Easy UL

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(A SIMPLIFIED ISSUE UNIVERSAL LIFE INSURANCE POLICY)
(Policy Form No. 3144)

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

AGENT GUIDE FOR AGENT USE ONLY

PLAN DESCRIPTION

Easy UL is a flexible premium adjustable life insurance policy (a simplified issue universal life insurance policy) with two options available: a level death benefit (Option 1) and an increasing death benefit (Option 2).

NO LAPSE GUARANTEE – If the insured pays a specified no-lapse premium, the death benefit will be guaranteed for at least 15 years (assuming no policy loans or withdrawals).

APPLICATION AND REQUIRED FORMS

- **Application: Form No. 9818** (with state exceptions)
- **Life Illustration Acknowledgment,** ***Form No. 9113,*** **OR** a copy of the Illustration completed at point-of-sale. Either the Life Illustration Acknowledgement form or copy of the Illustration signed by the applicant must be submitted to the Home Office with the application.
- **Disclosure for the Terminal Illness Accelerated Benefit Rider,** ***Form No. 9474 (AA, PA, PS, OL); TI501 (IAA):*** This form **must be** left with applicant at point of sale.
- **Disclosure for the Accelerated Benefits Rider-Confined Care,** ***Form No. 9675 (AA, PA, PS, OL); AB502 (IAA):*** This form **must be** left with applicant at point of sale.
- **Replacement Form:** Complete all replacement requirements as per individual state insurance replacement regulations.
- **Authorization for the Release of Medical Records:** Form No. 9526

ISSUE AGES (AGE NEAREST) – Ages 0 – 75

ISSUE LIMITS – Minimum: $25,000, Maximum: $250,000
Miminum Premium - $20 per month (excluding riders)

UNDERWRITING CLASSES – Male/Female
Tobacco/Non-Tobacco

INTEREST RATE – Guaranteed 2.0% interest rate

MODAL PREMIUMS – Annual, semi-annual, quarterly, and monthly bankdraft are available (no modal factors)

UNDERWRITING – Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

PARTIAL WITHDRAWALS/SURRENDERS

Allowed after the first policy year as long as there is cash surrender value in the policy. There is a partial surrender fee of $25.

SURRENDER CHARGE

A surrender charge is applied for 19 years and varies by issue age, duration and policy size. This charge is levied against the accumulation value if there is a partial or total surrender of the policy, or if the specified amount is decreased.

POLICY LOAN

Allowed on the cash surrender values of the policy after the first policy year. The interest rate charged on policy loans is 7.4% in advance.

BENEFITS AND RIDERS (not available in all states)

- **Total Disability Benefit Rider (DIR),** ***Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)***
- **Waiver of Premium Disability Agreement** (up to target premium), ***Policy Form No. 7184***
- **Children's Insurance Agreement,** ***Policy Form No. 8375 (AA, PA, PS, OL); CIB304 (IAA)***
- **Accidental Death Benefit,** ***Policy Form No. 7160***
- **Family Insurance Agreement,** ***Policy Form No. 8374***
- **Terminal Illness Accelerated Benefit Rider (available at no additional cost),** ***Policy Form No. 9473 (AA, PA, PS, OL); TIA302 (IAA)***
- **Accelerated Benefits Rider-Confined Care (available at no additional cost),** ***Policy Form No. 9674 (AA, PA, PS, OL); AB301 (IAA)***

The premium rates specified below (if paid) will keep the policy inforce for a minimum of 15 years. They also represent the minimum premium rate that can be charged for that age.

