



# INTELLIGENT CHOICE

***INDEXED UNIVERSAL LIFE***  
**POLICY FORM 3843**

*(AGES 18 THROUGH 75)*

*AGENT GUIDE FOR AGENT USE ONLY.  
NOT FOR USE WITH GENERAL PUBLIC.*

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

**LIFE INSURANCE UNDERWRITTEN BY:**

AMERICAN AMICABLE LIFE INSURANCE COMPANY OF TEXAS  
iA AMERICAN LIFE INSURANCE COMPANY  
OCCIDENTIAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

*PRODUCTS NOT AVAILABLE IN ALL STATES.*





# COMPANY CONTACT INFORMATION



**WANT TO CHAT WITH US?**

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

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

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1, 1, 3	<a href="mailto:contracting@aatx.com">contracting@aatx.com</a>	(254) 297-2110
Commissions	1, 1, 4	<a href="mailto:commissions@aatx.com">commissions@aatx.com</a>	(254) 297-2126
Client Experience	1, 1, 7	<a href="mailto:cx@aatx.com">cx@aatx.com</a>	(254) 297-2105
Agent Support	1, 1, 1	<a href="mailto:underwriting@aatx.com">underwriting@aatx.com</a>	(254) 297-2101
Supplies	1, 1, 6	<a href="mailto:supplies@aatx.com">supplies@aatx.com</a>	(254) 297-2791
Technical Support Helpdesk	2808	<a href="mailto:helpdesk@aatx.com">helpdesk@aatx.com</a>	(254) 297-2190

	WEBSITE	FAX
Inquiry on an application/policy	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'Service Request')	N/A
New Business Applications (completed on paper)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'App Drop')	(254) 297-2100
New Business Applications (Mobile Application)	<a href="http://www.insuranceapplication.com">www.insuranceapplication.com</a> (select 'Mobile Application')	N/A
New Agent Contracts	<a href="http://www.insuranceapplication.com/contractdrop">www.insuranceapplication.com/contractdrop</a>	(254) 297-2110



**General Delivery**  
P.O. 2549  
Waco, TX 76702

**Overnight**  
425 Austin Ave.  
Waco, TX 76701



[www.americanamicable.com](http://www.americanamicable.com)  
[www.iaamerican-waco.com](http://www.iaamerican-waco.com)  
[www.occidentallife.com](http://www.occidentallife.com)

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

# TABLE OF CONTENTS

<b>04</b>	Frequently Asked Questions
<b>06</b>	Product Highlights
<b>07</b>	What is an IUL / Indexed Accounts / Declared Interest Accounts
<b>08</b>	Cash Surrender Value / Product Specifications
<b>09</b>	State Specifics
<b>10</b>	Application Submission / Mobile Applications Point-of-Sale Decisions
<b>11</b>	Application Instructions
<b>14</b>	Bank Draft Procedure / Social Security Payments
<b>15</b>	Key Administrative Guidelines
<b>17</b>	Simplified Underwriting / Product Software
<b>18</b>	Build Chart
<b>19</b>	Living Benefits
<b>21</b>	Added Policy Feature
<b>22</b>	Optional Riders
<b>26</b>	Medical Impairment Guide
<b>30</b>	Prescription Reference Guide
<b>38</b>	Rates
<b>42</b>	Index Disclosure



## FREQUENTLY ASKED QUESTIONS

### INTELLIGENT CHOICE INDEXED UNIVERSAL LIFE



The following questions and answers will help guide you through the process of applying for **Intelligent Choice**. To expedite processing of your business, make sure you use our electronic application located at [www.insuranceapplication.com](http://www.insuranceapplication.com), labeled 'Mobile Application'.

#### What is Intelligent Choice?

**Intelligent Choice** is an innovative **Indexed Universal Life** product that combines lifelong life insurance coverage (so long as premiums are paid) with the potential for notable cash value accumulation, as the amount of interest credited to the policy can be linked, in part, to the performance of the S&P 500®. This product not only provides robust financial protection but also offers flexible access to the policy's cash value. \*Whether your client needs to cover unexpected expenses or supplement their retirement income, Intelligent Choice has your client covered. Plus, a portion of the premiums can be strategically linked to the performance of the underlying index, allowing the policy's value to accumulate over time.

#### How will I know the decision of the application?

**Intelligent Choice** offers an immediate underwriting decision at the time you submit the application via our electronic application. For additional information, or to follow the status of a case, simply log onto your Agent E-file via our website.

#### How can I request a risk assessment to see if my client may potentially qualify for coverage?

Please contact the Home Office suggested clean-up via online CHAT located on your Agent E-file page by choosing Risk Assessment for an immediate response during business hours during business hours or email [riskassess@aatx.com](mailto:riskassess@aatx.com) for a response within one business day.

#### What are my options for submitting new applications?

- **Online Application** – Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) and select 'Mobile Application'.  
Signature Options:
  - (1) Sign on-screen – The client uses their finger or stylus to sign on the screen of your device.
  - (2) Voice Signature – Capture a voice signature by using our automated phone system. The required script will display once you select 'Voice Signature' on the mobile application.
  - (3) Email for Signature – Send an email to the insured, payor, and the owner (if applicable), to capture their signature. Individuals will receive a link in their inbox and gain access by using the last four digits of their SSN. Once they have reviewed the documents, the signature box will display at the bottom of the screen.
  - (4) Text for Signature – Send a text message to the insured, and to the owner and payor if applicable, to request their signatures. The insured will receive a text message from our local number (254 area code). They'll be sent a one-time passcode, which they must read back to the agent. After verification, a second text will be sent with a link. The insured will click the link and log in using last four digits of their SSN.
- **Upload an image of the application** – Go to [www.insuranceapplication.com](http://www.insuranceapplication.com) and select 'App Drop'.
- **Fax** – (254) 297-2100 - Be sure to include a Fax Application Cover Page.

\* Loans, partial surrenders, and/or withdrawals will decrease any death benefit payable.



## Where do I access and download applications or any printable marketing material?

Go to the Marketing Sales page of your agent portal and select the 'Order Supply' tab. From there, select your state and product (**Intelligent Choice**) to view, download, print, or order material.

## Do you offer product training?

To view available product training, select the 'e-Training' tab on your Agent E-file. PowerPoints, videos, and other material will vary by product.

## How do I submit information for myself or a policy holder?

Choose your preferred method to submit information.

- 1) Chat with us via our Chat Tool located on your Agent E-file page and select the department you need to communicate with.
- 2) Access our 'Service Request' tool located on your Agent E-file page and follow the on-screen instructions.
- 3) Email Home Office the requested information. Refer to page 2 of this guide to locate department email information.

## After submitting a mobile application and receiving an approval, does the coverage become effective immediately?

No, the coverage will go into effect once the initial premium is received. To obtain immediate coverage the client may submit an eCheck that will draft immediately upon receipt of the application **but** prior to its approval. If the application is declined for any reason, a refund will be issued for the amount drafted via the eCheck.

## How do you provide an agent's correspondence on their business?

The Company will send regular email notifications to the agents regarding their business, e.g., New Agent welcome emails, eEndorsement processes, application status, outstanding requirements, and more! A copy of all correspondence is also available in Agent E-file on the Marketing Sales website.

## Who do I contact for future policy information or an update on active policies?

Choose your preferred method of contact.

- 1) Chat with us via our Chat Tool located on your Agent E-file page and select the department you need to communicate with.
- 2) Submit a request to a specific department via our Service Request tool found at [www.insuranceapplication.com](http://www.insuranceapplication.com).
- 3) Call our main toll-free number (800) 736-7311, follow the prompts on page 2 of the guide, and select the appropriate department.





## PRODUCT HIGHLIGHTS

**Intelligent Choice** is a flexible premium adjustable life insurance policy offering two death benefit options: a level death benefit (Option 1) and an increasing death benefit (Option 2). Both options can have the amount of interest credited to the policy linked to the performance of the S&P 500® or a fixed declared interest account, providing potential for accumulation alongside lifelong life insurance coverage.\*

- ◆ Guaranteed death benefit and cash values.\*\*
- ◆ 20 Year No Lapse Guarantee \*\*\*
- ◆ Minimum face amount starting as low as \$25,000 up to \$500,000.
- ◆ Interest accumulation can be directly tied, in part, to the performance of the S&P 500®, with built-in protection against market downturns. The insured's accumulation value is safeguarded by a 0% floor, ensuring they never lose cash value due to market declines.\*\*\*\*
- ◆ Living Benefit Riders included automatically. Availability and terms may vary.

\* So long as sufficient premium is paid to cover policy charges and fees. Policy matures at attained age 120.

\*\* The contract specifies the amount available for loans and withdrawals. Any loans or withdrawals will decrease the death benefit payable.

\*\*\* So long as the minimum premium obligation is met. See policy for complete details.

\*\*\*\* Policy does not directly participate in the underlying index. Accumulation value may decrease if sufficient premium is not paid to cover monthly fees and charges.

## WHAT IS AN IUL?

An Indexed Universal Life (IUL) insurance policy combines the security of permanent life insurance with the potential for cash value accumulation linked to a major market index, such as the S&P 500®. This type of policy not only ensures a death benefit for the insured's beneficiaries but also offers an opportunity to accumulate cash value over time, enhancing the policy owner's long-term financial strategy.

### INDEXED INTEREST ACCOUNTS

Indexed interest accounts are linked to the performance of the S&P 500®, offering greater potential for cash value accumulation. However, it's important to note that while these accounts are tied to the S&P 500®, they are not direct investments in the index itself.

*Indexed interest accounts are a good fit for individuals who:*

- ◆ Want greater cash value accumulation opportunities
- ◆ Are comfortable with greater risks of market volatility

### KEY POINTS TO CONSIDER:

Provide clear payment allocation instructions to specify how the insured wants their net premiums managed. The policy owner has the flexibility to transfer net premiums into an indexed interest account or keep them in a declared interest account. When premium is allocated to an indexed interest account, the interest credited on that premium will be determined by the overall performance of the S&P 500 over the next 12 months. Interest credited will never be less than 0%.

### INDEX ACCOUNT FEATURES:

**Floor:** Helps to protect the insured by ensuring the interest rate credited never falls below 0%, even if the S&P 500® performs in the negative over the 12 month period.

