87	2.34	0.13	13.54
24	1.86	1.87	2.34	0.14	13.88
25	1.86	1.87	2.34	0.15	14.23
26	1.89	1.91	2.39	0.16	14.72
27	1.92	1.95	2.45	0.17	15.21
28	1.95	2.00	2.50	0.18	15.69
29	1.98	2.04	2.56	0.20	16.18
30	2.01	2.08	2.61	0.22	16.67
31	2.05	2.14	2.69	0.23	17.32
32	2.10	2.20	2.77	0.25	17.97
33	2.14	2.26	2.84	0.27	18.61
34	2.19	2.32	2.92	0.29	19.26
35	2.23	2.38	3.00	0.31	19.91
36	2.39	2.60	3.31	0.34	20.47
37	2.56	2.82	3.62	0.37	21.03
38	2.72	3.03	3.92	0.40	21.59
39	2.89	3.25	4.23	0.43	22.15
40	3.05	3.47	4.54	0.47	22.71
41	3.24	3.73	4.99	0.51	23.49
42	3.43	3.98	5.44	0.55	24.27
43	3.61	4.24	5.90	0.60	25.06
44	3.80	4.49	6.35	0.65	25.84
45	3.99	4.75	6.80	0.70	26.62
46	4.42	5.22	7.60	0.75	27.91
47	4.84	5.69	8.40	0.81	29.20
48	5.27	6.16	9.20	0.88	30.50
49	5.69	6.63	10.00	0.96	31.79
50	6.12	7.10	10.80	1.05	33.08
51	6.62	7.72	-	1.13	36.15
52	7.11	8.33	-	1.22	39.22
53	7.61	8.95	-	1.32	42.30
54	8.10	9.56	-	1.43	45.37
55	8.60	10.18	-	1.56	48.44
56	9.48	11.66	-	-	-
57	10.36	13.14	-	-	-
58	11.23	14.63	-	-	-
59	12.11	16.11	-	-	-
60	12.99	17.59	-	-	-
61	14.87	-	-	-	-
62	16.76	-	-	-	-
63	18.64	-	-	-	-
64	20.53	-	-	-	-
65	22.41	-	-	-	-

# Home Secure™

Level Annual Premium Rates per \$1,000 (No policy fee)

## Female, Tobacco

Issue Age	15-Year	20-Year	30-Year	Premium Waiver	Disability Income
				Rider Rates	Rider Rates
				Annual Rate	Annual Rate
				Per \$1000 Face Amount	Per \$100 Monthly Benefit
18	2.82	2.96	3.61	0.12	11.81
19	2.82	2.96	3.61	0.13	12.15
20	2.82	2.96	3.61	0.14	12.50
21	2.82	2.96	3.61	0.15	12.85
22	2.82	2.96	3.61	0.16	13.19
23	2.82	2.96	3.61	0.17	13.54
24	2.82	2.96	3.61	0.18	13.88
25	2.82	2.96	3.61	0.20	14.23
26	2.91	3.05	3.82	0.21	14.72
27	3.00	3.15	4.02	0.23	15.21
28	3.09	3.24	4.23	0.25	15.69
29	3.18	3.34	4.43	0.27	16.18
30	3.27	3.43	4.64	0.29	16.67
31	3.40	3.63	4.85	0.32	17.32
32	3.53	3.83	5.06	0.35	17.97
33	3.65	4.03	5.26	0.38	18.61
34	3.78	4.23	5.47	0.41	19.26
35	3.91	4.43	5.68	0.44	19.91
36	4.27	4.88	6.35	0.48	20.47
37	4.63	5.34	7.02	0.52	21.03
38	4.98	5.79	7.70	0.57	21.59
39	5.34	6.25	8.37	0.62	22.15
40	5.70	6.70	9.04	0.67	22.71
41	6.23	7.37	9.89	0.72	23.49
42	6.75	8.03	10.73	0.78	24.27
43	7.28	8.70	11.58	0.85	25.06
44	7.80	9.36	12.42	0.93	25.84
45	8.33	10.03	13.27	1.02	26.62
46	9.08	10.88	-	1.10	27.91
47	9.83	11.73	-	1.19	29.20
48	10.58	12.59	-	1.29	30.50
49	11.33	13.44	-	1.41	31.79
50	12.08	14.29	-	1.54	33.08
51	13.15	15.51	-	1.68	36.15
52	14.22	16.73	-	1.82	39.22
53	15.30	17.96	-	1.97	42.30
54	16.37	19.18	-	2.14	45.37
55	17.44	20.40	-	2.32	48.44
56	19.22	22.83	-	-	-
57	20.99	25.26	-	-	-
58	22.77	27.70	-	-	-
59	24.54	30.13	-	-	-
60	26.32	32.56	-	-	-
61	30.04	-	-	-	-
62	33.77	-	-	-	-
63	37.49	-	-	-	-
64	41.22	-	-	-	-
65	44.94	-	-	-	-

