

SENIOR CHOICE

WHOLE LIFE INSURANCE (Ages 50 through 85)

AGENT GUIDE

Underwriting Guidelines
Premium Rates

- Immediate Death Benefit Plan, Policy Form No. 9767
- Graded Death Benefit Plan, Policy Form No. 9644
- Return of Premium Benefit Plan, Policy Form No. 9645

Products and riders not available in all states. Please check with the State Approval Grid under Order Supply on the Company website or check with the Home Office Agent Support at (800)736-7311 (prompt 1, 1, 1) for approvals.

AGENT GUIDE FOR FIELD USE ONLY

COMPANY CONTACT INFORMATION

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

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
Policy Issue	1 1 1	policyissue@aatx.com	(254) 297-2101
Supplies	1 1 6	supplies@aatx.com	(254) 297-2791
Underwriting	1 1 1	underwriting@aatx.com	(254) 297-2102
Technical Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

 **Not Sure Who To Call? Contact our Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.



Want to Chat With Us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



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

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

TABLE OF CONTENTS

Underwriting Guidelines.....	4
Policy Specifications.....	4
Plan Descriptions	5
Telephone Interview Information	5
Application Completion Guidelines	6-8
Sample Application.....	9-10
Other Required Forms / Key Administrative Guidelines	11-12
State Specifics.....	13
Bank Draft Procedures / eCheck Procedures	14
Product/Quoting Software.....	15
Application Submission.....	15
Mobile Application.....	15
Build Chart.....	16
Rider Descriptions	17-19
Accidental Death Benefit Agreement.....	17
Grandchild Rider	17
Children’s Insurance Agreement.....	17
Nursing Home WP Rider.....	18
Terminal Illness Accelerated Death Benefit Rider	19
Accelerated Death Benefit Rider-Confined Care	19
Rates Per 1,000.....	20-23
Prescription Reference Guide	25-39
Medical Impairment Guide	40-42

UNDERWRITING GUIDELINES

Our Senior Choice life insurance plans target a broad final expense insurance market spectrum. These policies and our application Form No. 9466 (with state variations) [AA, OL, PA, PS] and Form No. ICC15-GL213 (with state variations) [iA] accommodate a simplified approach to purchasing life insurance.

The Senior Choice application features simple **'Yes'** or **'No'** questions that enable you to determine quickly which plan of insurance the applicant may be eligible for.

FIND THE POLICY THAT FITS EACH CLIENT

Immediate Death Benefit	Answer 'No' to all health questions 1 through 8 on the application
Graded Death Benefit	Answer 'No' to questions 1 through 7, but 'Yes' to health question 8
Return of Premium Death Benefit	Answer 'No' to questions 1 through 3, 'Yes' to any health questions 4 through 7

If health questions 1, 2, or 3, are answered **'Yes'**, the applicant is **not** eligible for any Senior Choice plans.

POLICY SPECIFICATIONS

Issue Ages (Age Last Birthday):	50 to 85
Premium Paying Period:	To age 110
Minimum Death Benefit:	\$2,500 (\$5,000 in Washington)
Maximum Immediate Death Benefit:	Ages 50 to 75: \$50,000 Ages 76 to 85: \$25,000
Maximum Graded Death Benefit:	Ages 50 to 85: \$25,000
Maximum Return of Premium Death Benefit:	Ages 50 to 85: \$25,000
Policy Fee:	\$30 (Commissionable)
Modal Factors:	
Monthly EFT	0.088
Quarterly	0.262
Semi-Annual	0.519
No-cost Riders Included:	Availability:
Terminal Illness Accelerated Death Benefit Rider*	All plans
Accelerated Death Benefit Rider-Confined Care*	Immediate Death Benefit Only
Optional Benefits and Riders:	Availability:
Grandchild Rider (also covers Great-grandchildren)	All plans
Nursing Home Waiver of Premium Rider	Immediate Death Benefit Only
Children's Insurance Agreement	Not Available on ROP Plan
Accidental Death Benefit Agreement	Not Available on ROP Plan
Application No. (Company specific with some state variations)	9466 (AA, OL, PA, PS) or ICC15- GL213 (iA)
* Included at no additional premium, where available.	

SENIOR CHOICE PLAN DESCRIPTIONS

Immediate Death Benefit	This plan is a simplified issue whole life policy with a level death benefit of 100% of the face amount paid immediately.
Graded Death Benefit	This plan is a simplified issue whole life policy, which pays 30% of the selected face amount the first year, 70% paid the second year, and 100% paid the third and subsequent years. For all years, 100% paid for accidental death.
Return of Premium Benefit	This plan is a simplified issue whole life policy which pays a return of premium plus 10% interest for three years if under age 65 and two years if age 65 or older. 100% paid after the graded period. For all years, 100% paid for accidental death.

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on:

- A simplified **'Yes/No'** application, &
- A telephone interview (if applicable), &
- Check with the Medical Information Bureau (MIB, LLC), &
- Check with a pharmaceutical related facility(s), &
- Proposed insured's build (See the liberal height/weight charts found in this guide.).

TELEPHONE INTERVIEW

PHONE INTERVIEW REQUIREMENT CHART	
Ages 50 – 70	None (Note 1)
Ages 71 – 85	None (Note 1 & 2)

- 1 When the payor is other than the proposed insured, spouse, significant other or child.
- 2 When the applicant is age 71-85 and is not found in the prescription database(s).

NOTE: A phone interview is not required when the applicant is applying for the Return of Premium Death Benefit plan.

Mobile Application - Decision Engine Process

Our mobile application technology will give you a point-of-sale underwriting decision on the screen within seconds of completing the application. One of the possible outcomes is that a telephone interview is required based on the above guidelines.

Paper Applications

Based on the payor relationship for applicants 50-70, an interview may be necessary (Refer to the Phone Interview Requirement Chart above). For applicants 71 - 85, you will not know at the time of application due to the prescription database search if the interview is required. If you complete an interview at point-of-sale, please write the vendor name in the top right corner of the application and provide the interview case number.

APPTICAL: 1 (877) 351-1773

7:30 a.m. - 1:00 a.m. Monday thru Friday CST

9:00 a.m. - 9:00 p.m. Saturday & Sunday CST

Note: Whether an interview is required or not, if you want a point-of-sale decision on a paper application, you can contact Apptical to complete a telephone interview. They will provide their point-of-sale recommendation at the end of the interview.

APPLICATION COMPLETION

The following section is to assist agents with the completion of the life insurance application: Form No. 9466 (AA, OL, PA, PS) or Form No. ICC15-GL213 (iA). It follows along item by item, with the application used. As a reminder, the application must be completed to prevent unnecessary processing delays. In addition, any other required forms referred to earlier in this agent guide, please complete (and send in along with the application).