**Cap:** Limits the maximum interest rate that can be credited, allowing the policy owner to benefit when the S&P 500 performs well. The Company may change the cap rate but are subject to a guaranteed minimum cap rate of 2.5%.

**Participation Rate:** The percentage of the overall index return that will be used in the calculation of the index interest credit. On this product the participation rate is 100%.

### DECLARED INTEREST ACCOUNTS

Upon payment, all net premiums (the premiums paid minus administrative and sales expense charges) are initially placed into the Sweep Account. Policy owners have the flexibility to allocate their premium among the declared interest and indexed interest accounts. Declared interest accounts offer steady growth through a declared interest rate, though they typically have a lower overall cash value growth potential compared to indexed interest accounts, assuming the underlying index has positive growth over the 12 month period.

*Declared interest accounts might be right for individuals who:*

- ◆ Prefer stable, guaranteed interest rates.
- ◆ Are more comfortable with lower-risk options.

### KEY POINTS TO CONSIDER:

Premiums allocated to the declared interest account accrue interest at a rate determined by the Company, which may fluctuate. However, the minimum guaranteed fixed interest crediting rate is 1%, ensuring a baseline level of growth.





## PRODUCT SPECIFICATIONS

<b>POLICY FORM NO.</b>	<b>Individual Flexible Premium Adjustable Life Policy with Indexed Crediting Options:</b> Policy Form No. 3843 <b>Indexed Interest Option Rider – Point to Point with Cap:</b> Policy Form No. 3871		
<b>MATURITY</b>	The policy will mature on the policy anniversary following the insured's attained age of 120. Upon maturity, the policy's net cash value (which is the cash value minus any policy loans) becomes payable to the owner.		
<b>ISSUE AGES (Age Last Birthday)</b>	18 - 75		
<b>UNDERWRITING CLASSES</b>	Standard Non-Tobacco	Tobacco	
<b>DEATH BENEFIT</b>	Minimum Face Amount:	\$25,000	
	Maximum Face Amount:	\$500,000	
<b>PREMIUM PAYMENT METHODS</b>	Bank Draft Quarterly	Semi-Annual Annual	Payroll/Allotment
<b>CHARGES AND FEES</b>	Charges and fees, including cost of insurance charges, will be deducted monthly. Cost of insurance charges generally increase as the insured ages and may require the payment of additional premium to keep the policy in force. The Company may change the fees and charges and any such change may require additional premium to keep the policy in force. Please see policy form for complete details.		
<b>INHERENT RIDERS</b>	<b>Terminal Illness Accelerated Death Benefit Rider:</b> Policy Form No. 9473 or 3575 in California <b>Chronic Illness Accelerated Death Benefit Rider:</b> Policy Form No. 3579 <b>Accelerated Living Benefit Rider – Critical Illness Rider:</b> Policy Form No. 3456, 3576 in California <b>Accelerated Death Benefit Rider – Confined Care:</b> Policy Form No. 9674 (AA, OL); AB301 (iA) <b>Waiver of Surrender for Partial Withdrawal Rider:</b> Policy Form No. 9893 (AA, OL); WSC401 (iA)		
<b>OPTIONAL RIDERS</b>	<b>Accidental Death Benefit Agreement:</b> Policy Form No. 7160 (AA, iA); PDAF Ed. 3-83 (OL) <b>Accident Only Total Disability Benefit Rider:</b> Policy Form No. 3281 <b>Total Disability Benefit Rider:</b> Policy Form No. 9785 (AA, OL); TD301 (iA) <b>Children's Insurance Agreement:</b> Policy Form No. 8375 (AA, OL); CIB304 (iA) <b>Waiver of Monthly Deduction:</b> Policy Form No. 9891 (AA, OL); WMD301 (iA) <b>Waiver of Premium Disability Agreement:</b> Policy Form No. 7184 <b>Level Term Insurance Rider:</b> Policy Form No. 8087		
<b>CASH SURRENDER VALUE</b>	The policy owner may surrender the policy for the available cash value, subject to any surrender charge, at any time by sending written request. Upon a full surrender, the policy will terminate and is not eligible for reinstatement.		



## 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:

- ◆ Privacy Notification Form No. 3640-CA must be presented to the proposed insured prior to the taking of any of his/her personal information.
- ◆ 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 insureds 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 insureds age 65 or older.
- ◆ Supplement to Application Form No. 3481 must be completed due to the Terminal Illness and Critical Illness riders included with plan.
- ◆ Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented to the proposed insured at point-of-sale.
- ◆ Critical Illness Accelerated Death Benefit Rider Disclosure Form No. 3576-D must be presented to proposed insured at 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. 9713-KS must be completed and submitted with the application.

### Kentucky:

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

### Montana:

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

### Pennsylvania:

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

### Rhode Island:

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

### Utah:

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

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE  
ALL PRODUCTS NOT APPROVED IN ALL STATES  
SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

## APPLICATION SUBMISSION

New applications may be submitted to the Home Office by eApplication, scanning, faxing, or mailing. Refer to the Company website for instructions on App Drop. Information on App Drop may also be found on [www.insuranceapplication.com](http://www.insuranceapplication.com) (Select the option for 'App Drop'). If the application is scanned or faxed, transmit all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the Bank Draft Procedures section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under separate cover to the attention of Policy Issue. Be sure to include the proposed insured's name on the cover sheet.

## INTELLIGENT CHOICE MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS

Complete applications electronically using a tablet or similar device.

Go to [www.insuranceapplication.com](http://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 may sign the application:

- (1) directly on the tablet device using a stylus or simply their finger,
- (2) by email for signature,
- (3) by voice signature, or
- (4) by text.

Point-of-Sale Decision:

Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:

- Approved as applied for (Firm Decision),
- Refer to Home Office, or
- Not Eligible for Coverage.



## DETERMINING PLAN ELIGIBILITY

Our **Intelligent Choice** insurance product targets a broad spectrum of individuals looking for universal life insurance with the ability to accumulate cash value. These policies accommodate a simplified approach to purchasing life insurance. Our application **Form 3847** (company specific with state variations) provides a simplified approach to purchasing life insurance. The **3847** application features simple **'Yes'** or **'No'** questions that enable you to quickly determine which plan of insurance the proposed insured may be eligible for.

### FRONT OF THE APPLICATION

**Proposed Insured:**

Provide the proposed insured's full legal name.

**Address:**

Provide the proposed insured's physical address. If the proposed insured provides a PO Box, a physical address is also required.

**Male / Female:**

Select appropriate sex, assigned at birth.

**Date of Birth:**

Enter as MM/DD/YYYY.

**Age:**

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

**State of Birth:**

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

**Social Security Number:**

List the proposed insured's Social Security number.

**DL # (Paper):**

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

**DL # (e-App):**

If the proposed insured has a driver's license, select **'Yes'**, and provide driver's license number and the state of issue. If the proposed insured does not have a driver's license, select **'No'**. Then select the reason option that applies 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 proposed insureds.

**State of Issue (SOI):**

Indicate the state of issue for the driver's license.

**Height and Weight:**

Record the proposed insured's current height and weight.

**Occupation:**

Provide a job title or duties performed.

**Annual Salary:**

Enter the proposed insured's approximate annual salary.

**Owner:**

- ◆ Name
- ◆ Social Security number
- ◆ Address

**Payor:**

- ◆ Name
- ◆ 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 may 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. Submit a Beneficiary Questionnaire for consideration.

**Plan:**

In the blank provided, write in the name of the product being applied for (**'Intelligent Choice'**) or the product's initials (**'IU'**).

**Face Amount \$:**

Enter the amount of coverage being applied for.

**Underwriting Class:**

Please select from the following:

- ◆ Non-Tobacco
- ◆ Tobacco



### **Tobacco / Nicotine Use:**

Answer both of the following:

- ◆ Have you used tobacco or nicotine products in any form in the past 12 months (excluding occasional cigar or pipe use)?
- ◆ Have you used tobacco or nicotine products in any form in the past 36 months (excluding occasional cigar or pipe use)?

**Note:** Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, bidis cigarettes, or Oral nicotine pouches.

### **Mail Policy To:**

Check the appropriate box to direct the policy contract to be mailed to the agent, insured, or owner.

### **Death Benefit Option:**

Be sure to check the box next to the option being applied for:

- ◆ **Option 1:** Check the box for Option 1 (Face Amount Only) - Level Death Benefit.
- ◆ **Option 2:** Check the box for Option 2 (Face Amount Plus Cash Value) - Death Benefit increasing.

### **Policy Date Request:**

The '**Policy Date Request**' or the initial draft, if applicable, **cannot be more than 30 days out** from the date the application was signed.

### **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 found at the bottom of form No. 9903 and submit it with the application.
- ◆ **Collected \$:**  
Only select this option if collecting initial payment and mailing it to the Home Office.

### **Mode:**

(Check the appropriate box for the proposed insured's requested method of payment.)

- ◆ **Bank Draft**
- ◆ **Draft 1st Prem on Req. Date:**  
Bank draft on which the first draft will occur upon the '**Policy Date Request**' you will enter.
- ◆ **Payroll/Allotment**
- ◆ **Other**

### **Modal Premium \$:**

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

### **Riders:**

Be sure to check the box next to each rider being applied for:

#### **Accidental Death Benefit Agreement:**

- ◆ Check the box for 'ADB'.
- ◆ Indicate the amount of coverage.

#### **Accident Only Total Disability Benefit Rider:**

- ◆ Check the 'Accident Only DIR' box.
- ◆ Indicate the amount of coverage.

#### **Total Disability Benefit Rider:**

- ◆ Check the 'Disability Income' box.
- ◆ Indicate the amount of coverage.

#### **Children's Insurance Agreement:**

- ◆ Check the 'CIA' box.
- ◆ Enter the # of units of coverage being applied for: one unit (\$3,000); two units (\$6,000); three units (\$9,000); four units (\$12,000); or five units (\$15,000).
- ◆ In addition, application addendum Form No. 3215 must be completed and returned with the application.

#### **Level Term Insurance Rider (primary insured only):**

- ◆ Check the 'Level Term' box.
- ◆ Indicate the amount of coverage.

#### **Waiver of Monthly Deduction:**

- ◆ Check the box if being applied for.

