

PLATINUM SOLUTION

FAMILY PLAN

(Ages 0 through 49)

&

LEGACY PLAN

(Ages 50 through 85)

Whole Life Insurance

Plus



AGENT GUIDE

Underwriting Guidelines

Premium Rates

- **Immediate Death Benefit Plan,**
Policy Form No. 9772 (AA, OL, PA, PS); GDWL103 (IAA)
- **Graded Death Benefit Plan,**
Policy Form No. 9465 (AA, OL, PA, PS); GDWL102 (IAA)
- **Return of Premium Benefit Plan,**
Policy Form No. 3714 (AA, IAA, OL, PA, PS)

AGENT GUIDE FOR FIELD USE ONLY

All products and riders not available in all states.

Please check with the State Approval Grid on the Company website or check with the Home Office New Business Agent Support Team at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.

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COMPANY CONTACT INFORMATION

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

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

Not Sure Who To Call? Contact our New Business Agent Support: (800) 736-7311, prompt. 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, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).

Mailing Addresses:

General Delivery

P.O. 2549
Waco, TX 76702

Overnight

425 Austin Ave.
Waco, TX 76701

Online Services:

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.

For Everest Funeral Concierge Service Call: 1-800-913-8318 or Visit Our Website: everestfuneral.com

PLAN DESCRIPTIONS

Our Platinum Solution Whole Life insurance product targets a broad spectrum of the final expense insurance market.

These policies and our application Platinum Solution Family Plan Form No. 9617 and Platinum Solution Legacy Plan Form No. 9466 (Company specific with state variations); accommodate a simplified approach to purchasing life insurance.

Platinum Solution Family Plan (0-49) 'Immediate Death Benefit': Simplified issue Whole Life policy with level death benefit of 100% of face amount paid immediately.

Platinum Solution Family Plan (0-49) 'Return of Premium Benefit': Simplified issue Whole Life policy which pays return of premium plus 10% interest if death occurs during the 1st 3 years. 100% paid after graded period. 100% paid for accidental death, all years.

Platinum Solution Legacy Plan (50-85) 'Immediate Death Benefit': Simplified issue Whole Life policy with level death benefit of 100% of face amount paid immediately.

Platinum Solution Legacy Plan (50-85) 'Graded Death Benefit': Simplified issue Whole Life policy which pays 30% of selected face amount the 1st year, 70% paid the 2nd year, and 100% paid the 3rd and subsequent years. 100% paid for accidental death, all years.

Platinum Solution Legacy Plan (50-85) 'Return of Premium Benefit': Simplified issue Whole Life policy which pays return of premium plus 10% interest for 3 years if under age 65, 2 years if age 65 or older. 100% paid after graded period. 100% paid for accidental death, all years.

BENEFITS

- No medical exams or blood work required.
- Affordable rates that will not increase.
- Benefits not subject to Federal income tax.
- Cash value for emergencies and other needs.

POLICY SPECIFICATIONS

Product Name:	Legacy Plan	Family Plan
Issue Ages (Age Last Birthday):	50 to 85	0 to 49
Premium Paying Period:	To age 110	To age 110
Minimum Death Benefit:	\$2,500 (\$5,000 in Washington)	\$10,000
Maximum Immediate Death Benefit:	Ages 50 to 75: \$35,000 Ages 76 to 85: \$20,000	Ages 0 to 49: \$35,000
Maximum Graded Death Benefit:	Ages 50 to 85: \$20,000	Not Available
Maximum Return of Premium Death Benefit (ROP):	Ages 50 to 85: \$20,000	Ages 18 to 49: \$20,000
Policy Fee	\$80 (Commissionable)	\$80 (Commissionable)
Modal Factors:		
Monthly EFT	0.088	0.088
Quarterly	0.262	0.262
Semi-Annual	0.519	0.519
No Cost Riders Included:	Availability:	
Terminal Illness Accelerated Death Benefit Rider*	All plans	All plans
Accelerated Benefit Confined Care Rider*	Immediate Death Benefit Only	Not Available on ROP Plan
Optional Benefits and Riders:	Availability:	
Grandchild Rider (also covers Great Grandchildren)	All plans	Not Available
Children's Insurance Agreement	All plans	All plans
Nursing Home Waiver of Premium Rider	Immediate Death Benefit Only	Not Available
Accidental Death Benefit Agreement	Not Available on ROP Plan	Not Available on ROP Plan
Application No. (Company specific with some state variations):	9617	9466

* Included at no additional premium, where available.

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, Inc.), &
- Check with a Pharmaceutical related facility(s), &
- Proposed Insured's build (See the Build Chart located in the section for each plan.)

TELEPHONE INTERVIEW

Platinum Solution Legacy Plan

Phone Interview Requirements			
Product	Issue Ages	Immediate	Return of Premium
Legacy Plan	50-70	None*	None*
	71-85	None*+	None*

* NOTE: If the individual paying the premiums on the policy is other than (1) the Proposed Insured (2) spouse or significant other, or (3) a child of the Proposed Insured; then a telephone interview will be requested on the screen.

+ NOTE: If the applicant is not found in the pharmaceutical database(s), a phone interview will be requested on the screen.

MOBILE APPLICATION - DECISION ENGINE PROCESS

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

PAPER APPLICATIONS

For applicants 50 – 70, the only time a telephone interview would be required is due to the payor relationship as described above. For applicants 71 - 85, you will not know at time of application if an interview is needed due to the prescription database search. If you do 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.

APTICAL: 1-877-351-1773

7:30am-1:00am Monday thru Friday CST

9:00am-9:00pm Saturday & Sunday CST

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

PLATINUM SOLUTION FAMILY PLAN

If a Third-Party Payor is involved (Issue Ages 25 to 29), there will be a telephone interview required. This interview will be initiated by the Home Office ONLY (cannot be completed at point-of-sale). In addition, we will not accept an application on a Proposed Insured with an issue age between 30-49 if a Third-Party Payor is involved.

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed cash values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smartphone or tablet, please go to www.insuranceapplication.com (Select option for the 'Phone Quoter').