EASY UL 15 Year No Lapse Guaranteed Annual Premium per $1,000 Insurance									
ISSUE AGE*	MALE		FEMALE		ISSUE AGE*	MALE		FEMALE	
	NT	T	NT	T		NT	T	NT	T
0-17	3.60	NA	3.20	NA	47	10.22	16.76	8.47	13.21
18	3.60	5.52	3.20	4.43	48	10.78	17.65	8.91	13.95
19	3.60	5.52	3.20	4.43	49	11.37	18.60	9.36	14.75
20	3.87	5.52	3.33	4.43	50	11.99	19.59	9.84	15.59
21	3.95	5.66	3.41	4.56	51	12.76	20.78	10.44	16.24
22	4.03	5.81	3.50	4.70	52	13.58	22.05	11.08	16.92
23	4.12	5.96	3.59	4.85	53	14.45	23.39	11.76	17.64
24	4.20	6.12	3.67	4.99	54	15.38	24.82	12.49	18.37
25	4.29	6.28	3.77	5.15	55	16.36	26.33	13.25	19.15
26	4.38	6.44	3.86	5.30	56	17.58	27.93	14.07	20.40
27	4.47	6.61	3.96	5.47	57	18.90	30.22	14.93	21.73
28	4.56	6.78	4.06	5.63	58	20.31	32.37	15.85	23.13
29	4.65	6.96	4.16	5.80	59	21.82	34.68	16.82	24.61
30	4.75	7.14	4.26	5.98	60	23.45	37.15	17.85	26.17
31	4.94	7.50	4.41	6.22	61	25.03	39.82	18.83	28.20
32	5.14	7.87	4.56	6.46	62	26.72	42.68	19.87	30.38
33	5.35	8.27	4.72	6.71	63	28.51	45.74	20.97	32.71
34	5.56	8.68	4.88	6.98	64	30.43	49.02	22.12	35.20
35	5.79	9.12	5.05	7.25	65	32.69	52.87	23.34	37.28
36	6.02	9.57	5.22	7.54	66	35.72	57.28	24.88	40.11
37	6.26	10.05	5.40	7.84	67	38.89	61.77	27.02	43.14
38	6.51	10.56	5.59	8.15	68	42.31	65.50	29.07	46.39
39	6.78	11.08	5.78	8.47	69	45.99	68.37	31.24	49.85
40	7.05	11.64	5.98	8.80	70	49.96	72.44	33.88	53.57
41	7.43	12.26	6.29	9.30	71	54.59	76.39	37.32	57.73
42	7.84	12.92	6.61	9.83	72	59.64	80.73	40.38	61.52
43	8.27	13.61	6.94	10.38	73	64.65	85.16	44.09	65.56
44	8.72	14.33	7.30	10.97	74	70.61	90.00	48.14	69.87
45	9.19	15.10	7.67	11.60	75	77.10	95.00	53.51	75.02
46	9.70	15.91	8.06	12.37					

* Issue Ages – based on age nearest birthday

EASY UL Target Annual Premiums Per $1,000 Insurance									
ISSUE AGE*	MALE		FEMALE		ISSUE AGE*	MALE		FEMALE	
	NT	T	NT	T		NT	T	NT	T
0-17	4.68	NA	4.16	NA	47	13.29	21.79	11.01	17.17
18	4.68	7.18	4.16	5.76	48	14.01	22.95	11.58	18.14
19	4.68	7.18	4.16	5.76	49	14.78	24.18	12.17	19.18
20	5.03	7.18	4.33	5.76	50	15.59	25.47	12.79	20.27
21	5.14	7.36	4.43	5.93	51	16.59	27.01	13.57	21.11
22	5.24	7.55	4.55	6.11	52	17.65	28.67	14.40	22.00
23	5.36	7.75	4.67	6.31	53	18.79	30.41	15.29	22.93
24	5.46	7.96	4.77	6.49	54	19.99	32.27	16.24	23.88
25	5.58	8.16	4.90	6.70	55	21.27	34.23	17.23	24.90
26	5.69	8.37	5.02	6.89	56	22.85	36.31	18.29	26.52
27	5.81	8.59	5.15	7.11	57	24.57	39.29	19.41	28.25
28	5.93	8.81	5.28	7.32	58	26.40	42.08	20.61	30.07
29	6.05	9.05	5.41	7.54	59	28.37	45.08	21.87	31.99
30	6.18	9.28	5.54	7.77	60	30.49	48.30	23.21	34.02
31	6.42	9.75	5.73	8.09	61	32.54	51.77	24.48	36.66
32	6.68	10.23	5.93	8.40	62	34.74	55.48	25.83	39.49
33	6.96	10.75	6.14	8.72	63	37.06	59.46	27.26	42.52
34	7.23	11.28	6.34	9.07	64	39.56	63.73	28.76	45.76
35	7.53	11.86	6.57	9.43	65	42.50	68.73	30.34	48.46
36	7.83	12.44	6.79	9.80	66	46.44	74.46	32.34	52.14
37	8.14	13.07	7.02	10.19	67	50.56	80.30	35.13	56.08
38	8.46	13.73	7.27	10.60	68	55.00	85.15	37.79	60.31
39	8.81	14.40	7.51	11.01	69	59.79	88.88	40.61	64.81
40	9.17	15.13	7.77	11.44	70	64.95	94.17	44.04	69.64
41	9.66	15.94	8.18	12.09	71	70.97	99.31	48.52	75.05
42	10.19	16.80	8.59	12.78	72	77.53	104.95	52.49	79.98
43	10.75	17.69	9.02	13.49	73	84.05	110.71	57.32	85.23
44	11.34	18.63	9.49	14.26	74	91.79	117.00	62.58	90.83
45	11.95	19.63	9.97	15.08	75	100.23	123.50	69.56	97.53
46	12.61	20.68	10.48	16.08					