#### **Waiver for Disability Target:**

- ◆ Check the box if being applied for.

### **Physician Name, City/State, & Phone:**

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

### **List current prescribed medications:**

List all the medications for which the proposed insured currently has a prescription.

### **Section A:**

Health Questions: All proposed insureds must complete Section A. If the proposed insured answers '**Yes**' to any questions, the applicable condition should be circled.

### **Section B:**

Give details to all '**Yes**' answers in Section A and list personal physician information and current prescriptions.

## BACK OF THE APPLICATION

### Section C:

All proposed insureds must complete Section C. If the proposed insured answers **'Yes'** to any questions, the applicable condition should be circled.

### Replacement Section:

- ◆ Answer both questions listed for number six.
- ◆ If replacing coverage, please provide the other insurance company name, policy number, and amount of coverage.
- ◆ **NOTE: Complete any state required Replacement forms** – For state specific replacement instructions & replacement forms, please refer to the Company website.

### Comments:

Provide details to **'Yes'** answers to questions in Section C. Can also be used for other comments or special instructions. If more space is needed, please provide on a separate sheet of paper.

### Signed at:

Provide both the city and state indicating where the proposed insured 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 is required to sign their own application.
- ◆ Power of Attorney (POA) signatures are not acceptable.

### Signature of Owner:

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

### Agent's Report:

#### Complete the following:

- ◆ Agent's Remarks: Provide any special instructions or notes for the Home Office.
- ◆ Answer all three questions.
- ◆ Agent's Signature
- ◆ Agent's Printed Name
- ◆ Agent Number
- ◆ Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent. Split must equal 100%.)



## BANK DRAFT PROCEDURES

### Draft First Premium Once Policy Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom on the back of the application. Please specify a **Requested Draft Day**, if a specific one is desired in the Policy Date field (mm/dd/yy).
  - (a) After approval of the application, the first premium will draft upon the date the proposed insured requested. If the proposed insured does not provide a specified date, the draft will occur when the Underwriting Department approves the policy.
  - (b) The initial draft cannot occur more than 30 days after proposed insured's signature date.
  - (c) The **Requested Draft Date** cannot be on the 29th, 30th, or 31st.
- 2) A copy of a voided check must accompany the application. If one is not available, or if they have a bank account, but only use a debit card, then you must also submit a Bank Authorization Form 9903. If proposed insured provides a debit card, locate a bank statement to obtain the actual routing and account number and not the number of the debit card. Green Dot Bank (and other pre-paid cards) not accepted.

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

- 1) In addition to items one and two above, complete the eCheck Authorization (the eCheck Bank Draft Authorization section of Form 9903). With the use of this form, the Company will draft for the first premium upon receipt of the application and prior to a final decision being made.
- 2) After approval of the application, the initial premium will apply to the first premium. Future drafts will be based on the next premium due date and the **Requested Draft Day** (if provided).

## OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most Social Security recipients are paid on either the first or third of the month or the second, third, or fourth Wednesday. If you have the proposed insureds receiving their payments under this scenario and they would like to have their premiums drafted on those same dates, please follow the instructions below:

On the '**Requested Draft Day**' line of the '**PREAUTHORIZATION CHECK PLAN**' on the back page of the application, you will need to list one of the indicators below:

- ◆ '**1S**' – if payments are received on the first of the month.
- ◆ '**3S**' – if payments are received on the third of the month.
- ◆ '**2W**' – if payments are received on the second Wednesday of the month.
- ◆ '**3W**' – if payments are received on the third Wednesday of the month.
- ◆ '**4W**' – if payments are received on the fourth Wednesday of the month.

Please do not complete the '**Policy Date Request**' field on the front of the application. The Home Office will assign the actual policy date once the application is received.

When you follow the steps above at the point-of-sale, our office will have the information needed to process the premium draft to coincide with your proposed insured's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork typically. Also, you may still request immediate drafts for CWA; follow the standard methods.



## KEY ADMINISTRATIVE GUIDELINES

### INCOMPLETE OR UNSIGNED APPLICATIONS:

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

### INDEXED UNIVERSAL LIFE PREMIUM ALLOCATION:

Form No. 3858

Must be completed indicating the percentage allocated to each account

### TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDERS DISCLOSURE STATEMENT:

Form No. 9474 (AA, OL); or 3575-D in California

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

### ACCELERATED DEATH BENEFIT RIDER — CONFINED CARE:

Form No. 9765 (AA, OL); AB502 (iA)

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

### CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER DISCLOSURE STATEMENT:

Form No. 3579-D

The agent must present to the proposed insured at point-of-sale and certify that it has been presented.

### CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER DISCLOSURE STATEMENT:

Form No. 3466; 3576-D in CA

The agent must present to the proposed insured at point-of-sale and certify that it has been presented. *For California, please refer to Form No. 3703-CA for rider details.*

### HIPAA:

Form No. 9526

Must be submitted with each application.

### REPLACEMENT FORM (IF REQUIRED):

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

### REPLACEMENT OF EXISTING INSURANCE:

Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your proposed insured has all the necessary facts (advantages and disadvantages) to determine if the replacement is in their best interest. Do not request a replacement (both external and internal) if it is not in your proposed insured'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 daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to include termination of an agent's contract.

## APPLICATION DATE/REQUESTED POLICY DATE:

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

## 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, 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 Intelligent Choice applications where a Third-Party Payor is involved and the proposed insured 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 18 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a criminal records check and telephone interview, will be involved for many of these applications; particularly for those applications where the proposed insured ranges from ages 25 to 29.

## REQUEST FOR REDATES OR REINSTATEMENTS:

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

### REDATE REQUEST\*:

If the policy is active & within the first policy year:

- ◆ A policy may be redated simply by sending an email request to our **Client Experience Department** at [cx@aatx.com](mailto:cx@aatx.com). Please include the policy number and "Redate" in the subject line.
- ◆ There is no additional paperwork necessary.
  - \* A policy may 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 Draft Authorization (Form No. 1963) is required if payments will be made via bank draft. Alternatively, we would need the back premiums due if the payments will be made on direct bill.
- ◆ The documents above should be emailed to **Client Experience** at [cx@aatx.com](mailto:cx@aatx.com). Please include the policy number and "Reinstatement Request" in the subject line.
- ◆ As an alternative a new application may be completed and submitted with "Reinstate" and the policy number indicated at the top. These should also be emailed to **Client Experience** at [cx@aatx.com](mailto:cx@aatx.com).

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

- ◆ We require a new application to be completed and submitted to the **New Business Department**.
- ◆ Make sure to send a note with the application indicating this is a "Reinstatement" & indicate the original policy number.

## PREMIUM REQUIREMENTS\*:

- ◆ UL or Non-ROP Term – Two months premium or one modal premium.
  - ◆ ROP Term – All missed premiums.
  - ◆ All other plans – All missed premiums.
- \* In the case that the policy is over loaned, we may need loan interest or a loan payment.

## SIMPLIFIED UNDERWRITING

Simplified issue, underwritten standard through table 4. Eligibility for coverage is based on simplified 'Yes'/'No' application, a telephone interview (if requested by Underwriting), a liberal height and weight chart, and a check with the Medical Information Bureau (MIB, LLC) and pharmaceutical-related facility. Check the height/weight charts in this guide to help determine product eligibility.

## PRODUCT SOFTWARE

The Company is required to provide an NAIC Illustration for **Intelligent Choice**. Presentation software is available on the Company's websites. It will quickly and easily present the guaranteed death benefit and guaranteed cash values. You may run quotes based on a desired face amount or premium amount to customize a solution for your proposed insured. To run a quote using your smartphone or tablet, please go to [www.insuranceapplication.com/phonequote](http://www.insuranceapplication.com/phonequote). (Select the option for the 'Phone Quoter').

## SPEED UP YOUR TURNAROUND TIME BY PRACTICING 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 proposed insured's medical records, national prescription database, and MIB, LLC.

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

## PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those proposed insureds until they feel that the agent has corrected their field underwriting problems. Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.



**NON-TOBACCO & TOBACCO**  
(This table applies to both men and women)

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

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

\*NOTE: If you have an insured with a height that is below 4'10" or above 6'6", please contact the home office for minimum/maximum values.



## LIVING BENEFIT RIDERS

### Riders included with Intelligent Choice

*Automatically included with policy, availability and terms may vary. Please see rider policy form for eligibility and complete details.*

#### **Terminal Illness Accelerated Death Benefit Rider:**

Form No. 9473 or 3575 in California

If an eligible insured has an illness or chronic condition that is expected to result in death within 12 to 24 months, depending on state definitions, the policy owner may receive up to 100% of the death benefit. The face amount will be reduced by the amount elected for acceleration. If 100% of the death benefit is elected for acceleration, the policy will terminate upon payment of the benefit.

**Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No 9474 or 3575-D in CA** must be presented to proposed insured at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.

#### **Accelerated Death Benefit Rider – Confined Care:**

Form No. 9674 (AA, OL); AB301 (iA)

If eligible, the insured is confined to a nursing home at least 30 days after the policy is issued, the policy owner may receive a monthly benefit. The insured may receive a monthly benefit of 2.5% of the face amount per month up to \$5,000. The policy's death benefit will be reduced by each benefit payment received.

#### **Disclosure for the Accelerated Benefits Rider - Confined Care, Form No. 9675 (AA, OL); AB502 (iA).**

This disclosure statement must be presented to the proposed insured at point-of-sale.

## **Chronic Illness Accelerated Death Benefit Rider:**

**Form No. 3579:**

If eligible insured is unable to perform two out of six activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) or has severe cognitive impairment, the policy owner may request to receive portions of the death benefit (minimum of \$1,000) up to 25% and as often as one time per calendar year. These requests may be made up to a maximum equaling 95% of the policy death benefit or a maximum amount of \$150,000. Any benefit payable is directly related to the decrease in the insured's life expectancy resulting from the chronic illness and the type of life insurance policy the insured has purchased. If there is not a substantial decrease their life expectancy or the amount of premium that would be expected to be paid over their life expectancy increases, the benefit payable could be \$0 even if they qualify for acceleration under the terms of the rider. The policy's face amount will be reduced by each benefit payment received.

**Chronic Illness Accelerated Death Benefit Rider Disclosure Statement, Form No. 3579-D** must be presented to the proposed insured at point-of-sale.