# Return of Premium Benefit Male, Non-Tobacco

Annual Rate Per \$1,000 Face Amount

<b>Issue Age</b>	<b>20-Year</b>	<b>30-Year</b>
18	4.2525	1.8018
19	4.2525	1.8018
20	4.2525	1.8018
21	4.2525	1.8018
22	4.2525	1.8018
23	4.2525	1.8018
24	4.2525	1.8018
25	4.2525	1.8018
26	4.3470	1.8760
27	4.4180	1.9803
28	4.5120	2.0650
29	4.6060	2.1442
30	4.7000	2.2557
31	4.8059	2.3606
32	4.9368	2.4675
33	5.0677	2.5688
34	5.1708	2.7144
35	5.3010	2.8282
36	5.7970	3.0810
37	6.2980	3.2832
38	6.8040	3.5100
39	7.3150	3.6865
40	7.8720	3.9024
41	8.4341	4.1790
42	9.0016	4.4919
43	9.5745	4.7302
44	10.1528	5.0160
45	10.7365	5.2160
46	11.9973	5.5144
47	13.1908	5.7652
48	14.4452	5.9565
49	15.6195	6.0996
50	16.8675	6.1838
51	18.4665	-
52	19.9626	-
53	21.5534	-
54	23.0249	-
55	24.6075	-
56	28.0622	-
57	31.3344	-
58	34.7712	-
59	37.9899	-
60	41.4088	-

# Return of Premium Benefit

## Male, Tobacco

Annual Rate Per \$1,000 Face Amount

<b>Issue Age</b>	<b>20-Year</b>	<b>30-Year</b>
18	7.9344	2.6944
19	7.9344	2.6944
20	7.9344	2.6944
21	7.9344	2.6944
22	7.9344	2.6944
23	7.9344	2.6944
24	7.9344	2.6944
25	7.9344	2.6944
26	8.1812	2.8925
27	8.4224	3.0485
28	8.6802	3.2538
29	8.9100	3.4122
30	9.1342	3.6247
31	9.5030	3.7989
32	9.8832	4.0324
33	10.2757	4.2092
34	10.6381	4.4505
35	11.0124	4.6299
36	12.0716	4.9982
37	13.0764	5.3365
38	14.1085	5.6385
39	15.0750	5.9170
40	16.0800	6.2700
41	17.4125	6.6062
42	18.6362	6.9048
43	19.9136	7.1658
44	21.0878	7.3892
45	22.3494	7.5750
46	23.4360	-
47	24.3798	-
48	25.1636	-
49	25.8225	-
50	26.3386	-
51	27.3310	-
52	28.1088	-
53	28.7015	-
54	29.0810	-
55	29.2740	-
56	31.7608	-
57	33.7573	-
58	35.2410	-
59	36.2330	-
60	36.7136	-