APPLICATION SUBMISSION

New applications completed on paper may be submitted 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, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions on utilizing the eCheck procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

MOBILE APPLICATIONS

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

CUSTOMER BENEFITS

- Simple 'Yes'/'No' application
- No medical exams or blood work required
- Affordable rates that will not increase
- Benefits not subject to Federal income tax
- Cash value for emergencies and other needs

STATE SPECIFICS

- *Alabama*—Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.
- *California*:
 - Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
 - California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
 - California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
 - California Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his / her personal information.
 - Terminal Illness Accelerated Death Benefit Disclosure Form No. 3575-D must be presented to the Applicant as point-of-sale.
- *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 life 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.
- *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 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.
- *South Dakota*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses and build charts.
- *Virginia*—Refer to Agent Guide as to what plan applicant is eligible for based on health question responses and build charts.
- *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
ALL PRODUCTS NOT APPROVED IN ALL STATES
SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

PLATINUM SOLUTION FAMILY PLAN AND PLATINUM SOLUTION LEGACY PLAN:

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 of the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for the interview. The interview will be brief, pleasant, professionally handled, 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, MIB, etc.

THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records and speeds up issue time!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. Medical records on those applicants will be requested until the Underwriting Department believes that agent has corrected their field underwriting problems.

Do not let poor field underwriting contribute to unnecessary delays in both the issuing of your business and the payment of your compensation.

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 a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
 - (b) Drafts cannot occur more than 35 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
 - (d) Drafts more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available, then you must also complete the Bank Account Verification section of Form 9903 and submit it along with the application. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

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

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

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

- 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. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

SECTION 2

Completing Applications for Platinum Solution Family Plan (Issue Ages 0 to 49)

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

APPLICATION COMPLETION (Issue Ages 0-49)

The following section is provided to assist agents with the completion of the life insurance application (Form No. 9617). It follows along, item by item, with the application used. As a reminder, the application must be completed in its entirety to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to in this agent guide.

Front of the Application:

- **Proposed Insured** — Provide the Proposed Insured's **full legal name**.
 - **Address** — Proposed Insured's physical address
 - **City / State / Zip Code**
 - **Telephone Case Number** — Provide the case number provided to you the vendor (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.
 - 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** in this guide to assist in determining the appropriate plan to apply for based on build.
 - **Occupation** — List the Proposed Insured current occupation.
 - **Owner:**
 - Name
 - Social Security Number
 - Address
 - **Payor:**
 - None
 - Social Security Number
 - Address
 - **Primary and Contingent Beneficiary:**
 - Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the Proposed Insured. Also provide the beneficiary's Social Security Number if it can be obtained.
 - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust.
- NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.**
- **Plan** — Check the box for the appropriate death benefit plan being applied for. This is based on the answers to the health questions and the Proposed Insured's build.
 - **Automatic Premium Loan (APL)** — Check **'Yes'** or **'No'** (Check **'Yes'** to ensure the Proposed Insured has this option if ever needed.)
 - **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?'** — Tobacco in any form includes: cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. *Excludes occasional cigar or pipe use.*

- **Rider** (Be sure to check the box next to the rider being applied for):
 - **Children's Insurance Agreement**
 - Indicate the number of children applying for coverage.
 - Enter 1 unit (\$3,000), 2 units (\$6,000) or 3 units (\$9,000) of coverage.
 - **Accidental Death Benefit Agreement**
 - Check the box for ADB.
 - Indicate the amount of coverage.
 - **Level Term Rider**
 - Check the box for Spouse Term Rider.
 - Indicate the amount of coverage.
 - Provide the name of additional Proposed spouse.
 - Sex — Indicate the appropriate gender.
 - Date of Birth — Please enter as MM/DD/YYYY.
 - Height — Indicate the height of the Proposed spouse.
 - Weight — Indicate the weight of the Proposed spouse.
- **Face Amt \$** — Enter the amount of coverage being applied for.
- **Mail Policy To** — Check the box to indicate the preference to whom the policy contract should be mailed.
- **Mode:**
 - **Bank Draft** - Monthly bank draft
 - **Quarterly** - Quarterly bank draft
 - **Semi-Annual** - Semi-Annual bank draft
 - **Annual** - Annual bank draft
 - **Draft 1st Premium on Requested Date** - Monthly bank draft for which the 1st draft will occur upon the '**Policy Date Request**' you will enter.
- **Modal Premium** — Enter the desired premium based on the frequency by which the client will pay.
- **CWA** (Check appropriate box, if applicable):
 - **eCheck Immediate 1st Premium** – Only select this option if the Company is to draft the Proposed Insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
 - **Collected \$** - Only select this option if actually collecting initial payment and mailing it to the Home Office.
- **Policy Date Request** — The '**Requested Policy Date**' or the initial draft, if applicable, **cannot be more than 30 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 6 is answered 'Yes' the Proposed Insured is not eligible for any coverage.*
 - *If any answer to questions 7 through 9 is answered 'Yes' the Proposed Insured should apply for the Return of Premium Death Benefit Plan.*
 - *If all questions 1 through 9 are answered 'No' the Proposed Insured should apply for the Immediate Death Benefit Plan.*

Back of the Application:

- **List children for coverage under the Children's Insurance Agreement:**
 - For each child to be covered provide their name, height & weight, sex, & birthdate.
 - If more space is needed to list the children covered, please provide their information on a separate sheet of paper and submit along with the application.
- **Proposed Children's Health Information:**
 - This question applies to all of the children proposed for coverage.
 - Those who do not qualify for coverage based on this health question should be listed on the line for 'Exceptions'.
- **Signature of Proposed Insured:**
 - The Proposed Insured should sign their own application.
 - Power of Attorney (POA) signatures are not acceptable.
- **Signature of Owner**
 - The Proposed Insured should sign their own application.
 - Power of Attorney (POA) signatures are not acceptable.
- **Date Signed** — The date signed should always be the date the Proposed Insured answered all the medical questions and signed the application.
- **Signed at** — Provide both the city and state indicating where the applicant was when the application was taken.
- **Signature of Owner** — Complete only if the Owner of the policy is different than the Proposed Insured. If Owner is different, they **MUST** sign and date the application as well as the Proposed Insured.