* Issue Ages – based on age nearest birthday

SUPPLEMENTAL BENEFITS/RIDERS

ADDITIONAL BENEFITS AT NO ADDITIONAL COST

The Terminal Illness Accelerated Benefit Rider and the Accelerated Benefits Rider-Confined Care (where available) are added to every Easy UL policy with no additional premium.

- **Terminal Illness Accelerated Benefit Rider**, ***Policy Form No. 9473 (AA, PA, PS, OL); TIA302 (IAA).*** 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). 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, PA, PS, OL); TI501 (IAA), with the applicant.*
- **Accelerated Benefits Rider-Confined Care**, ***Policy Form No. 9674 (AA, PA, PS, OL); AB301 (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 2.5% of the death benefit up to $5,000. *Remember to leave disclosure statement, Form 9675 (AA, PA, PS, OL); AB502 (IAA), with the applicant.*

FAMILY INSURANCE AGREEMENT (FIA), *Policy Form No. 8374*

Issue Ages: To be eligible for coverage under the FIA a child must not have reached his or her 18th birthday on the date the application is taken. Children born after the issue of the policy are automatically covered by the agreement after they become 15 days old. Children already born must be 15 days old on the date the application is taken. Coverage on the spouse may be issued on a spouse ages 15-60.

- The Family Insurance Agreement provides $3,000.00 coverage on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- The FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65.
- The cost per unit is $39.00 annually.
- The maximum number units available is five (5).*
- Provides a decreasing face amount of term coverage on the spouse as his/her age increases according to the following chart.

SPOUSE'S INSURANCE PER UNIT OF FIA

AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	$16,750	25	$13,250	35	$9,750	45	$6,250	55	$2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

- If the amount of coverage desired on the spouse exceeds the coverage available under this rider or if a permanent plan of coverage is preferred, the spouse may apply for a separate policy.

CHILDREN'S INSURANCE AGREEMENT (CIA), *Policy Form No. 8375 (AA, PA, PS, OL); CIB304 (IAA)*

- **Issue Ages of Children:** 15 days - 17 years
- **Issue Ages of Primary Insured:** 15 - 50
- **Maximum Rider Units:** 5 Units*
- **Premium:** $8.52 Annually Per Unit

The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the children's coverage. Each unit provides $3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 65, or the child's age 25.

* The combination of FIA units and CIA units applied for cannot exceed a maximum of 5.

DISABILITY INCOME RIDER, *Policy Form No. 9785 (AA, PA, PS, OL); TD301 (IAA)*

- **Issue Ages:** 18 – 55
- **Minimum Disability Income Benefit:** $500 monthly
- **Maximum Disability Income Benefit: 2% of the life insurance specified amount up to $1,500 monthly benefit, whichever is less. For persons earning less than $25,000 annually the maximum DIR benefit is 2% of the life insurance specified amount up to $900 monthly benefit, whichever is less.**
  If elected, the Disability income Rider will pay a monthly benefit up to 2% of **specified** amount (up to a maximum monthly benefit as described above) if the insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period (180 days in Maryland) and the benefits are not retroactive. The maximum benefit period is 2 years and disability must begin before age 65.