**Return of Premium Benefit**  
**Female, Non-Tobacco**  
 Annual Rate Per \$1,000 Face Amount

<b>Issue Age</b>	<b>20-Year</b>	<b>30-Year</b>
18	3.3847	1.5210
19	3.3847	1.5210
20	3.3847	1.5210
21	3.3847	1.5210
22	3.3847	1.5210
23	3.3847	1.5210
24	3.3847	1.5210
25	3.3847	1.5210
26	3.4571	1.6013
27	3.5295	1.6660
28	3.6000	1.7500
29	3.6720	1.8176
30	3.7440	1.9053
31	3.8520	1.9906
32	3.9600	2.1052
33	4.0454	2.1868
34	4.1528	2.3068
35	4.2602	2.4000
36	4.8100	2.6149
37	5.3862	2.8236
38	5.9691	3.0576
39	6.5975	3.2571
40	7.2870	3.4504
41	8.0568	3.7425
42	8.8356	4.0256
43	9.6672	4.3660
44	10.5066	4.6355
45	11.4000	4.8960
46	12.3192	5.0920
47	13.2008	5.2080
48	14.0448	5.2440
49	14.8512	5.2000
50	15.6200	5.0760
51	16.5980	-
52	17.5763	-
53	18.5265	-
54	19.4068	-
55	20.2582	-
56	22.7370	-
57	25.0974	-
58	27.3581	-
59	29.4813	-
60	31.4861	-

# Return of Premium Benefit Female, Tobacco

Annual Rate Per \$1,000 Face Amount

Issue Age	20-Year	30-Year
18	5.8608	2.4909
19	5.8608	2.4909
20	5.8608	2.4909
21	5.8608	2.4909
22	5.8608	2.4909
23	5.8608	2.4909
24	5.8608	2.4909
25	5.8608	2.4909
26	6.1000	2.6740
27	6.3945	2.8140
28	6.6420	3.0033
29	6.9472	3.1896
30	7.2030	3.3872
31	7.6956	3.5405
32	8.2345	3.7444
33	8.7451	3.9450
34	9.3060	4.1025
35	9.8346	4.3168
36	10.9312	4.6355
37	12.0150	4.9842
38	13.1433	5.2360
39	14.2500	5.5242
40	15.4100	5.6952
41	17.0984	5.9340
42	18.7099	6.2234
43	20.4450	6.3690
44	22.0896	6.5826
45	23.8714	6.6350
46	25.0240	-
47	26.0406	-
48	27.0685	-
49	27.8208	-
50	28.4371	-
51	29.6241	-
52	30.6159	-
53	31.6096	-
54	32.2224	-
55	32.6400	-
56	34.7016	-
57	36.3744	-
58	37.9490	-
59	38.8677	-
60	39.3976	-

# Home Secure™

## Maximum Premiums After Guarantee Period

(No policy fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
33	3.15	5.70	2.37	3.99
34	3.21	5.91	2.55	4.38
35	3.36	6.15	2.76	4.77
36	3.51	6.51	2.97	5.16
37	3.72	6.93	3.15	5.49
38	3.99	7.44	3.30	5.82
39	4.23	8.01	3.48	6.18
40	4.56	8.70	3.69	6.57
41	4.95	9.54	3.93	7.02
42	5.43	10.53	4.20	7.59
43	6.00	11.70	4.53	8.22
44	6.63	13.02	4.92	8.97
45	7.32	14.34	5.37	9.84
46	8.01	15.66	5.91	10.86
47	8.58	16.77	6.54	12.12
48	9.03	17.61	7.23	13.62
49	9.60	18.69	8.01	15.30
50	10.35	20.10	8.88	17.10
51	11.31	21.93	9.87	19.08
52	12.48	24.15	10.98	21.21
53	13.83	26.82	12.15	23.52
54	15.54	30.00	13.38	25.98
55	17.46	33.39	14.79	28.59
56	19.44	36.90	16.32	31.38
57	21.36	40.14	17.94	34.20
58	23.28	43.23	19.62	37.14
59	25.53	46.86	21.33	40.29
60	28.26	51.33	23.13	43.56
61	31.59	56.79	25.11	47.10
62	35.46	63.06	27.21	50.85
63	39.69	69.78	29.43	54.69
64	44.10	76.50	31.86	58.83
65	48.69	83.07	34.56	63.30
66	53.34	89.43	37.50	68.16
67	58.20	95.85	40.77	73.56
68	63.33	102.42	44.40	79.47
69	69.09	109.65	48.36	85.98
70	75.81	117.93	52.83	93.33
71	83.97	128.10	57.93	101.55
72	93.51	139.92	63.51	110.49
73	103.56	151.83	69.60	120.24
74	114.36	164.73	76.35	130.44