- **Agent's Report** – Complete all of the following:
 - Answer both replacement questions
 - Agent's Remarks - Provide any special instructions or notes for the Home Office.
 - 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

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

- **Incomplete or unsigned applications** – Applications that are not completed in their entirety or are missing required signatures will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.
- **Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (IAA); In CA Form No. 3575-D** – Must be presented to the applicant and the agent must certify that it has been presented. (The states of MA and VA 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 Benefit Confined Care Rider Disclosure Statement, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (IAA)** – Must be presented to the applicant and the agent must certify that it has been presented when applying for the Immediate Death Benefit plan.
- **HIPAA, Form No. 9526** – Must be submitted with each application.
*Juvenile Applications – Please print the juvenile's name at the top of the HIPAA form signed by the guardian
- **Replacement Form (if required)** – Complete all replacement requirements as per individual state insurance replacement regulations. Replacement forms can be found on the Company website under the 'Order Supply' section.
- **Replacement of Existing Insurance** – Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. Applications involving replacement sales are monitored on a daily basis. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.
- **All changes must be crossed out and initialed by Proposed Insured.** – No white outs or erasures are permitted on the application.
- **Application Date / Requested Policy Date** – The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The '**Requested Policy Date**' cannot be more than 30 days out from the date the application was signed.
- **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 1st premium. See the eCheck procedures described in this guide.
- **Re-Writes on Same Insured** – If a second application is written on the same individual (1) within 6 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.
- **Applications on Juveniles (Issue Ages 0-17)**
 - All children within the family should be insured equally.
 - We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
 - Juvenile Questionnaires (Form No. 9825) are required to be submitted with the applications.

- **Third-Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving 'Third-Party Payors' This is defined as a premium payor other than the Primary Insured, the spouse, business or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' ,include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Family Plan applications where a Third-Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 0 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
 - **Applicants Re-applying for Coverage** - A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
 - It is often easier and in the best interests 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 request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our Client Experience Department. These requests can be sent to Client Experience at cx@aattx.com.
 - There is no additional paperwork necessary.
 - * A policy can be re-dated ONE time only.
 - **Reinstatement Requests Only****:
 - If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a 'Statement of Health' (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to Client Experience at **(254) 297-2105**.
 - As an alternative a new application can 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 1 year after the policy date:
 - We require a new application to be completed and submitted to the New Business Department at **fax # (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 case-by-case basis to see if they can be considered for a re-date & reinstate.

PLATINUM SOLUTION FAMILY PLAN BUILD CHARTS (Unisex)

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

HT.	MAXIMUM WEIGHT FOR PLAN		MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	RETURN OF PREMIUM*	IMMEDIATE	RETURN OF PREMIUM**
4'10"	211	212 - 230	92	87 - 91
4'11"	218	219 - 238	94	89 - 93
5'	225	226 - 246	96	91 - 95
5'1"	233	234 - 254	99	94 - 98
5'2"	241	242 - 262	101	96 - 100
5'3"	248	249 - 271	105	100 - 104
5'4"	256	257 - 280	107	102 - 106
5'5"	264	265 - 288	110	105 - 109
5'6"	273	274 - 297	112	107 - 111
5'7"	281	282 - 306	116	111 - 115
5'8"	289	290 - 316	119	114 - 118
5'9"	298	299 - 325	123	118 - 122
5'10"	307	308 - 335	126	121 - 125
5'11"	315	316 - 344	131	126 - 130
6'	324	325 - 354	135	130 - 134
6'1"	334	335 - 364	139	134 - 138
6'2"	343	344 - 374	142	137 - 141
6'3"	352	353 - 384	146	141 - 145
6'4"	361	362 - 394	149	144 - 148

* Above the weight on the high end of this range is a decline

** Below the weight on low end of this range is a decline

PLATINUM SOLUTION FAMILY PLAN JUVENILE BUILD CHART

AGES 0-2			AGES 3-9			AGES 10-14		
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
24"	8	23	30"	18	40	48"	44	92
26"	10	26	34"	22	44	52"	54	108
28"	13	31	38"	26	54	56"	63	126
30"	15	36	42"	32	64	60"	74	144
32"	18	40	46"	38	78	64"	87	166
34"	21	42	50"	46	94	68"	100	186
36"	23	45	54"	56	111	72"	113	206
38"	26	48	58"	66	128	76"	126	228
AGES 15-17								
HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM	HT	MINIMUM	MAXIMUM
4' 8"	74	169	5' 3"	93	215	5' 10"	115	265
4' 9"	76	176	5' 4"	96	221	5' 11"	118	272
4' 10"	79	182	5' 5"	99	228	6'	122	280
4' 11"	82	188	5' 6"	102	235	6' 1"	125	288
5'	84	195	5' 7"	105	243	6' 2"	129	296
5' 1"	87	201	5' 8"	109	250	6' 3"	132	304
5' 2"	90	208	5' 9"	112	257	6' 4"	136	312

Applicants with weights below the minimum or above the maximum in this chart are not eligible for coverage. The chart above serves as a general guide relating to juvenile build. However, Underwriting reserves the right to use discretion concerning appropriate build for age as well as the height and weight limits for such applicants.

RIDERS**Level Term Insurance Rider, Policy Form 8087 (AA, OL, PA, PS); LT301 (IAA)
(Available on spouse only)**

The Level Term Rider provides 20 year level term insurance on the spouse. If any of the spouse health questions 1 through 9 are answered 'Yes', the spouse is not eligible for any rider coverage.

Spouse Issue Ages: 15-49

Minimum Amount: \$5,000

Maximum Amount: \$35,000 (not to exceed face amount of base policy)

LEVEL TERM RATES							
ANNUAL PREMIUMS PER \$1,000							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
15	1.73	24	2.17	33	4.11	42	7.80
16	1.77	25	2.23	34	4.33	43	8.67
17	1.81	26	2.36	35	4.59	44	9.18
18	1.86	27	2.52	36	4.88	45	9.75
19	1.90	28	2.69	37	5.20	46	11.14
20	1.95	29	2.89	38	5.57	47	12.00
21	2.00	30	3.12	39	6.00	48	13.00
22	2.05	31	3.39	40	6.50	49	14.18
23	2.11	32	3.71	41	7.09		

Accidental Death Benefit Agreement (ADB), Policy Form 7159 (AA, OL, PA, PS); ADB302 (IAA)

(Not available on ROP Plan)

ADB provides an additional amount of death benefit should the Insured die as a result of an accident.