## **Accelerated Living Benefit Rider – Critical Illness Rider**

**Form No. 3456; In CA Form No. 3576:**

If eligible insured has been certified by a physician as having one or more of the following conditions within the last 12 months:

- Heart Attack
- Stroke
- Cancer
- Major Organ Failure
- Amyotrophic Lateral Sclerosis (ALS)
- Kidney Failure
- Terminal Illness

The rider may provide the policy owner a cash benefit equal to the specified percentage of acceleration upon the diagnosis of a covered critical illness. Rider coverage expires at age 70. Any benefit payable is directly related to the decrease in the insured's life expectancy resulting from the critical illness and the type of life insurance policy the insured has purchased. If there is not a substantial decrease their life expectancy or the amount of premium that would be expected to be paid over their life expectancy increases, the benefit payable could be \$0 even if they qualify for acceleration under the terms of the rider. The policy's face amount will be reduced by each benefit payment received.

### **Disclosure for the Accelerated Living Benefit Rider - Form No 3466 or 3576-D in CA**

This disclosure statement must be presented to the proposed insured at point-of-sale. (The states of MA & WA require this disclosure form to be signed by the proposed insured and submitted with the application.) For sales in California, please refer to Form No. 3703-CA for details on the Critical Illness accelerated benefits. (Only in CA)

Receipt of accelerated benefits may be a taxable event. Please contact a tax advisor as American Amicable Group does not give legal or tax advice.

**Waiver of Surrender Charge for Partial Withdrawal Rider:**  
Policy Form No. 9893 (AA, OL); WSC401 (iA):

After the first year, if the insured resides in a nursing home, they may withdraw some of the cash value without any surrender charge. Only one surrender charge may be waived per policy year. Waiver applies to the first 25% of the policy value withdrawn. Further withdrawals are subject to surrender charges.



**ADDED POLICY FEATURE**

**20 Year No Lapse Guarantee:**

The **Intelligent Choice** offers a no-lapse guarantee period. As long as the specified no-lapse guarantee premium is paid, the policy will remain in force for the entire guarantee period. The guarantee period for every **Intelligent Choice** policy is the lesser of 20 years or until age 80 is attained. The guarantee period is reduced for issue ages 61 - 75 (see the table below).

ISSUE AGE	GUARANTEE PERIOD
0 - 60	20
61	19
62	18
63	17
64	16
65	15
66	14
67	13
68	12
69	11
70	10
71	9
72	8
73	7
74	6
75	5





## OPTIONAL RIDERS

**Intelligent Choice also offers a number of riders to help customize the coverage.**

*Additional premiums are required, availability and terms may vary. See rider policy form for complete details.*

**Accidental Death Benefit Agreement (ADB):**  
Policy Form No. 7160 (AA, iA); PDAF Ed. 3-83 (OL)

**Issue Ages:** 18 – 64

**Benefit Terminates:** Age 65

This rider provides an additional death benefit if the insured dies because of an accident.

The minimum amount is \$1,000, and the maximum amount is \$200,000 or five times the face amount of the policy, whichever is less.

**Annual Premiums per \$1,000  
of Benefit Face Amount**

AGE	PREMIUM	AGE	PREMIUM
18 - 36	\$0.96	51	\$1.32
37	\$1.08	52	\$1.32
38	\$1.08	53	\$1.32
39	\$1.08	54	\$1.32
40	\$1.08	55	\$1.44
41	\$1.08	56	\$1.44
42	\$1.08	57	\$1.44
43	\$1.20	58	\$1.56
44	\$1.20	59	\$1.56
45	\$1.20	60	\$1.56
46	\$1.20	61	\$1.56
47	\$1.20	62	\$1.68
48	\$1.20	63	\$1.68
49	\$1.32	64	\$1.68
50	\$1.32		

**Children's Insurance Agreement (CIA):**  
Policy Form No. 8375 (AA, OL); CIB304 (iA)

**Issue Ages:** 15 days to 17 years

**Issue Ages of Primary Insured:** 18 – 50

**Maximum Rider Units:** Five Units

**Premium:** \$8.52 annually per unit

A benefit that provides term insurance on the lives of the children of the insured until age 25, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of five times the children's coverage. Each unit provides \$3,000 insurance on each child. Benefit expires at the earlier of the primary insured's age 65, or the child's age of 25.

**IMPORTANT:** To apply for this rider, you must complete the 'Addendum to Individual Life Insurance Application' Form No. 3215 & submit it along with the base life application.

**Level Term Insurance Rider (LTR):**

Policy Form No. 8087

*(Available on primary insured only)***Issue Ages:** 18 – 65**Coverage Per Unit:** Level death benefit to the sooner of 20 years or proposed insured's attained age 70.**Maximum Amount Issued:** Three times the base plan not to exceed maximum coverage of \$500K combined.

A term rider which provides a level death benefit for a period of 20 years or the insured's attained age 70, whichever comes sooner.

This rider is renewable to age 70 and may be converted to whole life or endowment insurance.

**Annual Rates per \$1,000 of coverage**

AGE	PREMIUM	AGE	PREMIUM
18	\$1.86	42	\$7.80
19	\$1.90	43	\$8.67
20	\$1.95	44	\$9.18
21	\$2.00	45	\$9.75
22	\$2.05	46	\$11.14
23	\$2.11	47	\$12.00
24	\$2.17	48	\$13.00
25	\$2.23	49	\$14.18
26	\$2.36	50	\$15.60
27	\$2.52	51	\$16.25
28	\$2.69	52	\$19.96
29	\$2.89	53	\$17.73
30	\$3.12	54	\$18.57
31	\$3.39	55	\$19.50
32	\$3.71	56	\$20.53
33	\$4.11	57	\$21.67
34	\$4.33	58	\$22.94
35	\$4.59	59	\$24.38
36	\$4.88	60	\$26.00
37	\$5.20	61	\$27.85
38	\$5.57	62	\$30.00
39	\$6.00	63	\$32.50
40	\$6.50	64	\$35.45
41	\$7.09	65	\$39.00

**Waiver of Monthly Deduction Benefit Rider:**

Policy Form No. 9891 (AA, OL); WMD301 (iA)

**Issue Ages:** 18 – 55**Waiting Period:** Four Months**Premium:** Run illustration to obtain premium. For additional questions or information, live chat with our Agent Support team.

This rider provides that the standard monthly fees\* deducted by the Company will be waived retroactively from the date of permanent and total disability after four months of total disability, provided that the total disability occurred before the insured's 60th birthday. This rider automatically terminates when the policy ends or on the date of the insured's 60th birthday.

\* This Waiver does not cover the premium payments required to keep the No Lapse Guarantee active.

**Waiver of Premium Disability Agreement:**

Policy Form No. 7184 (AA, iA, OL)

**Issue Ages:** 18 – 55

If purchased, 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 rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

**Annual Rates per \$1,000 of coverage**

AGE	PREMIUM	AGE	PREMIUM
18	\$2.06	39	\$4.75
19	\$2.14	40	\$5.00
20	\$2.21	41	\$5.26
21	\$2.29	42	\$5.55
22	\$2.36	43	\$5.86
23	\$2.45	44	\$6.21
24	\$2.53	45	\$6.59
25	\$2.62	46	\$7.15
26	\$2.72	47	\$7.78
27	\$2.82	48	\$8.50
28	\$2.93	49	\$9.31
29	\$3.05	50	\$10.23
30	\$3.17	51	\$11.27
31	\$3.31	52	\$12.46
32	\$3.45	53	\$13.79
33	\$3.60	54	\$15.30
34	\$3.76	55	\$16.98
35	\$3.94		

\* **Waiver of Monthly Deduction Benefit Rider and Waiver of Premium Disability Agreement cannot** be issued on the same policy.

## Accident Only Total Disability Benefit Rider (AODIR):

Policy Form No. 3281

### Issue Ages:

18 – 55

### Minimum AODIR Benefit:

\$500 monthly

### Maximum AODIR Benefit:

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

If purchased, the AODIR will pay a monthly benefit up to 2% of face amount (up to a maximum monthly benefit as described above) if the insured becomes permanently and totally disabled due to an accident as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period, and the benefits are not retroactive. The maximum benefit period is two years, and total disability must begin before age 65.

### Annual Premiums per \$100 of Monthly Benefit

AGE	PREMIUM	AGE	PREMIUM
18	\$8.77	37	\$11.72
19	\$9.09	38	\$11.76
20	\$9.41	39	\$11.82
21	\$9.74	40	\$11.88
22	\$10.08	41	\$11.92
23	\$10.42	42	\$11.98
24	\$10.78	43	\$12.04
25	\$11.13	44	\$12.13
26	\$11.34	45	\$12.23
27	\$11.41	46	\$12.35
28	\$11.47	47	\$12.51
29	\$11.54	48	\$12.68
30	\$11.62	49	\$12.86
31	\$11.62	50	\$13.10
32	\$11.62	51	\$13.38
33	\$11.63	52	\$13.71
34	\$11.64	53	\$14.07
35	\$11.66	54	\$14.51
36	\$11.68	55	\$15.04

## Total Disability Benefit Rider:

Policy Form No. 9785 (AA, OL); TD301 (iA)

### Issue Ages:

18 – 55

### Benefit Terminates:

Age 65

### Minimum Totally Disability Benefit:

\$500 monthly

### Maximum Totally Disability Benefit:

2% of the life insurance specified amount up to \$2,000 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 purchased, the Total Disability Benefit 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 permanently and 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 two years, and total disability must begin before age 65.

### Annual Premiums per \$100 of Monthly Benefit

AGE	PREMIUM	AGE	PREMIUM
18	\$9.78	37	\$19.50
19	\$10.12	38	\$20.52
20	\$10.46	39	\$21.56
21	\$10.80	40	\$22.60
22	\$11.16	41	\$23.68
23	\$11.52	42	\$24.78
24	\$11.90	43	\$25.92
25	\$12.28	44	\$27.12
26	\$12.70	45	\$28.42
27	\$13.14	46	\$29.80
28	\$13.60	47	\$31.32
29	\$14.08	48	\$32.98
30	\$14.58	49	\$34.74
31	\$15.14	50	\$36.62
32	\$15.70	51	\$38.66
33	\$16.32	52	\$40.92
34	\$17.00	53	\$43.42
35	\$17.76	54	\$45.98
36	\$18.58	55	\$48.62



## Total Disability Benefit Rider — DIR & Accident Only Total Disability Benefit Rider — AODIR

The proposed insured must have worked full-time (minimum 30 hours a week) for the past six months.