DISABILITY INCOME RIDER
Annual Premiums Per $100 Of Monthly Benefit

AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
18	$9.78	26	$12.70	34	$17.00	42	$24.78	50	$36.62
19	$10.12	27	$13.14	35	$17.76	43	$25.92	51	$38.66
20	$10.46	28	$13.60	36	$18.58	44	$27.12	52	$40.92
21	$10.80	29	$14.08	37	$19.50	45	$28.42	53	$43.42
22	$11.16	30	$14.58	38	$20.52	46	$29.80	54	$45.98
23	$11.52	31	$15.14	39	$21.50	47	$31.32	55	$48.62
24	$11.90	32	$15.70	40	$22.60	48	$32.98		
25	$12.28	33	$16.32	41	$23.68	49	$34.74		

ACCIDENTAL DEATH BENEFIT ADB, *Policy Form No. 7160 (AA, PA, PS); Policy Form No. PDAF Ed. 3-83 (OL)*

- **Issue Ages:** 0 – 64
- **Minimum Amount:** $1,000
- **Maximum Amount:** The lesser of: $200,000 or 5 times the **specified** amount of the policy. If elected, if the insured dies as the result of an accident, an additional amount will be paid to his or her beneficiaries.
- **Benefit Terminates:** At Age 65

ACCIDENTAL DEATH BENEFIT
Annual Premium Per $1,000 of Benefit Face Amount

AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0	$0.96	13	$0.96	26	$0.96	39	$1.08	52	$1.32
1	$0.96	14	$0.96	27	$0.96	40	$1.08	53	$1.32
2	$0.96	15	$0.96	28	$0.96	41	$1.08	54	$1.32
3	$0.96	16	$0.96	29	$0.96	42	$1.08	55	$1.44
4	$0.96	17	$0.96	30	$0.96	43	$1.20	56	$1.44
5	$0.96	18	$0.96	31	$0.96	44	$1.20	57	$1.44
6	$0.96	19	$0.96	32	$0.96	45	$1.20	58	$1.56
7	$0.96	20	$0.96	33	$0.96	46	$1.20	59	$1.56
8	$0.96	21	$0.96	34	$0.96	47	$1.20	60	$1.56
9	$0.96	22	$0.96	35	$0.96	48	$1.20	61	$1.56
10	$0.96	23	$0.96	36	$0.96	49	$1.32	62	$1.68
11	$0.96	24	$0.96	37	$1.08	50	$1.32	63	$1.68
12	$0.96	25	$0.96	38	$1.08	51	$1.32	64	$1.68

WAIVER OF PREMIUM DISABILITY AGREEMENT (WP), ***Policy Form No. 7184***

Issue Ages: 0-55

The company will waive the payment of each planned premium, up to the target premium, of the policy in the event of total and permanent 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 six 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. Rider coverage expires at age 60 (unless rider is in effect).

RATES PER $100 TO BE WAIVED							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0	1.39	14	1.80	28	2.93	42	5.55
1	1.39	15	1.86	29	3.05	43	5.86
2	1.39	16	1.92	30	3.17	44	6.21
3	1.39	17	1.99	31	3.31	45	6.59
4	1.39	18	2.06	32	3.45	46	7.15
5	1.39	19	2.14	33	3.60	47	7.78
6	1.43	20	2.21	34	3.76	48	8.50
7	1.47	21	2.29	35	3.94	49	9.31
8	1.51	22	2.36	36	4.12	50	10.23
9	1.55	23	2.45	37	4.31	51	11.27
10	1.60	24	2.53	38	4.52	52	12.46
11	1.64	25	2.62	39	4.75	53	13.79
12	1.69	26	2.72	40	5.00	54	15.30
13	1.75	27	2.82	41	5.26	55	16.98

NEW BUSINESS TIPS

Product Software

A NAIC Illustration is required for the sale. Presentation software is available on the EASY UL CD and on the company websites.

Application Submission

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Please refer to the Marketing Sales section of Company website for instructions on AppScan, App Drop & AppFax under the "Transmit Apps" tab. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the E-Check procedure (please refer to the Marketing Sales section of Company website for instructions on E-Check under the "E-Check Procedures" tab); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

Important

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

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) The initial draft cannot occur more than 30 days after the date the application was signed.
   (c) Drafts cannot be on the 29th, 30th or 31st of the month.
2) A copy of a void check or deposit slip 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.)