FRONT OF THE APPLICATION:

Proposed Insured:

Provide the proposed insured's **full legal name**.

Address:

Provide the proposed insured's physical address.

City / State / Zip Code**Telephone Case Number:**

Provide the case number provided to you by the interview company (if interview completed point-of-sale).

Telephone Interview Completed:

- If completed point-of-sale, check the **'Yes'** box. Otherwise check the **'No'** box.
- Always provide a valid phone number on every application.
- Best Time to Call – If the telephone interview was not completed point-of-sale, please indicate the best time for the vendor to contact the proposed insured.

Male / Female:

Select appropriate gender.

Date of Birth:

Please enter as MM/DD/YYYY.

Age:

Calculate based upon **age last birthday** as of the policy date.

State of Birth:

If the applicant was not born in the U.S., list the country of birth.

Social Security Number**DL# (Paper):**

List the proposed insured driver's license number and the state of issue.

DL# (e-App):

If you have a driver's license, select **'Yes'**. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select **'No'**. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

Height and Weight:

Record the proposed insured's current height and weight. Refer to the build chart of this guide to assist in determining the appropriate plan to apply for based on build.

Owner:

- Name
- Relationship to the proposed insured
- Social Security number
- Address
- City/State/Zip

Primary and Contingent Beneficiary:

- Provide the full names of Primary and Contingent beneficiaries (if applicable) on the application, including the beneficiary's relationship to the proposed insured. Also, provide the beneficiary's Social Security number if available.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the insured's life. Examples include family members or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also, 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.

Plan:

- In the blank provided, write in the name of the product being applied for ('Senior Choice') or the product's initials ('SC').
- Check the box for the appropriate death benefit plan the insured is applying for. To determine the appropriate plan for the insured is determined by the health questions and the proposed insured's build.

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Tobacco Use:

- Please check the box **'Yes'** or **'No'** to the tobacco use question.
- The question reads "During the past 12 months have you used tobacco in any form (**excluding occasional** cigar or pipe use)?"
Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes.

Plan Acceptance Check Box ("Check here if you are willing to accept..."):

Check this box if your client is willing to accept whichever death benefit plan they may qualify for. If checked, this will prevent the need to complete a signed endorsement due simply to a change of plan.

Riders (be sure to check the box next to each rider being applied for):

- **Grandchild Rider**
 - Indicate the number of grandchildren/great-grandchildren applying for coverage.
 - Enter 1 unit (\$5,000) or 2 units (\$10,000) of coverage.
- **Children's Insurance Agreement**
 - Enter 1 unit (\$3,000) or 2 units (\$6,000) of coverage.
 - Check the box for 'Child Rider'.
- **Accidental Death Benefit Agreement**
 - Check the box for 'ADB'.
 - Indicate the amount of coverage.
- **Nursing Home Waiver of Premium**
 - Check the 'NHWP' in the blank provided.
 - Indicate 'NHWP' in the blank provided.

Automatic Premium Loan (APL):

Check **'Yes'** or **'No'**, (Check **'Yes'** to ensure the proposed insured has this option if ever needed.).

Mode:

- **Bank Draft**
- **Draft 1st Prem on Req Date** — Bank draft on which the 1st draft will occur upon the **'Requested Policy Date'** you will enter.
- **Other**

Modal Premium:

Enter the desired premium based on the frequency by which the client will pay.

CWA — (Check appropriate box, if applicable):

- **eCheck Immediate 1st Premium** — Only select this option if the Company is to draft the proposed insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
- **Collected \$** — Only select this option if collecting initial payment and mailing it to the Home Office.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

Requested Policy Date:

The **'Requested Policy Date'**, or the initial draft, if applicable, **cannot be more than 35 days out from the date the application was signed.**

Replacement Section:

- Answer questions A & B.
- If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
- **NOTE: Complete any state required Replacement forms** — For state specific replacement instructions & replacement forms, please refer to the Company website.

Physician Name, City/State, & Phone:

Provide the name and contact information of the proposed insured's doctor or medical facility.

Health Questions:

- If any answer to questions 1 through 3 is answered **'Yes'**, the proposed insured is **not** eligible for any coverage.
- If any answer to questions 4 through 7 is answered **'Yes'**, the proposed insured should apply for the Return of Premium Death Benefit plan.
- If any part of question 8 is answered **'Yes'**, the proposed insured should apply for the Graded Death Benefit plan.
- If all questions 1 through 8 are answered **'No'**, the proposed insured should apply for the Immediate Death Benefit plan.

BACK OF THE APPLICATION:

Child, Grandchild, and Great-grandchild Coverage:

- For each child, grandchild, or great-grandchild to be covered provide their name, sex, birthdate, & relationship to the proposed insured.
- If more space is needed to list the children, grandchildren, or great-grandchildren covered, please provide their information on a separate sheet of paper and submit along with the application.

Proposed Children's Health Statement:

- This statement applies to all of the children, grandchildren, or great-grandchildren proposed for coverage.
- Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".

Signed at:

Provide both the city and state indicating where the applicant was when the application was taken.

Date of Application:

The application date should always be the date the proposed insured answered all the medical questions and signed the application.

Signature of Proposed Insured:

- The proposed insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

Signature of Owner:

Complete only if the Owner of the policy is different than the proposed insured. If Owner is different, they MUST sign and date the application as well as the proposed insured.

Agent's Report:

Complete the following:

- Answer both replacement questions.
- Agent's Remarks - Provide any special instructions or notes for the Home Office.
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

Pre-Authorization Check Plan - Authorization To Honor Charge Drawn:

Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is found in this guide:

- Insured Name
- Account Holder name
- Name of the bank or financial institution
- Address of the bank
- Transit/ABA Number (a.k.a. Routing Number)
- Account Number
- Check if the account is either a 'Checking' or 'Savings' account.
- Requested Draft Day - Day of the month for recurring drafts.
- Signature of the Account Holder
- Date

FINAL EXPENSE

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

[P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777]

INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink)

Telephone Case No: _____

Proposed Insured _____ (First) (Middle) (Last)				Telephone interview completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> am <input type="checkbox"/> pm			
Address (No. & Street) _____				Phone _____		Best time to call _____	
City _____		State _____		Zip Code _____		E-mail Address _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight lbs	
Owner: Name _____			Relationship _____			SS# _____ / ____ / ____	
Address _____			City/State/Zip _____				
Primary Beneficiary _____		Relationship _____		Contingent Beneficiary _____		Relationship _____	
Plan: _____ Face Amount of Insurance \$ _____				<input type="checkbox"/> Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a graded or return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.			
<input type="checkbox"/> Immediate Death Benefit							
<input type="checkbox"/> Graded Death Benefit (Percentage of Face Amount)							
<input type="checkbox"/> Return of Premium Death Benefit							
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Rider: <input type="checkbox"/> Grandchild/Great Grandchild Coverage _____		Number of Children Applying _____		Units <input type="checkbox"/> Other _____		Automatic Premium Loan	
<input type="checkbox"/> Child Rider* _____		Units _____		<input type="checkbox"/> ADB* Amt \$ _____		(*not available on Return of Premium Death Benefit) Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date _____		CWA: <input type="checkbox"/> E-Check Immediate 1st Prem _____		Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner		Requested Policy Date: / /	
<input type="checkbox"/> Other _____		Modal Prem \$ _____		<input type="checkbox"/> Collected \$ _____			
A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			Company _____				
B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No			Policy # _____			Amount of Coverage \$ _____	
Physician Name: _____			City/State: _____			Phone: _____	