Issue Ages: 0-49

Minimum Amount: \$2,500

Maximum Amount: Equal to the face amount of the policy

Premium: \$1.50 per \$1,000 ADB coverage

Waiver of Premium Disability Agreement (WP), Policy Form 7180 (AA, OL, PA, PS); WPD301 (IAA)
 (Not available on ROP Plan)

Issue Ages: 0-49

The Company will waive the payment of each premium of the policy in the event of permanent and total disability of the Insured as defined and specified in the agreement. The principal points in the agreement are:

- (1) Total disability has existed continuously for at least 6 consecutive months.
- (2) For policies issued prior to age 15, premiums will be waived after the policy anniversary nearest the Insured's attained age 15.
- (3) Due proof that the Insured became totally disabled while this agreement was in force must be furnished to the Company at the Home Office.
- (4) Premium for the benefit ceases when the benefit terminates.
- (5) Cash and loan values continue to increase if premiums are being waived.
- (6) Premiums shall not be waived if disability results directly or indirectly from service in the military, naval or air forces, of any country while engaged in war, whether declared or undeclared.
- (7) Rider coverage expires at age 60 (unless rider is in effect).

WAIVER OF PREMIUM			
ISSUE AGE	ANNUAL PER \$100	ISSUE AGE	ANNUAL PER \$100
0-5	1.39	28	2.93
6	1.43	29	3.05
7	1.47	30	3.17
8	1.51	31	3.31
9	1.55	32	3.45
10	1.60	33	3.60
11	1.64	34	3.76
12	1.69	35	3.94
13	1.75	36	4.12
14	1.80	37	4.31
15	1.86	38	4.52
16	1.92	39	4.75
17	1.99	40	5.00
18	2.06	41	5.26
19	2.14	42	5.55
20	2.21	43	5.86
21	2.29	44	6.21
22	2.36	45	6.59
23	2.45	46	7.15
24	2.53	47	7.78
25	2.62	48	8.50
26	2.72	49	9.31
27	2.82		
27	2.82		

Children's Insurance Agreement (CIA), Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA)

(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 applicants age 65, at which time their coverage may be converted into any plan of Whole Life or Endowment insurance offered by the Company for up to 5 times the amount of coverage under the rider.

Issue Ages: Primary Insured: 15 - 49
Children: 15 days - 17 years

Premium: \$8.50 annually per unit

Maximum: 3 units (\$9,000 face amount of coverage)

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

RIDERS INCLUDED AT NO ADDITIONAL COST**Terminal Illness Accelerated Death Benefit Rider**

Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA); In CA Form No. 3575.

With this benefit, you can receive up to 100% of the death benefit of the policy if diagnosed as Terminally Ill where life expectancy is 12 months or less (24 months in some states). This rider is added to every policy (where available) at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); T1501 (IAA), or 3575-D in CA, with the applicant. 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 (IAA)

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 (IAA) 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 below for availability.		
RIDER NAME	DEATH BENEFIT PLAN	
	IMMEDIATE	RETURN OF PREMIUM
Level Term (spouse)	Yes	Yes
Accidental Death	Yes	No
Waiver of Premium	Yes	No
Children's Insurance Agreement	Yes	No
Terminal Illness	Yes	Yes
Confined Care	Yes	No

PLATINUM SOLUTION FAMILY PLAN PRESCRIPTION REFERENCE GUIDE

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

The 'Rx Fill Within' column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the 'Rx Fill Within' column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Accuretic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Acebutolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Aceon	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage
Apokyn	Parkinson's	N/A	Return of Premium

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30, or if taking 3 or more medications for the condition, client should apply for the Return of Premium Plan. Otherwise client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30, or if taking 3 or more medications for the condition, client should apply for the Return of Premium Plan. Otherwise client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benztropine Mesylate	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Betapace	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetanide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage
Capoten	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Carbamazepine	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbatrol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage

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Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heartbeat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytoxan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depakote	Seizures	3 years	Return of Premium

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Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Digoxin	Irregular Heartbeat CHF	3 years N/A	Return of Premium No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Eptol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below

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Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Fosrenol	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Furosemide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Gabapentin	Seizures Diabetic Neuropathy Restless Leg Syndrome	3 years N/A N/A	Return of Premium No Coverage Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
Hectoral	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Hizentra	Immunodeficiency	N/A	Decline
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Hydroxyurea	Cancer	5 years > 5 years	No Coverage Immediate
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	No Coverage Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Imdur	Angina / CHF	N/A	No Coverage
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	No Coverage Return of Premium No Coverage
Inamrinone	CHF	N/A	No Coverage

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Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Inderide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Inspira	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lamotrogine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lanoxicaps	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lanoxin	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Lasix	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	5 years	No Coverage
		> 5 years	Immediate
Lyrica	Seizures Diabetic Neuropathy	3 years	Return of Premium
		N/A	No Coverage
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See '#' Below
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micronase	Diabetes	N/A	See '*' Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate

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Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heartbeat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Plaquenil	Systemic Lupus (SLE) Malaria Rheumatoid Arthritis	N/A N/A N/A	No Coverage Immediate Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Prinzide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Quinaretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ramipril	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Renagel	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Renvela	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	No Coverage No Coverage No Coverage
Requip	Parkinson's Restless Leg Syndrome	N/A N/A	Return of Premium Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Rythmol	Irregular Heartbeat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See '*' Below
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Tambocor	Irregular Heartbeat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Tenormin	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '# ' Below
Tolbutamide	Diabetes	N/A	See '# ' Below
Tolinase	Diabetes	N/A	See '# ' Below
Toprol XL	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Torsemide	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Trandate	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Trandolapril	Hypertension CHF	N/A N/A	Immediate No Coverage
Tresiba (Insulin)	Diabetes*	N/A	Immediate
Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Tribenzor	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Trihexyphenidyl HCL	Parkinson's Other Use	N/A N/A	Return of Premium Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures Diabetic Neuropathy	3 years N/A	Return of Premium No Coverage
Valstar	Cancer	5 years > 5 years	No Coverage Immediate
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
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	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium
Zemplar	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Zestoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zestril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Ziac	High Blood Pressure (HTN) CHF	N/A N/A	See '*' Below No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage
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# Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Plan. If diagnosed, treated, or taken medication for prior to age 21, or currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.			