Table continued on next page

# Home Secure™

## Maximum Premiums After Guarantee Period (No policy fee)

*Continued from previous page*

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
75	126.12	179.07	83.76	141.15
76	139.38	194.97	91.89	152.73
77	154.80	213.36	100.89	165.21
78	172.71	234.45	110.70	178.68
79	192.78	257.67	121.47	193.17
80	215.16	283.05	134.85	211.23
81	239.49	310.02	151.29	233.31
82	265.26	337.77	168.69	256.05
83	293.40	367.35	186.96	279.27
84	324.69	400.80	207.33	303.45
85	359.49	438.72	227.97	325.80
86	397.77	479.85	252.36	351.63
87	439.14	523.56	282.48	383.67
88	483.12	569.13	314.25	415.74
89	529.26	615.99	345.87	445.08
90	575.22	661.26	369.15	461.76
91	620.46	704.34	391.41	475.44
92	667.86	748.56	428.31	504.99
93	717.84	794.28	478.32	546.81
94	770.49	843.06	540.60	605.10
95	822.63	892.17	608.37	673.86
96	873.54	938.79	675.12	739.35
97	927.78	987.93	718.44	778.20
98	985.62	1000.00	741.96	793.77
99	1000.00	1000.00	790.77	835.71
100	1000.00	1000.00	854.22	892.44

# Sample Premium Calculation

Male, Age 45, Non-Tobacco, \$125,000 Death Benefit  
 30-Year Term with ROP, \$846 DI, PW, Accelerated Death Benefit

## Modal Factors:

Monthly .083333  
 Semiannual .50

### Annual Premium Calculation

Base Policy & Premium Waiver: (8.15 + .78)	8.93	x	125	=	1,116.2500	Round to nearest penny	1,116.25	
Return of Premium	5.2160	x	125	=	652.0000	Round to nearest penny	652.00	
Disability Income Factor:	19.36	x	8.46	=	163.7856	Round to nearest penny	163.79	
Accelerated DB:	0.00						0.00	
<b>Total Annual Premium</b>								<b>\$1,932.04</b>

### Monthly Premium Calculation

Monthly modal factor is .083333

Base Policy & Premium Waiver:	1,116.25	x	.083333	=	93.0205	Round to nearest penny	93.02	
Return of Premium	652.00	x	.083333	=	54.3331	Round to nearest penny	54.33	
Disability Income Factor:	163.79	x	.083333	=	13.6491	Round to nearest penny	13.65	
Accelerated DB:	0.00						0.00	
<b>Total Monthly Premium</b>								<b>\$161.00</b>







The Baltimore Life  
COMPANIES

*The Baltimore Life Insurance Company*

10075 Red Run Boulevard • Owings Mills, MD 21117-4871

1.800.628.LIFE (5433) • [www.baltlife.com](http://www.baltlife.com)

This agent guide is for agent's use only with Baltimore Life policy forms ICC10 8167, ICC10 8167-ROP (or state-specific versions 8167 or 8167-ROP); and rider forms 7924, 8196, or 8216 and state-specific variations, where applicable. Product and/or riders are not available in all states.