HEALTH INFORMATION

- Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting? Yes No
 - Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? Yes No
 - Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
- If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.**
- Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50? Yes No
 - Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)? Yes No
 - Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received? Yes No
 - Within the past 2 years have you:
 - been medically diagnosed or treated for angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE), cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing? Yes No
 - had a heart attack or aneurysm, or had or been medically advised to have any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement), or any procedure to improve circulation? Yes No
 - been medically diagnosed, or treated, or taken medication for any form of cancer (excluding basal cell skin cancer)? Yes No
 - used illegal drugs, abused alcohol or drugs, had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use or been advised to discontinue use of alcohol or drugs? Yes No
- If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.**
- Within the past 3 years have you been medically diagnosed or treated, or hospitalized for:
 - stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation? ... Yes No
 - taken medication for any form of cancer (excluding basal cell skin cancer), emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, or liver disease? Yes No
 - paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy? Yes No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.

CHILD, GRANDCHILD, AND GREAT GRANDCHILD COVERAGE - Children Proposed for Insurance (list additional children on a separate sheet):

Proposed Insured Name	Sex	Birthdate	Relationship	Proposed Insured Name	Sex	Birthdate	Relationship

PROPOSED CHILDREN'S HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months. List the names of children that are exceptions to PROPOSED CHILDREN'S HEALTH STATEMENT.

Children listed as an exception are excluded from the appropriate Child Rider Coverage. Exceptions are: _____

AGREEMENT—I agree with American-Amicable Life Insurance Company of Texas (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who knowingly presents a false statement in application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the [MIB, LLC (MIB)] or other organization that has knowledge or records of me and my health to give such information to: (a) American-Amicable Life Insurance Company of Texas; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize American-Amicable Life Insurance Company of Texas to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, the MIB Pre-Notice, the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at _____
CITY STATE

SIGNATURE OF PROPOSED INSURED

Date of Application _____
MONTH DAY YEAR

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

Does the proposed insured have any existing life insurance or annuity contract? Yes No
 Is the proposed insurance intended to replace or change any existing life insurance or annuity? Yes No

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.

I certify that the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable. AGENT'S REMARKS: _____

AGENT'S PRINTED NAME _____ DATE _____
 Agent _____ No: _____ % _____
SIGNATURE

AGENT'S PRINTED NAME _____ DATE _____
 Agent _____ No: _____ % _____
SIGNATURE

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured _____ Account Holder _____
 Financial Institution _____ Address _____
 Transit/ABA Number _____ Account Number _____ Checking Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of American-Amicable Life Insurance Company of Texas, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS) DATE

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

Incomplete or unsigned applications:

Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please make sure that all blanks are filled in and the application reviewed and signed by the Owner and proposed insured. Also, remember to include your agent number.

Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (iA); or 3575-D in California:

The agent must present to the applicant and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA, VA and WA require this disclosure form to be signed by the applicant and submitted with the life application.) *For California, please refer to Form No. 3672-CA for rider details.*

Accelerated Death Benefit Rider-Confined Care, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA):

The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.

HIPAA, Form No. 9526:

Must be submitted with each application.

Replacement Form (if required):

Complete all replacement requirements as per individual state insurance replacement regulations.

Replacement of Existing Insurance:

Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) to determine if the replacement is in his/her best interest. Do not request a replacement (both external & internal) if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. The Company reviews applications involving replacement sales daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to including termination of an agent's contract.

All changes must be crossed out and initialed by proposed insured:

No white outs or erasures on the application.

Application Date/Requested Policy Date:

Application date should always be the date the proposed insured answered the medical questions and signed the application. The **Requested Policy Date** cannot be more than 30 days out from the date the application was signed.

Applications for Return of Premium Death Benefit Plan:

While completing the health questions on the application with the proposed insured if you encounter a 'Yes' answer in the ROP section, that is the last health question that must be answered. After that initial 'Yes' answer, the health questions following may be left unanswered.

(NOTE: When the ROP plan is being applied for, a telephone interview is not required).

Re-Writes on Same Insured:

If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered on that individual by the Underwriting Department.

Initial Premium:

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for the first premium. See the eCheck procedures described in this agent guide. **MONEY ORDERS NOT ACCEPTED.**

Applicants Re-applying for Coverage:

A new application will not be processed if the proposed insured has had two previous policies with any of our companies within the past 12 months, or had three or more policies in the past five years, which have lapsed, made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which were previously written or who the writing agent was on the previous policies.

Request for Re-dates and/or Reinstatements:

It is often easier and in the best interest of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

• **Re-date and Reinstatement Request*:**

– If the policy lapse has occurred 60 days after the policy date & within the first policy year:

- A policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aatx.com.
- There is no additional paperwork necessary.

* A policy can be re-dated ONE time only.

• **Reinstatement Request Only**:**

– If the policy lapse has occurred 60 days after the policy date & within the first policy year:

- We require both a “Statement of Health” (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
- In addition, a new Bank Draft Authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would need the back premiums due if the payments will be made on direct bill.
- The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
- As an alternative a new application can be completed and submitted with “Reinstatement” and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.

– If the policy lapse occurred more than one year after the policy date:

- We require a new application to be completed and submitted to the **New Business Department** at **(254) 297-2100**.
- Make sure to send a note with the application indicating this is a “Reinstatement” & indicate the original policy number.

** Upon request we will review these on a basis to see if they can be considered for a re-date & reinstate.

PREMIUMS REQUIREMENTS

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

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

CUSTOMER BENEFITS

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

SENIOR CHOICE: FIELD UNDERWRITING HINTS:

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

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

SPEED UP YOUR TURNAROUND TIME! Practice these simple guidelines...

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

PRACTICE GOOD FIELD UNDERWRITING OR...

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

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

STATE SPECIFICS

Alabama:

Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

Arkansas:

Arkansas Producer Compensation Disclosure Form No. 9650 must be completed and retained by the agent as proof that the disclosure was made.

California:

- Notice of Lapse Designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking their personal information.
- Terminal Illness Accelerated Death Benefit Disclosure Form No. 3575-D must be presented to the applicant at point-of-sale.
- Supplement to Application Form No. 3481 must be completed due to the no-cost Terminal Illness Accelerated Death Benefit Rider provided.