The following proposed insured occupations are not eligible for **DIR & AODIR**:

- ◆ Blasters & Explosives Handlers
- ◆ Disabled
- ◆ Participated in High-Risk Avocations within the past 12 months
- ◆ Professional Athletes
- ◆ Structural Workers / Iron Workers
- ◆ Underground Miners & Workers
- ◆ Unemployed (except stay-at-home spouses, significant others, or students)
- ◆ Individuals carrying a weapon in their occupation
- ◆ Casino Workers
- ◆ Housekeeping
- ◆ Janitor
- ◆ Retired
- ◆ Student
- ◆ Migrant Laborers

The following proposed insured occupations are not eligible for **DIR** only:

- ◆ Self Employed

\* **Total Disability Benefit Rider** and **Accident Only Total Disability Benefit Rider** **cannot** be issued on the same policy.





# INTELLIGENT CHOICE 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. There are nuances to the underwriting process that may result in classification that differs than described below.

Have a condition not listed that needs review? Need to clarify a treatment? Contact the Home Office for a risk assessment via our Online Chat or at [riskassess@aatx.com](mailto:riskassess@aatx.com).

Underwriting reserves the right to make a final decision based on all factors of the risk.

**D** indicates Declined.

**S** indicates Standard.

Impairment	Life	DIR	Q on App
<b>Abscess:</b> Removed, with full recovery and confirmed to be benign	S	S	A: 1j
<b>Abscess:</b> Other	D	D	A: 1j
<b>Addison's Disease:</b> Acute / Single Episode	S	S	A: 1j
<b>Addison's Disease:</b> Others	D	D	A: 1j
<b>AIDS</b>	D	D	A: 1k
<b>Alcoholism:</b> Any history of alcohol abuse, misuse, treatment, or counseling or having been advised to discontinue use of alcohol	S	D	C: 4
<b>Alcoholism:</b> Within the past four years abused alcohol, or been recommended to have treatment or counseling for alcohol use or been advised to discontinue use of alcohol	D	D	C: 4
<b>Alzheimer's:</b> See <b>Dementia</b>	D	D	A: 1f
<b>Amputation:</b> Any history of an amputation caused by <b>injury</b>	S	D*	A: 1b
<b>Amputation:</b> Any history of an amputation caused by <b>disease</b>	D	D	A: 1b
<b>Anemia:</b> Iron deficiency, treated with oral vitamins only	S	S	A: 1b
<b>Anemia:</b> Others. Including Sick Cell Anemia or treatment with infusions	D	D	A: 1b
<b>Aneurysm</b>	D	D	A: 1b
<b>Angina (Cardiac Chest Pain)</b>	D	D	A: 1a
<b>Angioplasty</b>	D	D	A: 1a
<b>Ankylosing spondylitis (AS):</b> See <b>Arthritis</b>		D	A: 1j
<b>Anxiety:</b> See <b>Mental or Nervous Disorder</b>			A: 1f
<b>Aortic Insufficiency and/or Stenosis</b>	D	D	A: 1a
<b>Appendectomy</b>	S	S	A: 1j

Impairment	Life	DIR	Q on App
<b>Arthritis:</b> Ankylosing spondylitis, Rheumatoid, Osteoarthritis, Generalized arthritis	S	D	A: 1i
<b>Arthritis:</b> Rheumatoid - severe, chronic steroid use, infusion therapies, use of mobility aid, multiple large joints	D	D	A: 1i
<b>Asthma:</b> Mild, occasional, brief episodes, allergic, seasonal	S	S	A: 1d
<b>Asthma:</b> Moderate, more than one episode a month	S	D	A: 1d
<b>Asthma:</b> Severe, hospitalization or ER visit within the past 12 months	D	D	A: 1d
<b>Asthma:</b> Maintenance steroid use	D	D	A: 1d
<b>Asthma:</b> Combined with Tobacco Use - Smoker	D	D	A: 1d
<b>Atrial Fibrillation / Flutter (A-Fib)</b>	D	D	A: 1a
<b>Autism:</b> See <b>Mental or Nervous Disorder</b>			A: 1f
<b>Aviation:</b> Commercial pilot for regularly scheduled airline	S	S	A: 2b
<b>Aviation:</b> Private Pilot with more than 100 solo hours	S	S	A: 2b
<b>Aviation:</b> Other pilots flying for pay or Student Pilot	D	D	A: 2b
<b>Back Injury:</b> Medically diagnosed, treated, or hospitalized within the past 12 months	S	D*	A: 1i
<b>Bi-Polar Disorder:</b> See <b>Mental or Nervous Disorder</b>	D	D	A: 1f
<b>Blindness:</b> Caused by diabetes, circulatory disorder, or other illness	D	D	A: 1j
<b>Blindness:</b> Other causes	S	D*	A: 1j
<b>Bronchitis:</b> Acute-recovered	S	S	A: 1d
<b>Bronchitis, Chronic:</b> See <b>COPD</b>	D	D	A: 1d
<b>Buerger's Disease</b>	D	D	A: 1d
<b>By-Pass Surgery (CABG or Stent)</b>	D	D	A: 1a

\* Underwriting will consider issuing the DIR/AODIR with an exclusion rider.

Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.

# INTELLIGENT CHOICE MEDICAL IMPAIRMENT GUIDE (Cont.)

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. There are nuances to the underwriting process that may result in classification that differs than described below.

Have a condition not listed that needs review? Need to clarify a treatment? Contact the Home Office for a risk assessment via our Online Chat or at [riskassess@aatx.com](mailto:riskassess@aatx.com).

Underwriting reserves the right to make a final decision based on all factors of the risk.

**D** indicates Declined.

**S** indicates Standard.

Impairment	Life	DIR	Q on App
<b>Cancer / Melanoma:</b> Basal or Squamous cell skin carcinoma, single occurrence	S	S	A: 1e
<b>Cancer / Melanoma:</b> Over seven years since any last diagnosis, treatment, or procedure with no recurrence, multiple occurrences or metastasis (spread)	S	S	A: 1e
<b>Cardiac Pacemaker</b>	D	D	A: 1a
<b>Cardiomyopathy</b>	D	D	A: 1a
<b>Cerebral Palsy</b>	D	D	A: 1h
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	D	D	A: 1d
<b>Cirrhosis of Liver</b>	D	D	A: 1c
<b>Connective Tissue Disease</b>	D	D	A: 1h
<b>Concussion – Cerebral:</b> With no complications or chronic deficits	S	S	A: 1j
<b>Congestive Heart Failure (CHF)</b>	D	D	A: 1a
<b>Criminal History:</b> Convicted of Misdemeanor <sup>1</sup> or Felony within the past five years	D	D	C: 3a
<b>Criminal History:</b> Probation or Parole within the past six months	D	D	C: 3a
<b>Crohn's Disease:</b> Diagnosed prior to age 20 or within the past 12 months	D	D	A: 1c
<b>Cystic Fibrosis</b>	D	D	A: 1h
<b>Deep Vein Thrombosis (DVT):</b> Single episode, full recovery, no current medication	S	S	A: 1a
<b>Deep Vein Thrombosis (DVT):</b> Two or more episodes, continuing anticoagulant treatment	D	D	A: 1a
<b>Dementia:</b> Including mental incapacity, memory loss, mild cognitive impairment	D	D	A: 1f

Impairment	Life	DIR	Q on App
<b>Depression:</b> See Mental or Nervous Disorder			A: 1f
<b>Diabetes:</b> Combined with height & weight exceeding Table 2 chart, gout, retinopathy, or protein in urine	D	D	A: 1c
<b>Diabetes:</b> Diagnosed prior to age 35	D	D	A: 1c
<b>Diabetes:</b> Any form of tobacco used in past 12 months or insulin within six months	D	D	A: 1c
<b>Diabetes:</b> Controlled with oral medications	S	D	A: 1c
<b>Diagnostic Testing<sup>2</sup>, Surgery, or Hospitalization:</b> Pending, results unknown, scheduled but not yet completed	D	D	A: 4a
<b>Disabled</b>	D	D	A: 3
<b>Diverticulitis:</b> Acute / Resolved	S	S	A: 1c
<b>Down Syndrome</b>	D	D	A: 1j
<b>Driving Record:</b> Within the past three years 1) alcohol/drug related infraction, 2) two or more accidents, 3) three or more driving violations, 4) combination thereof	D	D	C: 3a
<b>Driving Record:</b> License currently suspended or revoked related to any of the above criteria.	D	D	C: 3a
<b>Drug Abuse:</b> Illegal drug use or abuse of prescription drugs within the past four years	D	D	C: 4
<b>Drug Abuse:</b> Medically diagnosed, treated, or taken medication to treat within the past four years	D	D	C: 4
<b>Drug Abuse:</b> Over four years for any history of use, treatment, diagnosis or medication for	S	D	C: 4

<sup>1</sup> Consideration for misdemeanor charges which are: singular, non-violent, not drug/alcohol related, nor financial may be provided within 5 years. Please contact UW for individual review via Risk Assessment.

<sup>2</sup> Does not include routine testing such as mammography, annual physical exam & labs, colonoscopy, etc.

\* Underwriting will consider issuing the DIR/AODIR with an exclusion rider.

Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.

# INTELLIGENT CHOICE MEDICAL IMPAIRMENT GUIDE (Cont.)

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. There are nuances to the underwriting process that may result in classification that differs than described below.

Have a condition not listed that needs review? Need to clarify a treatment? Contact the Home Office for a risk assessment via our Online Chat or at [riskassess@aatx.com](mailto:riskassess@aatx.com).

Underwriting reserves the right to make a final decision based on all factors of the risk.