PLATINUM SOLUTION FAMILY PLAN MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide has been developed 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, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism/Alcohol Abuse	Within the past 24 months abused alcohol or had, or recommended to have, treatment or counseling for alcohol use	No Coverage	2
Amputation	Have ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Blood Clot	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease within the past 5 years	No Coverage	4
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Bronchitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Criminal Background	Been convicted of any felony within the past 24 months	No Coverage	2
	Been on probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Decline for Insurance	Been declined for life insurance coverage within the past 12 months	Return of Premium	8
Diabetes	Medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated, or taken medication for prior to age 39	Return of Premium	7a
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Return of Premium	8
Disability	Been prohibited from actively working full-time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem within the past 12 months	No Coverage	3
	Currently receiving benefits, compensation, or pension for disability, or currently unemployed due to medical reasons	No Coverage	3
Down Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6b

* Applies to standard life application Form No. 9617. The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Driving Record	Had Driver's License suspended or revoked, or convicted of alcohol/drug related infraction within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease/Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Heart Valve Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hemophilia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hepatitis C	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated, or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Tested positive for	No Coverage	1
Huntington's Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Immune Deficiency Related Disorder	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Irregular Heartbeat	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Kidney Failure	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Leukemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Liver Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Liver Failure	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	6b
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Mental Retardation	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Motor Neuron Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Neuro-Muscular Disease	Medically diagnosed, treated, or taken medication for including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease	Return of Premium	7b
Obesity	Had surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Have ever had or medically advised to have	No Coverage	6b
Paralysis	Medically diagnosed, treated, or taken medication for paralysis of 2 or more extremities	Return of Premium	7b
Parkinson's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Schizophrenia	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Seizures	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Stroke	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Systemic Lupus (SLE)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b

* Applies to standard life application Form No. 9617. The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

PLATINUM SOLUTION FAMILY PLAN

IMMEDIATE DEATH BENEFIT

Whole Life Insurance to Age 110 - Annual Premiums Per \$1,000

(Add \$80 Annual Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
0-10	10.71	9.73	N/A	N/A
11	10.94	9.93	N/A	N/A
12	11.16	10.13	N/A	N/A
13	11.39	10.33	N/A	N/A
14	11.59	10.52	N/A	N/A
15	11.80	10.72	N/A	N/A
16	11.99	10.91	N/A	N/A
17	12.17	11.10	N/A	N/A
18	12.35	11.30	15.47	12.22
19	12.53	11.48	16.07	12.73
20	12.71	11.68	16.70	13.26
21	13.06	11.92	17.27	13.69
22	13.43	12.17	17.87	14.13
23	13.82	12.43	18.50	14.59
24	14.22	12.69	19.14	15.06
25	14.63	12.94	19.81	15.55
26	15.06	13.21	20.51	16.06
27	15.49	13.48	21.23	16.60
28	15.96	13.74	22.00	17.14
29	16.45	14.00	22.82	17.70
30	16.95	14.28	23.68	18.29
31	17.51	14.75	24.70	19.14
32	18.08	15.24	25.79	20.02
33	18.70	15.76	26.94	20.96
34	19.33	16.28	28.15	21.94
35	19.98	16.84	29.43	22.96
36	20.67	17.40	30.79	24.04
37	21.39	17.99	32.22	25.19
38	22.13	18.61	33.72	26.40
39	22.92	19.25	35.32	27.67
40	23.73	19.92	36.99	29.02
41	24.39	20.46	37.67	29.46
42	25.07	21.00	38.32	29.89
43	25.76	21.56	38.95	30.31
44	26.47	22.13	39.57	30.70
45	27.19	22.71	40.15	31.07
46	27.93	23.31	40.71	31.40
47	28.69	23.92	41.24	31.70
48	29.48	24.53	41.77	31.95
49	30.30	25.16	42.29	32.15

Premium Calculation Example: Male Non-Tobacco Age 35, Monthly, \$10,000: $(\$19.98 \times 10 + \$80.00) \times .088 = \$24.62$ per Month

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

PLATINUM SOLUTION FAMILY PLAN
RETURN OF PREMIUM DEATH BENEFIT

Whole Life Insurance to Age 110 - Annual Premiums Per \$1,000
(Add \$80 Annual Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
18	17.95	12.67	27.51	20.95
19	18.38	13.08	28.18	22.20
20	18.91	13.55	29.15	24.67
21	19.61	14.21	30.30	26.11
22	20.41	14.70	31.39	27.28
23	21.18	15.14	32.69	27.90
24	21.98	15.59	34.18	28.95
25	22.64	16.11	35.13	29.97
26	24.26	17.20	37.96	30.64
27	25.99	18.22	40.69	31.57
28	27.67	19.17	43.38	32.54
29	29.03	20.17	46.35	33.53
30	30.29	21.06	48.36	34.64
31	31.02	21.80	49.58	35.68
32	31.67	22.40	50.75	36.28
33	32.23	23.03	51.85	37.05
34	32.65	23.47	52.94	37.55
35	32.89	23.81	54.10	37.94
36	33.77	24.43	55.21	38.27
37	34.43	24.84	56.18	38.57
38	35.05	25.21	57.10	38.82
39	35.66	25.54	57.95	39.04
40	36.15	25.79	58.80	39.26
41	36.71	26.10	59.57	39.41
42	37.40	26.41	60.49	39.56
43	37.92	26.78	61.54	39.69
44	38.05	27.25	62.29	39.76
45	40.85	27.74	66.02	39.86
46	42.59	29.13	69.10	42.04
47	44.48	30.64	72.45	44.42
48	46.52	32.27	76.09	46.99
49	48.57	33.91	79.73	49.55

Premium Calculation Example: Male Non-Tobacco Age 35, Monthly, \$12,000 $(\$32.89 \times 12 + \$80.00) \times .088 = \$41.77$ per Month

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

SECTION 3

Completing Applications for Platinum Solution Legacy Plan (Issue Ages 50 to 85)

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

APPLICATION COMPLETION

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

Front of the Application:

- **Proposed Insured** — Provide the Proposed Insured's **full legal name**.
- **Address** — 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.
 - 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**
- **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:**
 - Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the Proposed Insured. Also provide the beneficiary's Social Security Number if it can be obtained.
 - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.
- **Plan:**
 - In the blank provided, write in the name of the product being applied for ('Legacy Plan') or the product's initials ('PSLP')
 - Check the box for the appropriate death benefit plan being applied for. This is based on the answers to 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 children applying for coverage
 - Enter 1 unit (\$5,000) or 2 units (\$10,000) of coverage
 - **Children's Insurance Agreement**
 - Check the box for Child Rider
 - Enter 1 unit (\$3,000) or 2 units (\$6,000) of coverage
 - **Accidental Death Benefit Agreement**
 - Check the box for ADB
 - Indicate the amount of coverage
 - **Nursing Home Waiver of Premium**
 - Check the "Other" box
 - 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 actually 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 Application:

- **Child, Grandchild, and Great Grandchild Coverage:**
 - For each child to be covered provide their name, sex, birthdate, & relationship to the Proposed Insured.
 - If more space is needed to list the children 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 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 all of 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 located in this guide:
 - Insured name
 - Account Holder name
 - Name of the bank or financial institution
 - Address of the bank
 - Transit/ABA Number (a.k.a. Routing Number)
 - Account Number
 - Check if the account is either a 'Checking' or 'Savings' account.
 - Requested Draft Day – Day of the month for recurring drafts.
 - Signature of the Account Holder
 - Date

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

- **Incomplete or unsigned applications** – Applications that are not completed in their entirety or are missing required signatures will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.
 - **Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); T1501 (IAA); In CA Form No. 3575-D** – Must be presented to the applicant and the agent must certify that it has been presented. *(The states of MA and VA 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 Benefit Confined Care Rider Disclosure Statement, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (IAA)** – Must be presented to the applicant and the agent must certify that it has been presented 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.
 - **All changes must be crossed out and initialed by Proposed Insured.** – No white outs or erasures are permitted on the application.
 - **Applications for Return of Premium 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 6 months of 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 1st premium. See the eCheck procedures described in this guide. **MONEY ORDERS NOT ACCEPTED.**
 - **Applicants Re-applying for Coverage** - A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
 - **Request for Re-dates and/or Reinstatements** – It is often easier and in the best interests 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 request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our Client Experience Department. These requests can be sent to Client Experience at cx@aatx.com.
 - There is no additional paperwork necessary.
 - * A policy can be re-dated ONE time only.
 - **Reinstatement Requests Only**:**
 - If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a 'Statement of Health' (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require 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 1 year after the policy date:
 - We require a new application to be completed and submitted to the New Business Department at **fax # (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 case-by-case basis to see if they can be considered for a re-date & reinstate.

PLATINUM SOLUTION LEGACY PLAN BUILD CHARTS (Unisex)

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

HT.	MAXIMUM WEIGHT FOR PLAN		MINIMUM WEIGHT FOR PLAN	
	IMMEDIATE	RETURN OF PREMIUM*	IMMEDIATE	RETURN OF PREMIUM**
4'10"	211	212 - 230	92	87 - 91
4'11"	218	219 - 238	94	89 - 93
5'	225	226 - 246	96	91 - 95
5'1"	233	234 - 254	99	94 - 98
5'2"	241	242 - 262	101	96 - 100
5'3"	248	249 - 271	105	100 - 104
5'4"	256	257 - 280	107	102 - 106
5'5"	264	265 - 288	110	105 - 109
5'6"	273	274 - 297	112	107 - 111
5'7"	281	282 - 306	116	111 - 115
5'8"	289	290 - 316	119	114 - 118
5'9"	298	299 - 325	123	118 - 122
5'10"	307	308 - 335	126	121 - 125
5'11"	315	316 - 344	131	126 - 130
6'	324	325 - 354	135	130 - 134
6'1"	334	335 - 364	139	134 - 138
6'2"	343	344 - 374	142	137 - 141
6'3"	352	353 - 384	146	141 - 145
6'4"	361	362 - 394	149	144 - 148

* Above the weight on the high end of this range is a decline

** Below the weight on low end of this range is a decline

OPTIONAL RIDERS not available in all states

Accidental Death Benefit Agreement (ADB)

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

(Not available on ROP Plan)

Annual Premiums Per \$1,000 of Insurance	
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

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.

Grandchild Rider (GCIA)

Policy Form 9579 (AA, OL, PA, PS); CIB303 (IAA) when attached to Immediate Death Benefit and Graded Death Benefit Plans. Policy Form 9581; CIB302 for IAA when attached to Return of Premium 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 Platinum Solution Legacy Plan-ROP Plan).

Issue Ages: Primary Insured: 50 - 80

Grandchild: 180 days - 15 years

Premium: \$12.00 annually per grandchild and great grandchild per unit

Maximum Units: 2

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.

Nursing Home Waiver of Premium Rider (NHWP), Policy Form 9984

(Available only on the Immediate Death Benefit Plan)

Annual Premiums Per \$1,000 of Insurance				
Issue Age	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
50	0.33	0.35	0.51	0.52
51	0.33	0.35	0.51	0.52
52	0.34	0.36	0.52	0.53
53	0.34	0.36	0.52	0.53
54	0.35	0.36	0.53	0.54
55	0.35	0.36	0.53	0.54
56	0.35	0.37	0.54	0.55
57	0.41	0.43	0.65	0.66
58	0.51	0.54	0.81	0.82
59	0.57	0.63	0.94	0.95
60	0.63	0.68	1.03	1.04
61	0.70	0.76	1.14	1.15
62	0.84	0.89	1.34	1.35
63	1.05	1.10	1.62	1.64
64	1.19	1.24	1.84	1.85
65	1.31	1.37	2.00	2.02
66	1.47	1.57	2.24	2.27
67	1.76	1.92	2.68	2.72
68	2.21	2.46	3.33	3.38
69	2.55	2.87	3.85	3.91
70	2.80	3.19	4.22	4.34
71	3.15	3.64	4.76	5.03
72	3.82	4.50	5.79	6.35
73	4.80	5.75	7.28	8.26
74	5.49	6.64	8.34	9.66
75	6.02	7.32	9.21	10.77
76	6.75	8.25	10.53	12.42
77	8.10	9.99	12.99	15.51
78	10.08	12.50	16.59	19.98
79	11.49	14.30	19.15	23.17
80	12.51	15.62	21.01	25.43
81	13.92	17.42	23.49	28.34
82	16.45	20.62	27.92	33.46
83	20.05	25.20	34.26	40.79
84	22.52	28.35	38.62	45.82
85	23.70	29.86	40.69	48.21

Description:

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 himself/herself.

Issue Ages: 50 – 85**Coverage Period:** Same as the base policy.

Children's Insurance Agreement (CIA), Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA)
 (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 applicants age 65, and then may be converted into any plan of Whole Life or Endowment insurance offered by the Company for up to 5 times the amount of coverage under the rider.

Issue Ages: Primary Insured: 50 - 60

Children: 15 days - 17 years

Premium: \$8.50 annually per unit

Maximum: 2 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 this to life coverage monthly premium for the total monthly premium.