Connecticut:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:

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

Idaho:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the application.

Illinois:

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life application.

Kansas:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Conditional Receipt Form No. 9712-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Montana:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Pennsylvania:

Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

Rhode Island:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE
PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day** if desired. **If the applicant provides the Requested Draft Day and wants a draft on a specific day, supply that date in the Policy Date field (mm/dd/yy).**
 - (a) Drafts cannot occur more than 35 days after the date the application was signed.
 - (b) Drafts cannot be on the 29th, 30th, or 31st of the month.
 - (c) Drafts cannot occur more than 10 days into the grace period.
- 2) A copy of a voided check or deposit slip should accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (the Bank Verification section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card.)

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

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of the Bank Draft Authorization Form No. 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the first 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 for the first premium. Future drafts will occur on the next due date and the **Requested Draft Day** (if provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

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

- On the **'Requested Draft Day'** line of the **'PREAUTHORIZATION CHECK PLAN'** on the back page of the application, you will need to list one of the indicators below:
 - **'1S'** – if payments are received on the 1st of the month.
 - **'3S'** – if payments are received on the 3rd of the month.
 - **'2W'** – if payments are received on the 2nd Wednesday of the month.
 - **'3W'** – if payments are received on the 3rd Wednesday of the month.
 - **'4W'** – if payments are received on the 4th Wednesday of the month.
- The **'Policy Date Request'** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

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

PRODUCT SOFTWARE

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

APPLICATION SUBMISSION

You can submit new applications to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on AppDrop. Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for 'AppDrop'). If the application is scanned or faxed, send all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under a separate cover to the attention of policy Issue. Be sure to include the proposed insured's name on the cover sheet.

MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- Complete the application and all required forms in their entirety. Applications submitted to the Home Office in good order.
- Applicants can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, or (3) by voice signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision),
 - Approved other than as applied for,
 - Telephone Interview Needed,
 - Refer to Home Office, &
 - Not Eligible for Coverage.

BUILD CHARTS

(Unisex)

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

Ht.	MAXIMUM WEIGHT FOR PLAN			MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	GRADED	ROP	IMMEDIATE	ROP
4' 5"***	173	174 - 180	181 - 190	82	77 - 81
4' 6"***	180	182 - 188	189 - 198	84	79 - 83
4' 7"***	187	189 - 196	197 - 206	86	81 - 85
4' 8"	197	198 - 204	205 - 214	88	83 - 87
4' 9"	204	205 - 212	213 - 222	90	85 - 89
4' 10"	211	212 - 220	221 - 230	92	87 - 91
4' 11"	218	219 - 228	229 - 238	94	89 - 93
5'	225	226 - 236	237 - 246	96	91 - 95
5' 1"	233	234 - 244	245 - 254	99	94 - 98
5' 2"	241	242 - 252	253 - 262	101	96 - 100
5' 3"	248	249 - 260	261 - 271	105	100 - 104
5' 4"	256	257 - 268	269 - 280	107	102 - 106
5' 5"	264	265 - 276	277 - 288	110	105 - 109
5' 6"	273	274 - 285	286 - 297	112	107 - 111
5' 7"	281	282 - 294	295 - 306	116	111 - 115
5' 8"	289	290 - 303	304 - 316	119	114 - 118
5' 9"	298	299 - 312	313 - 325	123	118 - 122
5' 10"	307	308 - 321	322 - 335	126	121 - 125
5' 11"	315	316 - 330	331 - 344	131	126 - 130
6'	324	325 - 339	340 - 354	135	130 - 134
6' 1"	334	335 - 349	350 - 364	139	134 - 138
6' 2"	343	344 - 359	360 - 374	142	137 - 141
6' 3"	352	353 - 368	369 - 384	146	141 - 145
6' 4"	361	362 - 378	379 - 394	149	144 - 148
6' 5"	370	371 - 388	389 - 404	152	147 - 151
6' 6"	379	380 - 398	399 - 414	156	151 - 155
6' 7"	388	398 - 408	409 - 424	160	155 - 159
6' 8"	397	398 - 418	419 - 434	164	159 - 163
6' 9"	406	407 - 428	429 - 440	168	162 - 167

4' 5" - 4' 7" (**) These heights are not programmed when using the mobile application decision engine and will generate a Refer to Home Office decision.

BENEFITS AND RIDERS not available in all states

Accidental Death Benefit Agreement (ADB)

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

Accidental Death Benefit Agreement provides an additional amount of death benefit should the insured die as a result of an accident.

- Issue Ages:** 50-80
- Minimum Amount:** \$2,500
- Maximum Amount:** Equal to the face amount of the policy
- Benefit Terminates:** At age 100

ADB Calculation Example:

Male, Age 65, Monthly, \$10,000 ADB (\$3.00 X 10) multiplied X .088 = \$2.64 per month. Add ADB monthly premium to life coverage monthly premium for total monthly premium.

Annual Premiums Per \$1,000 of Insurance
(Not available on ROP plan)

Issue Age	Rate
50 - 55	2.00
56 - 60	2.50
61 - 65	3.00
66 - 70	4.00
71 - 75	6.50
76 - 80	10.00

Grandchild Rider (GCIA)

Policy Form 9579 (AA, OL, PA, PS); CIB303 (iA) when attached to Immediate Death Benefit and Graded Death Benefit plans. Policy Form 9581; CIB302 (iA) when attached to ROP plan.

Per unit selected, this rider provides \$5,000 per unit, of life insurance protection on each grandchild and great-grandchild through age 20. This benefit also guarantees their future insurability for up to \$25,000 (per unit) of individual protection regardless of their health.

Rider coverage is fully paid up in the event of the primary insured's death (does not apply to the Senior Choice-Return of Premium Death Benefit plan).

- Issue Ages:** Primary insured: 50 - 80
Grandchildren & Great-grandchildren: 180 days - 15 years
- Premium:** \$12.00 annually per grandchild or great-grandchild per unit
- Maximum Units:** Two units

Grandchild Rider Calculation Example:

3 grandchildren (\$12.00 X 3) multiplied X .088 = \$3.17 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

Children's Insurance Agreement (CIA)

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

(Not available on ROP plan)

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

- Issue Ages:** Primary insured: 50 - 60
Children (age nearest birthday): 15 days - 17 years
- Premium:** \$8.50 annually per unit
- Maximum Units:** Two units (\$6,000 face amount of coverage)

CIA Calculation Example:

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

Nursing Home Waiver of Premium Rider (NHWP)
Policy Form 9984 (AA, iA, OL, PA, PS)

This rider will waive payment of policy premiums becoming due during the insured's confinement in a qualified nursing home as defined in the rider. The insured must be confined continuously for a waiting period of 90 consecutive days before any benefits are applicable. Benefits are not retroactive & policy premiums must continue to be paid during the waiting period. Confinement means the insured receives care for at least 90 consecutive days in a nursing home and the care is recommended by a physician due to the insured's inability to care for themselves.