**D** indicates Declined.

**S** indicates Standard.

Impairment	Life	DIR	Q on App
<b>Glomerulosclerosis:</b> Other or Chronic, See Kidney Disease	D	D	A: 1g
<b>Emphysema:</b> See <b>COPD</b>	D	D	A: 1d
<b>Epilepsy:</b> Absence Seizures	S	D*	A: 1f
<b>Epilepsy:</b> All others	D	D	A: 1f
<b>Fibromyalgia:</b> Medically diagnosed, treated, or taken medication	S	D	A: 1f
<b>Gallbladder disorder</b>	S	S	A: 1g
<b>Glomerulosclerosis:</b> Acute, resolved, no complications	S	S	A: 1g
<b>Gout:</b> combined with history of diabetes, kidney stones, or protein in urine	D	D	A: 1i
<b>Hazardous Avocations:</b> Participated in within the past two years	S	D*	C: 3b
<b>Headaches:</b> Migraine, fully investigated, controlled with medication	S	D	A: 1f
<b>Headaches:</b> Migraine, severe, uncontrolled, pending or no investigation	D	D	A: 1f
<b>Heart Arrhythmia</b>	D	D	A: 1a
<b>Heart Disease / Disorder</b>	D	D	A: 1a
<b>Heart Murmur:</b> History of treatment by medication or procedure, including surgery	D	D	A: 1a
<b>Hemophilia</b>	D	D	A: 1b
<b>Hepatitis:</b> History of diagnosis or treatment for Hepatitis B or C	D	D	A: 1c
<b>HIV</b>	D	D	A: 1k
<b>Hodgkin's Disease:</b> Including Non-Hodgkin's lymphoma	D	D	A: 1e

Impairment	Life	DIR	Q on App
<b>Hypertension (High Blood Pressure):</b> Controlled with two or fewer medications, current BP readings normal	S	S	A: 1a
<b>Hypertension (High Blood Pressure):</b> Uncontrolled or using three or more medications to control	D	D	A: 1a
<b>Hysterectomy:</b> No cancer	S	S	A: 1g
<b>Kidney Disease</b>	D	D	A: 1g
<b>Joint Injury:</b> Including knee, hip, shoulder; diagnosed, treated or taken medication for within the past 12 months	S	D*	A: 1i
<b>Leukemia</b>	D	D	A: 1e
<b>Liver Impairments</b>	D	D	A: 1c
<b>Lung Disease / Disorder</b>	D	D	A: 1d
<b>Lymphoma</b>	D	D	A: 1e
<b>Marfan Syndrome</b>	D	D	A: 1h
<b>Meniere's Disease</b>	S	D	A: 1j
<b>Mental or Nervous Disorder:</b> Mild to Moderate Anxiety, Depression, PTSD, ADD/ADHD, Tourette's, etc controlled with two or fewer medications	S	S	A: 1f
<b>Mental or Nervous Disorder:</b> Major depressive disorder, Bipolar disorder, Schizophrenia, Severe mental retardation, Autism, Mental Incapacity	D	D	A: 1f
<b>Mental or Nervous Disorder:</b> Hospitalized for or had inpatient treatment in the past three years or more than once in a lifetime	D	D	A: 1f
<b>Mental or Nervous Disorder:</b> Suicide attempt within five years or more than one attempt in a lifetime	D	D	A: 1f
<b>Mitral Insufficiency</b>	D	D	A: 1a

\* Underwriting will consider issuing the DIR/AODIR with an exclusion rider.

Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.

# INTELLIGENT CHOICE MEDICAL IMPAIRMENT GUIDE (Cont.)

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. There are nuances to the underwriting process that may result in classification that differs than described below.

Have a condition not listed that needs review? Need to clarify a treatment? Contact the Home Office for a risk assessment via our Online Chat or at [riskassess@aatx.com](mailto:riskassess@aatx.com).

Underwriting reserves the right to make a final decision based on all factors of the risk.

**D** indicates Declined.

**S** indicates Standard.

Impairment	Life	DIR	Q on App
<b>Multiple Sclerosis</b>	D	D	A: 1h
<b>Muscular Dystrophy</b>	D	D	A: 1h
<b>Narcolepsy &amp; Cataplexy:</b> More than two years from diagnosis	S	D	A: 1j
<b>Pancreatitis:</b> Chronic or multiple episodes	D	D	A: 1c
<b>Paralysis:</b> Includes Paraplegia and Quadriplegia	D	D	A: 1i
<b>Parkinson's Disease</b>	D	D	A: 1h
<b>Peripheral Vascular Disease</b>	D	D	A: 1a
<b>Pregnancy:</b> Current with no complications	S	S	A: 1g
<b>Prostate Disease / Disorder:</b> Acute infection, Benign Prostatic Hypertrophy (BPH) confirmed with stable PSA level	S	S	A: 1g
<b>Pulmonary Embolism</b>	S	S	A: 1a
<b>Schizophrenia (Paranoid):</b> See <b>Mental or Nervous Disorder</b>			
<b>Sarcoidosis:</b> Lung - currently being treated, investigated or with complications	D	D	A: 1k
<b>Seizures:</b> See <b>Epilepsy</b>	S	D	A: 1f
<b>SLE (systemic lupus erythematosus)</b>	D	D	A: 1h
<b>Sleep Apnea:</b> Combined with history of height/weight exceeding Table 2 build chart, poorly controlled high blood pressure	D	D	A: 1d
<b>Spina Bifida</b>	D	D	A: 1j
<b>Spina Bifida Occulta:</b> Asymptomatic	S	D*	A: 1j
<b>Stroke / CVA</b>	D	D	A: 1b

Impairment	Life	DIR	Q on App
<b>Subarachnoid Hemorrhage</b>	D	D	A: 1b
<b>Thyroid Disorder:</b> Treated and well-controlled, benign	S	S	A: 1j
<b>Transient Ischemic Attack (TIA):</b> After six months, no residuals	S	D	A: 1b
<b>Transient Ischemic Attack (TIA):</b> Combined with Tobacco Use -Smoker, multiple occurrences or with current anti-coagulant treatment	D	D	A: 1b
<b>Tuberculosis:</b> Within the past two years, diagnosed, treated, or taken medication or with any residuals	D	D	A: 1d
<b>Ulcer:</b> Peptic, duodenal or gastric - symptom free for one year	S	S	A: 1c
<b>Ulcerative Colitis:</b> Diagnosed prior to age 20 or within the past 12 months.	D	D	A: 1c
<b>Unemployment:</b> Currently unemployed or unable to work due to medical reasons	D	D	C: 2
<b>Valve Replacement</b>	D	D	A: 1a
<b>Vascular Impairments</b>	D	D	A: 1f
<b>Weight Reduction Surgery:</b> Surgery within the past 12 months	D	D	A: 4a
<b>Weight Reduction Surgery:</b> After one year since surgery with no complications such as dumping syndrome	S	D	A: 4a

\* Underwriting will consider issuing the DIR/AODIR with an exclusion rider.

Applies to standard life application Form No. 3847. The question numbers on some state specific applications may vary. Refer to the state-specific section of this agent guide for plan availability.



# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Abilify	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Accupril	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Accuretic	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Actoplus	Diabetes	N/A	<b>#</b>
Actos	Diabetes	N/A	<b>#</b>
Advair	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>I</b> <b>D</b>
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>
Albuterol	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>I</b> <b>D</b>
Aldactazide	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Aldactone	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Allopurinol	Gout	N/A	<b>I</b>
Alprazolam	Mental / Nervous	N/A	<b>I</b>
Altace	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Amantadine HCL	Parkinson's	N/A	<b>D</b>
Amaryl	Diabetes	N/A	<b>#</b>
Amiloride HCL	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Amiodarone	Arrhythmia	N/A	<b>D</b>
Amlodipine Besylate	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Amyl Nitrate	Angina / CHF	N/A	<b>D</b>
Anoro Ellipta	COPD / Emphysema / Chronic Bronchitis	N/A	<b>D</b>
Antabuse	Alcohol / Drugs	4 yrs	<b>D</b>
Apokyn	Parkinson's	N/A	<b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Aptivus	AIDS	N/A	<b>D</b>
Aranesp	Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Aricept	Alzheimer's / Dementia / Memory	N/A	<b>D</b>
Arimidex	Cancer	7 yrs > 7 yrs	<b>D</b> <b>S</b>
Aripiprazole	Mental / Nervous	N/A	<b>D</b>
Atacand	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Atamet	Parkinson's	N/A	<b>D</b>
Atenolol	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Atgam	Organ / Tissue Transplant	N/A	<b>D</b>
Atripla	AIDS	N/A	<b>D</b>
Atrovent / Atrovent HFA Atrovent (Nasal)	Allergies COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>S</b> <b>D</b>
Avalide	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Avandia	Diabetes	N/A	<b>#</b>
Avonex	Multiple Sclerosis	N/A	<b>D</b>
Azasan	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Azathioprine	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Azilect	Parkinson's	N/A	<b>D</b>
Azmacort	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>I</b> <b>D</b>
Azor	High Blood Pressure (HTN) CHF	N/A N/A	* <b>D</b>
Baclofen	Back Injury	12 mos	<b>I</b>

- \* High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- # Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Baraclude	Liver Disorder / Hepatitis Liver Failure	N/A N/A	<b>D</b> <b>D</b>
Benazepril HCL	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Benicar	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Benlysta	Systemic Lupus (SLE)	N/A	<b>D</b>
Benzotropine Mesylate	Parkinson's Other Use	N/A N/A	<b>D</b> <b>S</b>
Betapace	Heart Arrhythmia CHF	N/A N/A	<b>D</b> <b>D</b>
Betaseron	Multiple Sclerosis	N/A	<b>D</b>
BiDil	CHF	N/A	<b>D</b>
Biktarvy	AIDS	N/A	<b>D</b>
Bisoprolol Fumarate	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Bromocriptine Mesylate	Parkinson's	N/A	<b>D</b>
Bumetanide	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Bumex	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Buprenex	Alcohol / Drugs	4 yrs	<b>D</b>
Bystolic	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Calan	High Blood Pressure (HTN)	N/A	<b>*</b>
Calcium Acetate	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Campath	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Campral	Alcohol / Drugs	4 yrs	<b>D</b>
Capozide	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Captopril	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Carbamazepine	Seizures	N/A	<b>D</b>
Carbatrol	Seizures	N/A	<b>D</b>
Carbidopa	Parkinson's	N/A	<b>D</b>
Cardizem	High Blood Pressure (HTN)	N/A	<b>*</b>
Cardura	High Blood Pressure (HTN)	N/A	<b>*</b>
Cartia	High Blood Pressure (HTN)	N/A	<b>*</b>
Carvedilol	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Casodex	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Catapress	High Blood Pressure (HTN)	N/A	<b>*</b>
Cellcept	Organ / Tissue Transplant	N/A	<b>D</b>
Chlorpromazine	Schizophrenia	N/A	<b>D</b>
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>
Cogentin	Parkinson's Other Use	N/A N/A	<b>D</b> <b>S</b>
Colcrys	Gout	N/A	<b>I</b>
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	<b>D</b>
Combivir	AIDS	N/A	<b>D</b>
Complera	AIDS	N/A	<b>D</b>
Copaxone	Multiple Sclerosis	N/A	<b>D</b>
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	<b>D</b>
Cordarone	Irregular Heartbeat	N/A	<b>D</b>
Coreg	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Corzide	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>