RIDERS INCLUDED AT NO ADDITIONAL COST

Terminal Illness Accelerated Death Benefit Rider

Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA); In CA Form No. 3575

With this benefit you can receive up to 100% of the death benefit 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); T1501 (IAA); or 3575-D in CA with the applicant. (The states of MA, VA, and 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 (IAA)

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 (IAA) 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 below for availability.			
Rider Name	Death Benefit Plan		
	Immediate	Graded	Return of Premium
Grandchild Rider	Yes	Yes	Yes
Nursing Home WP	Yes	No	No
Children's Insurance Agreement	Yes	Yes	No
Accidental Death	Yes	Yes	No
Terminal Illness	Yes	Yes	Yes
Confined Care	Yes	No	No

PLATINUM SOLUTION LEGACY PLAN PRESCRIPTION REFERENCE GUIDE

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

The 'Rx Fill Within' column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the 'Rx Fill Within' column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

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	Return of Premium Graded Immediate
		3 years	
		> 3 years	
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema	2 years	Return of Premium Graded Immediate
		3 years	
> 3 years			
Aldactazide	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Aldactone	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Amantadine HCL	Parkinson's	N/A	Graded
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	
Amlodipine Besylate/Benaz	Hypertension	N/A	Immediate No Coverage
	CHF	N/A	

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 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
Amyl Nitrate	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	N/A	Graded
Apresoline	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	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	N/A	Immediate
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Graded
Atenolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD	2 years 3 years > 3 years	Return of Premium Graded Immediate
Avalide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Graded
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus	N/A	Return of Premium
Azilect	Parkinson's	N/A	Graded
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
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

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
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

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Cytoxan	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
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 > 3 years	Graded 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

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	Hypertension CHF	N/A N/A	Immediate No Coverage
Enalaprilat	Hypertension CHF	N/A N/A	Immediate No Coverage
Epitol	Seizures Diabetic Neuropathy #	3 years N/A	Graded Return of Premium
Epivir	AIDS	N/A	No Coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Exelon	Alzheimer's / Dementia	N/A	No Coverage
Exforge	Hypertension CHF	N/A N/A	Immediate 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 #	3 years N/A	Graded Return of Premium
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
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy #	N/A N/A N/A	No Coverage Return of Premium Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
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 year 3 years > 3 years	Return of Premium Graded Immediate
Invirase	AIDS	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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 Other Use	N/A N/A	Graded Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Labetalol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lamotrogine	Seizures	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Lanoxicaps	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lanoxin	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	N/A	Graded
Lasix	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Leukeran	Cancer	2 years	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Levatol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Levodopa	Parkinson's	N/A	Graded
Lexiva	AIDS	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
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 year	Return of Premium
Methotrexate	Cancer	2 years 3 years > 3 years	Return of Premium Graded Immediate
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol HCTZ	Hypertension CHF	N/A N/A	Immediate No Coverage
Metoprolol Tartrate/Suc-cinate	Hypertension CHF	N/A N/A	Immediate No Coverage
Micardis	Hypertension CHF	N/A N/A	Immediate No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension CHF	N/A N/A	Immediate No Coverage
Milrinone	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
Minitran	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Mirapex	Parkinson's Other Use	N/A N/A	Graded 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
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	3 years	Graded
	Diabetic Neuropathy #	N/A	Return of Premium
Nimodipine	Stroke/TIA/Heart Attack	First Fill 2 years	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nimotop	Stroke/TIA/Heart Attack	First Fill 2 year	Return of Premium
	Stroke/Heart Attack	First Fill 3 years	Graded
	Stroke/Heart Attack	First Fill > 3 years	Immediate
Nitrek	Angina	2 years 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage
Nitro-bid	Angina	2 year 3 years > 3 years	Return of Premium Graded Immediate
	CHF	N/A	No Coverage

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
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	N/A	Immediate
	CHF	N/A	No Coverage
Permax	Parkinson's	N/A	Graded
Phenobarbital	Seizures	3 years	Graded
Phoslo	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium

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Medication	Common Uses	RX Fill Within	Plan Eligibility
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
Ramipril	Hypertension CHF	N/A N/A	Immediate Return of Premium
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

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 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
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 year 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 year 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 year 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
Sotalol Hydrochloride	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sotalol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Spiriva	COPD	2 year	Return of Premium
		3 years	Graded
		> 3 years	Immediate
Spironolactone	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 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
Sprycel	Cancer	2 year 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 year 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
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

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 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
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 year 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 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 COPD / Emphysema	N/A	Immediate
		2 years	Return of Premium
		3 years > 3 years	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
Zoloff	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 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?"

Platinum Solution Legacy Plan Medical Impairment Guide

The Medical Impairment Guide has been developed 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, please contact the Home Office for a Risk Assessment via our Online Chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

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 had, or recommended to have, treatment, or counseling for alcohol use or been advised to discontinue use of alcohol	Return of Premium	7d
Alzheimer's disease	Medically diagnosed, treated, or taken medication for	No Coverage	2
Amputation	Have had an amputation caused by disease	No Coverage	1
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Medically diagnosed, treated, or taken medication for	No Coverage	2
Aneurysm	Within the past 2 years	Return of Premium	7b
	Medically diagnosed, 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	Within the past 2 years	Return of Premium	7b
	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 1 occurrence in a lifetime	Return of Premium	5
	Within the past 2 years been medically diagnosed, treated, or taken medication for any form of cancer within the past 2 years	Return of Premium	7c
	Medically diagnosed, treated, hospitalized, or taken medication for any form of cancer within in the past 3 years	Graded	8b
Cardiomyopathy	Medically diagnosed or treated for	Return of Premium	7a
Catheterization (Heart)	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 taken medication 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, or taken medication for within the past 3 years	Graded	8b
Circulatory Surgery	Within the past 2 years	Return of Premium	7b
	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 taken medication for	No Coverage	2
Coronary Artery Bypass Surgery	Within the past 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Defibrillator	Inserted within the past 2 years	Return of Premium	7b
Dementia	Medically diagnosed, treated, or taken medication for	No Coverage	2
Diabetes	Combined with any medical history of any of the following: Retinopathy, Nephropathy, or 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

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
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, or 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	Within the past 2 years	Return of Premium	7b
	Within the past 3 years	Graded	8a
Heart Surgery	Medically advised to have 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 or treated within the past 2 years	Return of Premium	7a
	Medically diagnosed, treated, hospitalized, or taken medication 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
Liver Disease	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	2
	Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years	Graded	8b
Mental Incapacity	Medically diagnosed, treated, or taken medication for	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 taken medication 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 or treated for within for the past 2 years	Return of Premium	7a
Terminal Medical Condition or End Stage Disease	Medically diagnosed or treated with condition that is expected to result in death in the next 12 months	No Coverage	2
TIA (Transient Ischemic Attack)	Medically diagnosed within the past 2 years	Return of Premium	7a
	Medically diagnosed or hospitalized for within the past 3 years	Graded	8a
Ulcerative Colitis	Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years	Graded	8b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1

* Applies to standard life application Form No. 9466 (AA, OL, PA, PS); Form GL213 (IAA). The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability.