Issue Ages: 50 - 85

Coverage Period: Same as the base policy.

Annual Premium per \$1,000
 (Available only on the Immediate Death Benefit plan)

Non-Tobacco		
Issue Age	Male	Female
50	0.33	0.51
51	0.33	0.51
52	0.34	0.52
53	0.34	0.52
54	0.35	0.53
55	0.35	0.53
56	0.35	0.54
57	0.41	0.65
58	0.51	0.81
59	0.57	0.94
60	0.63	1.03
61	0.70	1.14
62	0.84	1.34
63	1.05	1.62
64	1.19	1.84
65	1.31	2.00
66	1.47	2.24
67	1.76	2.68
68	2.21	3.33
69	2.55	3.85
70	2.80	4.22
71	3.15	4.76
72	3.82	5.79
73	4.80	7.28
74	5.49	8.34
75	6.02	9.21
76	6.75	10.53
77	8.10	12.99
78	10.08	16.59
79	11.49	19.15
80	12.51	21.01
81	13.92	23.49
82	16.45	27.92
83	20.05	34.26
84	22.52	38.62
85	23.70	40.69

Tobacco		
Issue Age	Male	Female
50	0.35	0.52
51	0.35	0.52
52	0.36	0.53
53	0.36	0.53
54	0.36	0.54
55	0.36	0.54
56	0.37	0.55
57	0.43	0.66
58	0.54	0.82
59	0.63	0.95
60	0.68	1.04
61	0.76	1.15
62	0.89	1.35
63	1.10	1.64
64	1.24	1.85
65	1.37	2.02
66	1.57	2.27
67	1.92	2.72
68	2.46	3.38
69	2.87	3.91
70	3.19	4.34
71	3.64	5.03
72	4.50	6.35
73	5.75	8.26
74	6.64	9.66
75	7.32	10.77
76	8.25	12.42
77	9.99	15.51
78	12.50	19.98
79	14.30	23.17
80	15.62	25.43
81	17.42	28.34
82	20.62	33.46
83	25.20	40.79
84	28.35	45.82
85	29.86	48.21

RIDERS INCLUDED AT NO ADDITIONAL COST

Terminal Illness Accelerated Death Benefit Rider

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

With this benefit you can receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider where available, is added to every policy at no additional premium. An actuarial adjustment factor and an administrative charge of \$150 will be assessed at the time of acceleration.

Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); TI501 (iA) or 3575-D in CA with the applicant. (The states of MA, VA, & WA require this disclosure form to be signed by the applicant and submitted with the application.) For California, please refer to Form No. 3672-CA for rider details.

Accelerated Benefits Rider-Confined Care

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

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 up to 5.0% of the face amount per month. This rider where available is added to policies issued as the Immediate Death Benefit plan at no additional premium. Not available on the Graded or Return of Premium Death Benefit plans.

Remember to leave the disclosure statement Form 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA) with the applicant when applying for the Immediate Death Benefit plan. (Rider not available in CA, CT, DC, FL, IL, IN, MA, NJ, OH, SD, VA, or WA.)

RIDER AVAILABILITY CHART

Rider availability can vary by death benefit plan. See chart for availability.			
Rider Name	Death Benefit Plan		
	Immediate	Graded	Return of Premium
Grandchild Insurance Rider	Yes	Yes	Yes
Nursing Home WP	Yes	No	No
Children's Insurance Agreement	Yes	Yes	No
Accidental Death	Yes	Yes	No
Terminal Illness Accelerated Death	Yes	Yes	Yes
Confined Care	Yes	No	No

SENIOR CHOICE RATES

(The following pages contain information specific to this product only.)

Senior Choice Immediate Death Benefit

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

Non-Tobacco		
Issue Age	Male	Female
50	32.96	27.30
51	34.90	29.36
52	36.67	30.58
53	39.14	32.21
54	40.94	33.74
55	42.49	35.28
56	44.18	36.42
57	45.32	37.70
58	47.64	38.77
59	49.50	40.17
60	50.47	40.48
61	53.38	42.85
62	56.09	44.50
63	58.71	46.44
64	61.80	48.50
65	64.89	50.47
66	69.24	53.59
67	73.78	56.34
68	78.70	59.45
69	83.12	62.52
70	86.53	65.61
71	92.03	69.53
72	97.83	73.65
73	104.40	78.84
74	111.76	83.69
75	119.74	89.87
76	128.75	95.83
77	138.02	101.29
78	150.28	108.15
79	161.92	116.60
80	174.07	126.18
81	187.87	135.75
82	202.91	146.26
83	217.02	158.11
84	232.78	170.98
85	248.49	185.66

Tobacco		
Issue Age	Male	Female
50	43.12	32.55
51	45.03	33.62
52	47.09	35.34
53	49.42	37.29
54	51.61	38.73
55	53.82	40.94
56	56.05	42.23
57	58.29	44.20
58	61.08	45.91
59	63.35	47.70
60	65.82	49.01
61	70.04	51.46
62	73.13	54.08
63	76.01	56.85
64	79.64	59.78
65	83.43	62.57
66	88.51	65.88
67	93.22	69.33
68	98.88	72.10
69	104.55	77.12
70	108.72	79.02
71	115.15	83.20
72	121.93	87.61
73	129.60	92.61
74	137.51	97.75
75	147.55	104.29
76	157.59	112.49
77	168.10	120.00
78	180.87	127.85
79	191.58	139.06
80	203.53	150.62
81	216.30	164.14
82	229.56	179.51
83	246.08	195.69
84	266.64	214.76
85	289.69	236.13

Premium Calculation Example:

Female Non-Tobacco Age 65, Monthly, \$7,000 ($\$50.47 \times 7 + \30.00) $\times .088 = \$33.73$ per Month

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

Senior Choice Graded Death Benefit

Annual Premiums Per \$1,000 of Insurance

(Add \$30 Annual Policy Fee)

Non-Tobacco		
Issue Age	Male	Female
50	40.10	31.60
51	42.35	33.24
52	44.61	34.88
53	47.16	36.73
54	49.72	38.58
55	52.27	40.43
56	54.51	42.11
57	56.86	43.88
58	59.33	45.73
59	61.91	47.68
60	63.91	49.18
61	67.32	51.75
62	71.08	54.58
63	74.96	57.49
64	79.08	60.58
65	83.43	63.86
66	89.84	68.27
67	96.82	73.08
68	104.25	78.19
69	112.25	83.70
70	116.03	86.30
71	123.89	91.71
72	133.90	97.82
73	144.20	104.83
74	155.02	113.30
75	166.09	120.77
76	179.53	129.78
77	196.73	140.60
78	215.27	154.50
79	234.33	167.38
80	254.20	182.31
81	269.86	197.76
82	283.87	213.21
83	296.64	227.63
84	307.97	241.02
85	312.35	248.49