- \* High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- # Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	<b>I</b>
	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>
Cozaar	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Creon	Chronic Pancreatitis	N/A	<b>D</b>
Cyclosporine	Organ / Tissue Transplant	N/A	<b>D</b>
Cytosan	Cancer	7 yrs	<b>D</b>
		>7 yrs	<b>S</b>
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	<b>D</b>
Demadex	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Depacon	Seizures	N/A	<b>D</b>
Depade	Alcohol / Drugs	4 yrs	<b>D</b>
Depakene	Bipolar Disorder; Migraines Outcome for BPD / Seizures Outcome for Migraines	N/A	<b>D</b>
		N/A	<b>S</b>
Depakote	Bipolar Disorder; Migraines Outcome for BPD / Seizures Outcome for Migraines	N/A	<b>D</b>
		N/A	<b>S</b>
Diabeta	Diabetes	N/A	<b>#</b>
Diabinese	Diabetes	N/A	<b>#</b>
Digitek	Irregular Heartbeat CHF	N/A	<b>D</b>
		N/A	<b>D</b>
Digoxin	Irregular Heartbeat CHF	N/A	<b>D</b>
		N/A	<b>D</b>
Dilacor	High Blood Pressure (HTN)	N/A	<b>*</b>
Dilantin	Seizures	N/A	<b>I</b>
Dilatrate SR	Angina / CHF	N/A	<b>D</b>
Dilor	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>I</b>
		N/A	<b>D</b>
Diovan	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	<b>D</b>
Dyazide	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Dynacirc	High Blood Pressure (HTN)	N/A	<b>*</b>
Dyrenium	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Edocrin	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Edurant	AIDS	N/A	<b>D</b>
Eldepryl	Parkinson's	N/A	<b>D</b>
Emtriva	AIDS	N/A	<b>H</b>
Enalapril Maleate	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Enalaprilat	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Entresto	Congestive Heart Failure	N/A	<b>D</b>
Epivir	AIDS	N/A	<b>D</b>
Eplerenone	CHF	N/A	<b>D</b>
Eskalith	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Exforge	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Felodipine	High Blood Pressure (HTN)	N/A	<b>*</b>
Femara	Cancer	7 yrs	<b>D</b>
		>7 yrs	<b>S</b>
Foscavir	AIDS	N/A	<b>D</b>
Furosemide	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Gabapentin	Seizures Restless Leg Syndrome	N/A	<b>I</b>
		N/A	<b>S</b>
Gleevec	Cancer	7 yrs	<b>D</b>
		>7 yrs	<b>S</b>
Glipizide	Diabetes	N/A	<b>#</b>
Glucophage	Diabetes	N/A	<b>#</b>

- \*** High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Glucotrol	Diabetes	N/A	#
Glyburide	Diabetes	N/A	#
Glynase	Diabetes	N/A	#
Haldol	Schizophrenia	N/A	D
Haloperidol	Schizophrenia	N/A	D
HCTZ / Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	* D
Hectoral	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	D D D
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	I
Hepsera	Liver Disorder / Hepatitis	N/A	D
Hizentra	Immunodeficiency	N/A	D
Humalog	Diabetes	N/A	D
Humulin	Diabetes	N/A	D
Hydralazine HCL	High Blood Pressure (HTN) CHF	N/A N/A	* D
Hydroxychloroquine	Systemic Lupus (SLE) Rheumatoid Arthritis	N/A N/A	D I
Hydroxyurea	Cancer	7 yrs >7 yrs	D S
Hytrin	High Blood Pressure (HTN)	N/A	*
Hyzaar	High Blood Pressure (HTN) CHF	N/A N/A	* D
Imdur	Angina / CHF	N/A	D
Imuran	Organ / Tissue Transplant Rheumatoid Arthritis Systemic Lupus (SLE)	N/A N/A N/A	D D D
Inamrinone	CHF	N/A	D
Inderal	High Blood Pressure (HTN) CHF	N/A N/A	* D
Inderide	High Blood Pressure (HTN) CHF	N/A N/A	* D

Medication	Common Use of Concern	RX Fill	Plan
Inspra	CHF	N/A	D
Insulin	Diabetes	N/A	D
Intron-A	Cancer Hepatitis C	7 yrs >7 yrs N/A	D S D
Invirase	AIDS	N/A	D
Ipratropium Bromide	Allergies - Nasal Spray COPD / Emphysema / Chronic Bronchitis	N/A N/A	S D
Isoptin	High Blood Pressure (HTN)	N/A	*
Isordil	Angina / CHF	N/A	D
Isosorbide Dinitrate / Mononitrate	Angina / CHF	N/A	D
Janumet	Diabetes	N/A	#
Januvia	Diabetes	N/A	#
Kaletra	AIDS	N/A	D
Kemadrin	Parkinson's	N/A	D
Kerlone	High Blood Pressure (HTN) Glaucoma	N/A N/A	* S
Labetalol	High Blood Pressure (HTN) Angina	N/A N/A	* D
Lamictal	Seizures Bi-polar / Major depression	N/A N/A	I D
Lamotrigine	Seizures Bi-polar / Major depression	N/A N/A	I D
Lanoxicaps	Irregular Heartbeat CHF	N/A N/A	D D
Lanoxin	Irregular Heartbeat CHF	N/A N/A	D D
Lantus	Diabetes	N/A	D
Larodopa	Parkinson's	N/A	D
Lasix	High Blood Pressure (HTN) CHF	N/A N/A	* D

- \* High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- # Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.



# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Leukeran	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Levemir	Diabetes	N/A	<b>D</b>
Levocarnitine	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Levodopa	Parkinson's	N/A	<b>D</b>
Lexiva	AIDS	N/A	<b>D</b>
Lipitor	Cholesterol	N/A	<b>S</b>
Lisinopril	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Lithium	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Lodosyn	Parkinson's	N/A	<b>D</b>
Lopressor	High Blood Pressure (HTN)	N/A	<b>*</b>
Losartan	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Lotensin	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Loxapine	Schizophrenia	N/A	<b>D</b>
Loxitane	Schizophrenia	N/A	<b>D</b>
Lozol	High Blood Pressure (HTN)	N/A	<b>*</b>
Lupron	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Lyrica	Seizures	N/A	<b>I</b>
Maxzide	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Mellaril	Schizophrenia	N/A	<b>D</b>
Memantine	Alzheimer's / Dementia	N/A	<b>D</b>
Metformin	Diabetes	N/A	<b>#</b>
Methadone	Opioid Dependence	4 yrs	<b>D</b>
Methadose	Opioid Dependence	4 yrs	<b>D</b>
Methotrexate	Cancer  Rheumatoid Arthritis / SLE / Connective Tissue Disease	7 yrs >7 yrs N/A	<b>D</b> <b>S</b> <b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Metoprolol HCTZ	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Metoprolol Tartrate / Succinate	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Micardis	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Micronase	Diabetes	N/A	<b>#</b>
Milrinone	CHF / Cardiomyopathy	N/A	<b>D</b>
Minipress	High Blood Pressure (HTN)	N/A	<b>*</b>
Minitran	Angina / CHF	N/A	<b>D</b>
Mirapex	Parkinson's Other Use	N/A N/A	<b>D</b> <b>S</b>
Moban	Schizophrenia	N/A	<b>D</b>
Moduretic	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Moexipril HCL	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Monoket	Angina / CHF	N/A	<b>D</b>
Monopril	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Mysoline	Seizures	N/A	<b>D</b>
Nadolol	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Naloxone	Alcohol / Drugs	4 yrs	<b>H</b>
Naltrexone	Alcohol / Drugs	4 yrs	<b>D</b>
Narcan	Alcohol / Drugs	4 yrs	<b>H</b>
Natrecor	CHF	N/A	<b>D</b>
Navane	Schizophrenia	N/A	<b>D</b>
Neurontin	Seizures Nerve Pain	N/A N/A	<b>I</b> <b>S</b>
Nifedipine	High Blood Pressure (HTN)	N/A	<b>*</b>
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>

- \*** High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>
Nitrek	Angina / CHF	N/A	<b>D</b>
Nitro-bid	Angina / CHF	N/A	<b>D</b>
Nitro-dur	Angina / CHF	N/A	<b>D</b>
Nitroglycerine / Nitrotab / Nitroquick / Nitrostat	Angina / CHF	N/A	<b>D</b>
Nitrol	Angina / CHF	N/A	<b>D</b>
Normodyne	High Blood Pressure (HTN)	N/A	<b>*</b>
Norpac	Irregular Heartbeat	N/A	<b>D</b>
Norvir	AIDS	N/A	<b>D</b>
Novolin	Diabetes	N/A	<b>D</b>
Novolog	Diabetes	N/A	<b>D</b>
Pacerone	Irregular Heartbeat	N/A	<b>D</b>
Pancrease	Chronic Pancreatitis	N/A	<b>D</b>
Parcopa	Parkinson's	N/A	<b>D</b>
Parlodel	Parkinson's	N/A	<b>D</b>
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	<b>D</b>
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	<b>D</b>
Pentam 300	AIDS	N/A	<b>D</b>
Pentamidine Isethionate	AIDS	N/A	<b>D</b>
Pergolide Mesylate	Parkinson's	N/A	<b>D</b>
Permax	Parkinson's	N/A	<b>D</b>
Phenobarbital	Seizures	N/A	<b>I</b>
Phoslo	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Plaquenil	Systemic Lupus (SLE)	N/A	<b>D</b>
	Malaria	N/A	<b>S</b>
	Rheumatoid Arthritis	N/A	<b>D</b>
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	<b>D</b>
Plendil	High Blood Pressure (HTN)	N/A	<b>*</b>
Prandin	Diabetes	N/A	<b>#</b>
Prazosin	High Blood Pressure (HTN)	N/A	<b>*</b>
Primacor	CHF	N/A	<b>D</b>
Prinivil	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Prinzide	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Procardia	High Blood Pressure (HTN)	N/A	<b>*</b>
Prograf	Organ / Tissue Transplant	N/A	<b>D</b>
Proleukin	Cancer	7 yrs	<b>D</b>
		>7 yrs	<b>S</b>
Prolixin	Schizophrenia	N/A	<b>D</b>
Propanolol HCL	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Proventil	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>I</b>
		N/A	<b>D</b>
Prozac	Depressive Disorder	N/A	<b>S</b>
Quinapril	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Quinaretic	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Ramipril	High Blood Pressure (HTN)	N/A	<b>*</b>
	CHF	N/A	<b>D</b>
Ranexa	Angina / CHF	N/A	<b>D</b>
Rapamune	Organ / Tissue Transplant	N/A	<b>D</b>