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

1) To bind coverage IMMEDIATELY, you may use the E-Check option. If this option is selected, you must complete the E-Check section of Form 9903 in addition to items 1 & 2 listed above.
   (a) The E-Check section of form 9903 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).

UNDERWRITING

Simplified Underwriting

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

Application Completion

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon nearest birthday.**
- Height and Weight – Record the Proposed Insured's current height and weight. Refer to the Build Chart on the following page to assist in determining if the applicant is eligible for coverage.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured's Signature on the back of the application.
- Beneficiary – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured's estate.
- Plan Applied For – After the plan, write "Easy UL" or use the abbreviation "EU".
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).

- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- Application Date / Requested Policy Date - The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale. Please provide Proposed Insured's telephone number even if interview is not required.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- Indicate death benefit option (If option is not selected, Option 1 will be elected).
- **Applications in the State of California –** Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- **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 Easy UL 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.
- **Applications on Juveniles (Issue Ages 0 to 17)**
  - If the grandparent or legal guardian applies for coverage on a child we need a copy of guardianship papers.
  - 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 # 9825) are required to be submitted with the applications.
  - If the Proposed Insured has a condition which is listed in the "Medical Impairment Guide" as a "Decline" or if he or she exceeds either the maximum or minimum weight in the "Build Chart" provided in this guide, the application should not be submitted to the Home Office.

Telephone Interview

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart on the following page. If an interview is required, it may be completed at point-of-sale.

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

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

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

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

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

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

EASY UL NON-MED LIMITS				
AGE & AMOUNT	0-45	46-55	56-65	66-75
25,000 - 75,000				T
75,001 - 100,000			T	T
100,001 - 250,000	T	T	T	T

T = Telephone Interview

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

Disability Income Guidelines

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR**
  - Blasters & Explosives Handlers
  - Disabled
  - Participated in High Risk Avocations within past 12 months
  - Police
  - Professional Athletes
  - Structural Workers / Iron Workers
  - Underground Miners and Workers
  - Unemployed
  - Casino Workers
  - Housekeepers
  - Janitors
  - Migrant laborers
  - Retired
  - Self-employed
  - Students
  - Firefighters

SPEED UP YOUR TURNAROUND TIME!
Practice these simple guidelines

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

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

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

PRACTICE GOOD FIELD UNDERWRITING OR…

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

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

EASY UL MEDICAL IMPAIRMENT GUIDE

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

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

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

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

EASY UL MEDICAL IMPAIRMENT GUIDE (continued)				
CONDITION	**CRITERIA**	**LIFE**	**DI RIDER**	**QUESTION ON APP**
Connective Tissue Disease		Decline	Decline	2f
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	2g
Congestive Heart Failure CHF)		Decline	Decline	2a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	Decline	3a
	Probation or Parole within the past 6 months	Decline	Decline	3a
Crohns Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	2b
Cystic Fibrosis		Decline	Decline	2d
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	2b
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	1a
Dementia		Decline	Decline	2d
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	2b
	Diagnosed prior to age 35	Decline	Decline	2b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	2b
	Controlled with oral medications	Standard	Decline	12b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	5b
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	2b
Down's Syndrome		Decline	Decline	2d
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	3a
	License currently suspended or revoked	Decline	Decline	3a
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	3b
	Treatment within past 4 years	Decline	Decline	3b
	Treatment 4 years or more, non-usage since	Standard	Decline	3b
Duodenitis		Standard	Standard	2b
Emphysema		Decline	Decline	2c
Epilepsy	Petit Mal	Standard	Decline*	2d
	All others	Decline	Decline	2d
Fibrillation		Decline	Decline	2a
Fibromyalgia		Standard	Decline	2g
Gallbladder disorder		Standard	Standard	2g
Gastritis	Acute	Standard	Standard	2b
Glomerulosclerosis	Acute – after one year	Standard	Standard	2c
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	2f
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	4a
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	2g
	Migraine, severe or not investigated	Decline	Decline	2g
Heart Arrhythmia		Decline	Decline	2a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	2a
Heart Murmur	History of treatment or surgery	Decline	Decline	2a
Hemophilia		Decline	Decline	2a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	2b
Hepatomegaly		Decline	Decline	2b
NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.				