Tobacco		
Issue Age	Male	Female
50	60.54	39.42
51	63.59	41.70
52	66.64	43.99
53	70.09	46.58
54	73.54	49.16
55	76.99	51.76
56	80.07	54.62
57	83.32	57.63
58	86.73	60.79
59	90.30	64.11
60	93.06	66.67
61	97.77	71.04
62	102.96	75.86
63	108.31	80.83
64	113.99	86.11
65	120.00	91.67
66	127.56	97.27
67	135.81	103.39
68	144.57	109.89
69	154.02	115.36
70	158.49	120.21
71	167.77	127.72
72	178.25	134.86
73	190.28	143.78
74	204.35	152.18
75	217.59	164.03
76	237.11	174.29
77	255.76	180.79
78	274.12	193.50
79	295.71	207.22
80	313.12	224.54
81	316.15	238.85
82	320.54	258.06
83	325.48	278.28
84	336.06	301.39
85	359.73	328.83

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$83.43 \times 10 + \30.00) $\times .088 = \$76.06$ per Month

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

Senior Choice Return of Premium Death Benefit

Annual Premiums Per \$1,000 of Insurance

(Add \$30 Annual Policy Fee)

Non-Tobacco		
Issue Age	Male	Female
50	47.26	38.07
51	49.51	40.14
52	51.76	42.21
53	54.30	44.55
54	56.85	46.89
55	59.10	49.03
56	62.07	51.49
57	65.21	54.09
58	68.51	56.83
59	71.96	59.69
60	74.63	61.89
61	79.19	65.67
62	84.22	69.82
63	89.40	74.12
64	94.44	78.29
65	99.75	82.69
66	106.46	88.61
67	113.79	94.65
68	121.62	100.62
69	129.48	106.56
70	133.20	109.08
71	141.58	115.89
72	151.05	123.58
73	161.15	131.78
74	170.68	139.52
75	183.24	149.73
76	197.86	160.46
77	215.62	166.36
78	234.14	177.92
79	253.37	190.40
80	271.98	203.79
81	287.61	219.16
82	303.16	234.41
83	319.58	250.24
84	347.84	270.85
85	381.41	295.31

Tobacco		
Issue Age	Male	Female
50	71.47	44.57
51	75.83	47.38
52	79.54	49.99
53	83.74	52.94
54	87.95	55.90
55	90.87	58.59
56	95.45	62.21
57	99.83	66.01
58	104.43	69.69
59	109.25	73.86
60	112.46	77.08
61	118.79	82.57
62	125.76	88.62
63	132.96	94.87
64	139.29	101.03
65	146.59	107.50
66	155.29	115.05
67	165.56	122.74
68	175.74	130.30
69	185.90	139.72
70	190.71	143.89
71	201.14	152.54
72	212.92	162.31
73	225.91	173.52
74	238.15	184.95
75	255.41	199.91
76	271.50	219.34
77	280.96	229.32
78	299.45	248.83
79	319.42	268.69
80	337.76	287.23
81	362.12	312.71
82	389.82	341.67
83	415.13	372.16
84	448.15	406.99
85	487.35	448.38

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$99.75 \times 10 + \30.00) $\times .088 = \$90.42$ per Month