Platinum Solution Legacy Plan Immediate Death Benefit

Whole Life Insurance to Age 110 - Annual Premiums Per \$1,000

(Add \$80 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	34.26	27.85	52.15	39.36
51	36.27	29.96	54.46	40.66
52	38.11	31.21	56.95	42.74
53	40.68	32.87	59.77	45.09
54	42.55	34.43	62.42	46.84
55	44.16	36.00	65.09	49.52
56	45.92	37.17	67.79	51.07
57	47.10	38.47	70.49	53.45
58	49.51	39.56	73.87	55.52
59	51.45	40.99	76.61	57.69
60	52.46	41.31	79.60	59.27
61	55.49	43.72	84.71	62.24
62	58.30	45.41	88.45	65.40
63	61.02	47.39	91.93	68.75
64	64.23	49.49	96.32	72.30
65	67.44	51.50	100.90	75.68
66	71.96	54.69	107.04	79.68
67	76.68	57.49	112.74	83.85
68	81.80	60.67	119.59	87.20
69	86.39	63.80	126.44	93.27
70	89.94	66.95	131.49	95.57
71	95.65	70.95	139.27	100.63
72	101.68	75.15	147.47	105.96
73	108.51	80.45	156.75	112.00
74	116.15	85.40	166.30	118.22
75	124.45	91.71	178.45	126.13
76	133.82	97.79	190.59	136.04
77	143.45	103.36	203.30	145.13
78	156.19	110.36	218.75	154.63
79	168.29	118.98	231.70	168.18
80	180.92	128.76	246.15	182.16
81	195.27	138.53	261.60	198.52
82	210.90	149.25	277.63	217.10
83	225.56	161.34	297.61	236.67
84	241.94	174.48	322.48	259.73
85	258.27	189.46	350.36	285.58

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$67.44 \times 10 + \80.00) $\times .088 = \$66.39$ per Month

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

Platinum Solution Legacy Plan Graded Death Benefit

Whole Life Insurance to Age 110 - Annual Premiums Per \$1,000

(Add \$80 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	43.57	29.86	73.22	47.67
51	46.02	31.41	76.91	50.44
52	48.47	32.95	80.60	53.20
53	51.25	34.70	84.77	56.33
54	54.02	36.46	88.94	59.46
55	56.80	38.20	93.12	62.60
56	59.23	39.79	96.84	66.06
57	61.78	41.46	100.77	69.70
58	64.47	43.21	104.89	73.52
59	67.27	45.05	109.21	77.53
60	69.45	46.47	112.55	80.64
61	73.15	48.89	118.24	85.92
62	77.24	51.57	124.52	91.75
63	81.46	54.32	131.00	97.76
64	85.93	57.24	137.86	104.14
65	90.65	60.34	145.13	110.87
66	97.62	64.50	154.27	117.65
67	105.20	69.05	164.25	125.04
68	113.27	73.88	174.85	132.91
69	121.97	79.08	186.27	139.52
70	126.08	81.55	191.68	145.39
71	134.62	86.66	202.90	154.47
72	145.50	92.43	215.58	163.10
73	156.69	99.05	230.13	173.89
74	168.44	107.05	247.15	184.05
75	180.47	114.11	263.16	198.38
76	195.08	122.63	286.76	210.79
77	213.77	132.84	309.32	218.65
78	233.91	145.98	331.53	234.02
79	254.62	158.15	357.64	250.61
80	276.22	172.26	378.70	271.57
81	293.23	186.86	382.36	288.87
82	308.45	201.46	387.67	312.10
83	322.33	215.08	393.65	336.55
84	334.64	227.73	406.44	364.51
85	339.40	234.79	435.07	397.69

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$90.65 \times 10 + \80.00) X .088 = \$86.81 per Month

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

Platinum Solution Legacy Plan Return of Premium Death Benefit

Whole Life Insurance to Age 110 - Annual Premiums Per \$1,000

(Add \$80 Annual Policy Fee)

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	49.67	34.79	81.68	50.94
51	52.03	36.68	85.88	53.90
52	54.39	38.57	90.08	56.87
53	57.07	40.71	94.84	60.23
54	59.74	42.85	99.59	63.59
55	62.40	45.01	104.33	66.96
56	65.54	47.28	109.09	71.09
57	68.85	49.66	114.09	75.44
58	72.33	52.17	119.35	80.01
59	75.98	54.80	124.86	84.80
60	78.80	56.83	129.12	88.50
61	83.62	60.29	136.38	94.80
62	88.92	64.11	144.39	101.75
63	94.39	68.05	152.65	108.93
64	100.19	72.22	161.41	116.54
65	106.32	76.64	170.66	124.57
66	112.94	81.35	179.96	132.71
67	120.15	86.49	190.08	141.58
68	127.81	91.95	200.85	150.99
69	136.07	97.84	212.46	161.16
70	139.98	100.62	217.95	165.97
71	148.09	106.40	229.35	175.94
72	157.26	112.93	242.23	187.22
73	167.78	120.43	257.00	200.15
74	177.69	127.49	270.93	212.34
75	191.66	137.47	290.56	229.52
76	205.04	145.94	307.47	247.27
77	223.45	151.32	318.18	258.52
78	242.64	161.83	339.12	280.52
79	262.56	173.17	361.73	304.28
80	283.16	185.36	386.01	329.78
81	300.83	199.33	413.85	359.03
82	320.09	215.22	445.50	392.28
83	340.64	231.94	478.83	427.28
84	370.77	251.04	516.91	467.28
85	406.55	273.72	562.13	514.79

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$106.32 \times 10 + \80.00) $\times .088 = \$100.60$ per Month

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