EASY UL MEDICAL IMPAIRMENT GUIDE (continued)				
CONDITION	**CRITERIA**	**LIFE**	**DI RIDER**	**QUESTION ON APP**
HIV	Tested Positive	Decline	Decline	1
Hodgkin's Disease		Decline	Decline	2d
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	2a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	2a
Hysterectomy	No cancer	Standard	Standard	2e
Kidney Disease	Dialysis	Decline	Decline	2e
	Insufficiency or Failure	Decline	Decline	2e
	Nephrectomy	Decline	Decline	2e
	Polycystic Kidney Disease	Decline	Decline	2e
	Transplant recipient	Decline	Decline	2e
Knee Injury	Within the past 12 months	Standard	Decline*	2f
Leukemia		Decline	Decline	2d
Liver Impairments		Decline	Decline	2b
Lung Disease/ Disorder		Decline	Decline	2c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	2f
Marfan's Syndrome		Decline	Decline	2f
Melanoma	See Cancer/Melanoma			2d
Meniere's Disease		Standard	Decline	2g
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	2d
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	2d
Mitral Insufficiency		Decline	Decline	2a
Multiple Sclerosis		Decline	Decline	2d
Muscular Dystrophy		Decline	Decline	2f
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	2d
Pacemaker		Decline	Decline	2a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	2b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	2f
Parkinson's Disease		Decline	Decline	2d
Peripheral Vascular Disease		Decline	Decline	2a
Pregnancy	Current; no complications	Standard	Standard	5a
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	2e
	Cancer - See Cancer/Melanoma			2d & 2e
Pulmonary Embolism		Standard	Standard	2c
Retardation	Mild to moderate	Standard	Decline	2d
	Severe	Decline	Decline	2d
Rheumatic Fever	One attack-recovered	Standard	Standard	2a
Sarcoidosis	Pulmonary	Decline	Decline	2c
Seizures	Petit Mal	Standard	Decline*	2d
	All others	Decline	Decline	2d
Shoulder Injury	Within the past 12 months	Standard	Decline*	2g
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	2c
Spina Bifida		Decline	Decline	2f
Spina Bifida Occulta	Asymptomatic	Standard	Standard	2f
Stroke / CVA		Decline	Decline	2a
Subarachnoid Hemorrhage		Decline	Decline	2a
Suicide Attempt		Decline	Decline	2d
Thyroid Disorder		Standard	Standard	2g
NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.				

EASY UL MEDICAL IMPAIRMENT GUIDE (continued)				
CONDITION	**CRITERIA**	**LIFE**	**DI RIDER**	**QUESTION ON APP**
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	2a
	Combined with Tobacco Use -Smoker	Decline	Decline	2a
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	2c
	Over 2 years with no residuals	Standard	Standard	2c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	2b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	2b
Valve Replacement	Heart / Cardiac	Decline	Decline	2a
Vascular Impairments		Decline	Decline	2a
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	2g
	After 1 year since surgery with no complications	Standard	Decline	2g
	History of complications such as Dumping Syndrome	Decline	Decline	2g
NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.				

ALPHABETICAL DRUG LIST

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

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

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

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

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

ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	7 years > 7 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benztropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	7 years > 7 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline

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ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Casodex	Cancer	7 years > 7 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytoxan	Cancer	7 years > 7 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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ALPHABETICAL DRUG LIST (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide
Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below
Femara	Cancer	7 years > 7 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	7 years > 7 years	Decline Standard
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	See Impairment Guide
Hydroxyurea	Cancer	7 years > 7 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	7 years > 7 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamtrogine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	7 years > 7 years	Decline Standard
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	7 years > 7 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	7 years > 7 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	7 years > 7 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propanolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline

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Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	7 years > 7 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	7 years > 7 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	7 years > 7 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Theodur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Torsemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	7 years > 7 years	Decline Standard

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ALPHABETICAL DRUG LIST (continued)

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

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

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	7 years > 7 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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

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

COMPANY CONTACT INFORMATION

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

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	arlene.williams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

Items to Send	Website	Fax
New Business Applications	www.insuranceapplication.com/appdrop	(254) 297-2100*
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

www.americanamicable.com
www.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.