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

SENIOR CHOICE

**PRESCRIPTION REFERENCE GUIDE
MEDICAL IMPAIRMENT GUIDE**

SENIOR CHOICE PRESCRIPTION REFERENCE GUIDE

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

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

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate No Coverage
Accuretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Aceon	Hypertension CHF	N/A N/A	Immediate No Coverage
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aggrenox	Stroke / TIA	2 years 3 years > 3 years	Return of Premium Graded Immediate
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Aldactazide	Hypertension CHF	N/A N/A	Immediate No Coverage
Aldactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension CHF	N/A N/A	Immediate No Coverage
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Amlodipine Besylate / Benaz	Hypertension CHF	N/A N/A	Immediate No Coverage
Amyl Nitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing **'diabetes'** and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as **'Yes'** (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension CHF	N/A N/A	Immediate No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Atacand	Hypertension CHF	N/A N/A	Immediate No Coverage
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent / Atrovent HFA Atrovent (Nasal)	Allergies COPD	N/A 2 years 3 years > 3 years	Immediate Return of Premium Graded Immediate
Avalide	Hypertension CHF	N/A N/A	Immediate No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension CHF	N/A N/A	Immediate No Coverage
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No Coverage Immediate Return of Premium
Azathioprine	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus	N/A N/A N/A	No Coverage Immediate Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma COPD / Emphysema	N/A 2 years 3 years > 3 years	Immediate Return of Premium Graded Immediate
Azor	Hypertension CHF	N/A N/A	Immediate No Coverage
Baclofen	Multiple Sclerosis	N/A	Graded
Baraclude	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Benazepril HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Benicar	Hypertension CHF	N/A N/A	Immediate No Coverage
Benlysta	Systemic Lupus	N/A	Return of Premium
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	Graded Immediate
Betapace	Heart Arrhythmia CHF	N/A N/A	Immediate No Coverage
Betaseron	Multiple Sclerosis	N/A	Graded
Betaxolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	Hypertension CHF	N/A N/A	Immediate No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Graded
Bumetanide	Hypertension CHF	N/A N/A	Immediate No Coverage
Bumex	Hypertension CHF	N/A N/A	Immediate No Coverage
Buprenex	Alcohol / Drugs	2 years	Return of Premium
Bystolic	Hypertension CHF	N/A N/A	Immediate No Coverage
Calcium Acetate	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Campath	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Campral	Alcohol / Drugs	2 years	Return of Premium
Capoten	Hypertension CHF	N/A N/A	Immediate No Coverage
Capozide	Hypertension CHF	N/A N/A	Immediate No Coverage
Captopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Carbamazepine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbatrol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Carbidopa	Parkinson's	N/A	Graded
Carvedilol	Hypertension CHF	N/A N/A	Immediate No Coverage
Casodex	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, neuropathy, nephropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Clopidogrel	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Cogentin	Parkinson's Other Use	N/A N/A	Graded Immediate
Cognex	Alzheimer's / Dementia	N/A	No Coverage
Combivent	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Graded
Copegus	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Cordarone	Arrhythmia	N/A	Immediate
Coreg	Hypertension CHF	N/A N/A	Immediate No Coverage
Corgard	Hypertension CHF	N/A N/A	Immediate No Coverage
Corzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Coumadin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement / Stroke / Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Cozaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytosan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Demadex	Hypertension CHF	N/A N/A	Immediate No Coverage
Depacon	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Depade	Alcohol / Drugs	2 years	Return of Premium
Depakene	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Depakote	Seizure Disorder	3 years	Graded
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Digoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Dilantin	Seizure Disorder	N/A	Graded
Dilatrate SR	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Diovan	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	Return of Premium
Dolophine	Opioid Dependence	2 years	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No Coverage
Duoneb	COPD	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Dyazide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Graded
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Enalaprilat	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Epilex	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Epivir	AIDS	N/A	No Coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Exelon	Alzheimer's / Dementia	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Exforge	Hypertension CHF	N/A N/A	No Coverage No Coverage
Femara	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	Hypertension CHF	N/A N/A	Immediate No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Furosemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Gabapentin	Seizures Diabetic Neuropathy # Restless Leg Syndrome	3 years N/A N/A	Graded Return of Premium Immediate
Galantamine	Alzheimer's / Dementia	N/A	No Coverage
Gleevec	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ / Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Heparin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
Hepsera	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Hydroxyurea	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Hydergine	Alzheimer's / Dementia	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Hydroxychloroquine	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Hyzaar	Hypertension CHF	N/A N/A	Immediate No Coverage
Imdur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Inamrinone	CHF	N/A	No Coverage
Inderal	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inderide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Innopran XL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Isordil	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Isosorbide Dinitrate / Mononitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's	N/A	Graded
	Other Use	N/A	Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Labetalol	Hypertension CHF	N/A N/A	Immediate No Coverage
Lamictal	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Lamotrigine	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Lanoxicaps	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Lanoxin	Atrial Fibrillation CHF	N/A N/A	Immediate No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension CHF	N/A N/A	Immediate No Coverage
Leukeran	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Levatol	Hypertension CHF	N/A N/A	Immediate No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Levodopa	Parkinson's	N/A	Graded
Lexiva	AIDS	N/A	No Coverage
Lexxel	Hypertension CHF	N/A N/A	Immediate No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	Hypertension CHF	N/A N/A	Immediate No Coverage
Lithium	Bipolar Disorder	N/A	Immediate
Lodosyn	Parkinson's	N/A	Graded
Losartan Potassium	Hypertension CHF	N/A N/A	Immediate No Coverage
Lotensin	Hypertension CHF	N/A N/A	Immediate No Coverage
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Lyrica	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Mavik	Hypertension CHF	N/A N/A	Immediate No Coverage
Maxzide	Hypertension CHF	N/A N/A	Immediate No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No Coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	2 years	Return of Premium
Methadose	Opioid Dependence	2 years	Return of Premium
Methotrexate	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Metoprolol HCTZ	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Metoprolol Tartrate / Succinate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Micardis	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Milrinone	CHF	N/A	No Coverage
Minitran	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Mirapex	Parkinson's	N/A	Graded
	Other Use	N/A	Immediate
Moban	Psychotic Disorder	N/A	Immediate
Moduretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Moexipril HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Monoket	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Monopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mykrok	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mysoline	Seizure Disorder	N/A	Graded
Nadolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	Return of Premium
Naltrexone	Alcohol / Drugs	2 years	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Namenda	Alzheimer's / Dementia	N/A	No Coverage
Narcan	Alcohol / Drugs	2 years	Return of Premium
Natrecor	CHF	N/A	No Coverage
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Nimodipine	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Nimotop	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Nitrek	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-bid	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-dur	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitroglycerine / Nitrotab / Nitroquick / Nitrostat	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitrol	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitromist	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Normodyne	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Norpace	Arrhythmia	N/A	Immediate
Norvir	AIDS	N/A	No Coverage
Novolin	Diabetes *	N/A	Immediate
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrhythmia	N/A	Immediate
Parcopa	Parkinson's	N/A	Graded
Parlodel	Parkinson's	N/A	Graded
Paxil	Depressive Disorder	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Pegasys	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Peg-Intron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pepcid	Stomach Disorder	N/A	Immediate
Pergolide Mesylate	Parkinson's	N/A	Graded
Perindopril Erbumine	Hypertension CHF	N/A N/A	Immediate No Coverage
Permax	Parkinson's	N/A	Graded
Phenobarbital	Seizures	3 Years	Graded
Phoslo	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Pindolol	Hypertension CHF	N/A N/A	Immediate No Coverage
Plaquenil	Systemic Lupus Malaria Rheumatoid Arthritis	N/A N/A N/A	Return of Premium Immediate Immediate
Plavix	Stroke / TIA / Heart Attack Stroke / Heart Attack Stroke / Heart Attack	First Fill 2 years First Fill 3 years First Fill > 3 years	Return of Premium Graded Immediate
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	No Coverage
Prinivil	Hypertension CHF	N/A N/A	Immediate No Coverage
Prinzide	Hypertension CHF	N/A N/A	Immediate No Coverage
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Quinaretic	Hypertension CHF	N/A N/A	Immediate No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Ramipril	Hypertension CHF	N/A N/A	No Coverage No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebetron	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rebif	Multiple Sclerosis	N/A	Graded
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Renvela	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium
Requip	Parkinson's Other Use	N/A N/A	Graded Immediate
Ribavirin	Liver Disorder / Hepatitis C	2 years 3 years > 3 years	Return of Premium Graded Immediate
Rilutek	ALS (Lou Gehrig's Disease)	N/A	No Coverage
Risperdal	Psychotic Disorder	N/A	Immediate
Risperidone	Psychotic Disorder	N/A	Immediate
Rituxan	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's	N/A	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
	Other Use	N/A	Immediate
Rythmol	Arrhythmia	N/A	Immediate
Sectral	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet / Sinemet CR	Parkinson's	N/A	Graded
Sodium Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Sotalol Hydrochloride	Hypertension CHF	N/A N/A	Immediate No Coverage
Sotalol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Spiriva	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Spironolactone	Hypertension CHF	N/A N/A	Immediate No Coverage
Sprycel	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Stalevo	Parkinson's	N/A	Graded
Starlix	Diabetes *	N/A	Immediate
Suboxone	Alcohol / Drugs	2 years	Return of Premium
Subutex	Alcohol / Drugs	2 years	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Symmetrel	Parkinson's	N/A	Graded
Tambocor	Arrhythmia	N/A	Immediate
Tamoxifen	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Tarka	Hypertension CHF	N/A N/A	Immediate No Coverage
Tasmar	Parkinson's	N/A	Graded
Tegretol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Tenoretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Tenormin	Hypertension CHF	N/A N/A	Immediate No Coverage
Teveten	Hypertension CHF	N/A N/A	Immediate No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Thioridazine	Psychotic Disorder	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension CHF	N/A N/A	Immediate No Coverage
Torsemide	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandate	Hypertension CHF	N/A N/A	Immediate No Coverage
Trandolapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Tresiba (Insulin)	Diabetes*	N/A	Immediate
Triamterene	Hypertension CHF	N/A N/A	Immediate No Coverage
Triamterene / HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Tribenzor	Hypertension CHF	N/A N/A	Immediate No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Graded Immediate
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension CHF	N/A N/A	Immediate No Coverage
Tyzeka	Liver Disorder / Hepatitis	2 years 3 years > 3 years	Return of Premium Graded Immediate
Uniretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Univasc	Hypertension CHF	N/A N/A	Immediate No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Valstar	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
Valturna	Hypertension CHF	N/A N/A	Immediate No Coverage
Vascor	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
Vaseretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Vasotec	Hypertension CHF	N/A N/A	Immediate No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Medication	Common Uses	RX Fill Within	Plan Eligibility
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	Return of Premium
Warfarin	Pulmonary Embolism Thrombosis	N/A N/A	Immediate Immediate
	Cardiac Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
	Cardiac Valve Replacement / Stroke / Heart Attack	First Fill 3 years First Fill > 3 years	Graded Immediate
Xeloda	Cancer	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate
Zantac	Stomach Disorder	N/A	Immediate
Zaroxolyn	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zebeta	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zelapar	Parkinson's	N/A	Graded
Zemplar	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Zestoretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zestril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ziac	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zocor	Cholesterol	N/A	Immediate
Zoloft	Depressive Disorder	N/A	Immediate
Zyprexa	Psychotic Disorder	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing 'retinopathy, nephropathy, neuropathy' should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit plan section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Senior Choice Medical Impairment Guide

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition / Concern	Criteria	Plan to Apply For	Question on App*
Activities of Daily Living	Require assistance (from anyone) with bathing, dressing, eating, or toileting	No Coverage	1
AIDS / HIV	Medically treated or diagnosed by a medical professional as having	No Coverage	3
Alcoholism / Alcohol Abuse	Within the past 2 years abused alcohol, or recommended to have treatment or counseling for alcohol use or advised to discontinue use of alcohol	Return of Premium	7d
Alzheimer's disease	Medically diagnosed	No Coverage	2
Amputation	Have had an amputation caused by disease	No Coverage	1
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Medically diagnosed	No Coverage	2
Aneurysm	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed or treated, or hospitalized for within the past 3 years	Graded	8a
Angina (Chest Pain)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Angioplasty	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Bed Confinement	Currently confined to a bed	No Coverage	1
Cancer (excluding basal cell skin cancer)	Currently have cancer or history of metastatic cancer	No Coverage	1
	More than one occurrence in a lifetime	Return of Premium	5
	Medically diagnosed, treated, or hospitalized for any form of cancer within the past 2 years	Return of Premium	7c
	Medically diagnosed, treated, or hospitalized for any form of cancer within the past 3 years	Graded	8b
Cardiomyopathy	Medically diagnosed, treated, or hospitalized for	Return of Premium	7a
Catheterization (Heart)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
Chronic Bronchitis	See Chronic Obstructive Pulmonary Disease (COPD).		
Chronic Hepatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Kidney Disease	Medically diagnosed, treated, or hospitalized for	Return of Premium	5
Chronic Pancreatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, hospitalized for, or taken medication for within the past 3 years	Graded	8b

Note: Applies to standard life application Form Form No. 9466 (AA, OL, PA, PS) and Form ICC15-GL213 (iA). The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com

Condition / Concern	Criteria	Plan to Apply For	Question on App*
Circulatory Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Cirrhosis of the Liver	Medically diagnosed or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Coronary Artery Bypass Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Defibrillator	Inserted within the past 2 years	Return of Premium	7b
Dementia	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Diabetes	Combined with any medical history of any of the following: Retinopathy, Nephropathy, Neuropathy	Return of Premium	4
	Taken insulin shots prior to age 50	Return of Premium	4
	Treated for insulin shock or diabetic coma	Return of Premium	4
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received	Return of Premium	6
Drug Abuse / Addiction	Used illegal drugs, abused drugs, recommended to have treatment or counseling for drug use or advised to discontinue use of drugs within the past 2 years	Return of Premium	7d
Emphysema	See Chronic Obstructive Pulmonary Disease (COPD)		
Heart Attack	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Heart Surgery	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Hepatitis C	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Home Health Care	Currently receiving	No Coverage	1
Hospice Care	Currently receiving	No Coverage	1
Hospitalization	Currently hospitalized	No Coverage	1
Kidney Dialysis	Medically advised to have	No Coverage	2
Kidney Failure	Medically diagnosed, treated, or taken medication for	Return of Premium	5

Note: Applies to standard life application Form Form No. 9466 (AA, OL, PA, PS) and Form ICC15-GL213 (iA). The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com

Condition / Concern	Criteria	Plan to Apply For	Question on App*
Liver Disease	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	2
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Mental Incapacity	Medically diagnosed	No Coverage	2
Multiple Sclerosis (MS)	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Muscular Dystrophy	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Nursing Facility	Currently confined	No Coverage	1
Organ Transplant	Medically advised to have	No Coverage	2
Oxygen Equipment	Currently used to assist in breathing	No Coverage	1
	Required to use oxygen equipment to assist in breathing within the past 2 years	Return of Premium	7a
Pacemaker	Inserted within the past 2 years	Return of Premium	7b
Paralysis	Medically diagnosed, treated, or hospitalized for paralysis of 2 or more extremities within the past 3 years	Graded	8c
Parkinson's Disease	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	Return of Premium	5
Respiratory Failure	Medically diagnosed, treated, or hospitalized for	No Coverage	2
Seizures	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8c
Stroke	Medically diagnosed within the past 2 years	Return of Premium	7a
	Medically diagnosed or hospitalized for within the past 3 years	Graded	8a
Systemic Lupus (SLE)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
Terminal Medical Condition or End Stage Disease	Medically diagnosed or treated for a condition that is expected to result in death in the next 12 months	No Coverage	2
TIA (Transient Ischemic Attack)	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8a
Ulcerative Colitis	Medically diagnosed, treated, or hospitalized for within the past 3 years	Graded	8b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1
<p>Note: Applies to standard life application Form Form No. 9466 (AA, OL, PA, PS) and Form ICC15-GL213 (iA). The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com</p>			



QUALITY. SERVICE. EXCELLENCE.

SERVICE HOURS

LIVE CHAT

8:00 a.m - 4:45 p.m. Monday - Friday
Central Time (excluding holidays)

PHONE HOURS

8:00 a.m - 4:00 p.m. Monday - Friday
Central Time (excluding holidays)

For Agent Use Only. Not For Public Distribution.

Products and riders not available in all states. Please check with the State Approval Grid under Order Supply on the Company website or check with the Home Office Agent Support at (800)736-7311 (prompt 1, 1, 1) for approvals.