- \*** High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	<b>D</b>
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	<b>D</b>
Rebif	Multiple Sclerosis	N/A	<b>D</b>
Renagel	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A	<b>D</b>
		N/A	<b>D</b>
		N/A	<b>D</b>
Renvela	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A	<b>D</b>
		N/A	<b>D</b>
		N/A	<b>D</b>
Requip	Parkinson's Restless Leg Syndrome	N/A	<b>D</b>
		N/A	<b>S</b>
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	<b>D</b>
Rilutek	ALS / Motor Neuron Disease	N/A	<b>D</b>
Risperdal	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Risperidone	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Rituxan	Cancer  Rheumatoid Arthritis	7 yrs	<b>D</b>
		>7 yrs	<b>S</b>
		N/A	<b>D</b>
Ropinirole	Parkinson's Restless Leg Syndrome	N/A	<b>D</b>
		N/A	<b>S</b>
Rythmol	Irregular Heartbeat	N/A	<b>D</b>
Serevent	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>I</b>
		N/A	<b>D</b>
Seroquel	Bi-Polar / Schizophrenia	N/A	<b>D</b>
Sinemet / Sinemet CR	Parkinson's	N/A	<b>D</b>
Sodium Edecrin	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Soltalol Hydrochloride	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Sotalol HCL	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	<b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Spironolactone	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Sprycel	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Stalevo	Parkinson's	N/A	<b>D</b>
Starlix	Diabetes	N/A	<b>#</b>
Suboxone	Alcohol / Drugs	4 yrs	<b>D</b>
Subutex	Alcohol / Drugs	4 yrs	<b>D</b>
Sustiva	AIDS	N/A	<b>D</b>
Symbicort	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>S</b>
		N/A	<b>D</b>
Symmetrel	Parkinson's	N/A	<b>D</b>
Tambocor	Irregular Heartbeat	N/A	<b>D</b>
Tamoxifen	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Tarka	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Tasmar	Parkinson's	N/A	<b>D</b>
Tegretol	Seizures	N/A	<b>I</b>
Tenex	High Blood Pressure (HTN)	N/A	<b>*</b>
Tenoretic	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Tenormin	High Blood Pressure (HTN) CHF	N/A	<b>*</b>
		N/A	<b>D</b>
Theo-Dur	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>I</b>
		N/A	<b>D</b>
Theophylline	Asthma COPD / Emphysema / Chronic Bronchitis	N/A	<b>I</b>
		N/A	<b>D</b>
Thioridazine	Schizophrenia	N/A	<b>D</b>
Thiothixene	Schizophrenia	N/A	<b>D</b>

- \*** High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.

# INTELLIGENT CHOICE PRESCRIPTION REFERENCE GUIDE (Cont.)

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

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

**D** indicates Declined.

**H** indicates Refer to Home Office.

**S** indicates Standard.

**I** indicated "See Impairment Guide".

Medication	Common Use of Concern	RX Fill	Plan
Thorazine	Schizophrenia	N/A	<b>D</b>
Tiazac	High Blood Pressure (HTN)	N/A	<b>*</b>
Tolazamide	Diabetes	N/A	<b>#</b>
Tolbutamide	Diabetes	N/A	<b>#</b>
Tolinase	Diabetes	N/A	<b>#</b>
Toprol XL	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Torsemide	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Trandate	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Tresiba (Insulin)	Diabetes	N/A	<b>D</b>
Triamterene	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Tribenzor	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Trihexyphe- nidyl HCL	Parkinson's	N/A	<b>D</b>
Truvada	AIDS	N/A	<b>H</b>
Tyzeka	Liver Disorder / Hepatitis	N/A	<b>D</b>
Uniretic	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Univasc	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Valcyte	AIDS	N/A	<b>D</b>
Valproic Acid	Seizures	N/A	<b>D</b>
Valstar	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Valturna	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Vascor	Angina	N/A	<b>D</b>
Vaseretic	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Vasotec	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>

Medication	Common Use of Concern	RX Fill	Plan
Ventolin	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>I</b> <b>D</b>
Verapamil	High Blood Pressure (HTN)	N/A	<b>*</b>
Viaspan	Organ / Tissue Transplant	N/A	<b>D</b>
Viracept	AIDS	N/A	<b>D</b>
Viramune	AIDS	N/A	<b>D</b>
Viread	AIDS	N/A	<b>H</b>
Visken	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Vivitrol	Alcohol / Drugs	4 yrs	<b>D</b>
Warfarin	Blood Clot / Deep Vein Thrombosis Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A N/A	<b>I</b> <b>D</b>
Xeloda	Cancer	7 yrs >7 yrs	<b>D</b> <b>S</b>
Xopenex	Asthma COPD / Emphysema / Chronic Bronchitis	N/A N/A	<b>I</b> <b>D</b>
Zelapar	Parkinson's	N/A	<b>D</b>
Zemplar	Kidney Dialysis Renal Insufficiency / Failure Diabetic Nephropathy	N/A N/A N/A	<b>D</b> <b>D</b> <b>D</b>
Zestoretic	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Zestril	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Ziac	High Blood Pressure (HTN) CHF	N/A N/A	<b>*</b> <b>D</b>
Zyprexa	Bi-Polar / Schizophrenia	N/A	<b>D</b>

- \*** High Blood Pressure - The proposed insured could qualify for the plan if controlled with two or fewer medications. If controlled with three or more medications, the proposed insured will not be eligible for coverage.
- #** Diabetes - If diagnosed, treated, or taken medication prior to age 35, the proposed insured will not be eligible for coverage. If taking insulin shots or using tobacco within the past 12 months, the proposed insured will not be eligible for coverage. The proposed insured is not eligible for coverage if combined with overweight, gout, retinopathy, or protein in the urine.



## ANNUAL TARGET PREMIUMS

Premium per \$1,000 of nominal face amount  
**BAND 1 (FACE AMOUNTS \$25,000 - \$99,999)**

ISSUE AGE	NON-TOBACCO		TOBACCO		ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE
18	5.45	4.60	7.71	6.91	47	15.75	13.33	24.53	19.46
19	5.62	4.74	7.95	7.12	48	17.02	14.09	26.88	20.64
20	5.80	4.89	8.20	7.34	49	18.28	14.85	29.23	21.82
21	5.97	5.06	8.47	7.61	50	19.55	15.61	31.58	23.00
22	6.15	5.22	8.73	7.88	51	20.41	16.03	33.20	23.75
23	6.33	5.39	9.00	8.15	52	21.28	16.46	34.82	24.50
24	6.51	5.56	9.27	8.42	53	22.15	16.88	36.43	25.26
25	6.69	5.72	9.54	8.68	54	23.01	17.31	38.05	26.01
26	7.04	5.90	10.06	8.90	55	23.88	17.73	39.67	26.76
27	7.39	6.08	10.58	9.11	56	27.23	18.49	40.86	28.34
28	7.74	6.26	11.11	9.33	57	30.59	19.24	42.04	29.93
29	8.09	6.43	11.63	9.54	58	33.95	19.99	43.23	31.51
30	8.44	6.61	12.15	9.76	59	37.31	20.74	44.41	33.09
31	8.53	6.66	12.38	9.81	60	40.67	21.49	45.60	34.68
32	8.62	6.70	12.62	9.87	61	42.41	23.77	47.12	37.24
33	8.71	6.75	12.85	9.92	62	44.15	26.04	48.64	39.81
34	8.80	6.80	13.09	9.98	63	45.90	28.32	50.16	42.37
35	8.89	6.85	13.32	10.03	64	47.64	30.59	51.68	44.94
36	9.32	7.08	14.03	10.58	65	49.38	32.87	53.20	47.50
37	9.75	7.31	14.74	11.13	66	51.72	35.39	58.71	51.30
38	10.18	7.55	15.45	11.67	67	54.07	37.91	64.22	55.10
39	10.60	7.78	16.16	12.22	68	56.41	40.44	69.73	58.90
40	11.03	8.02	16.87	12.77	69	58.75	42.96	75.24	62.70
41	11.47	8.78	17.46	13.63	70	61.09	45.48	80.75	66.50
42	11.91	9.54	18.06	14.50	71	64.76	48.49	84.67	69.35
43	12.35	10.30	18.65	15.37	72	68.42	51.50	88.59	72.20
44	12.78	11.06	19.24	16.23	73	72.09	54.51	92.51	75.05
45	13.22	11.82	19.84	17.10	74	75.76	57.52	96.43	77.90
46	14.49	12.57	22.18	18.28	75	79.42	60.53	100.35	80.75

## ANNUAL TARGET PREMIUMS

Premium per \$1,000 of nominal face amount

**BAND 2 (FACE AMOUNTS \$100,000 - \$500,000)**

ISSUE AGE	NON-TOBACCO		TOBACCO		ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE
18	4.17	3.50	5.99	5.24	47	13.65	11.34	22.40	18.14
19	4.30	3.61	6.18	5.40	48	14.77	12.08	24.46	19.56
20	4.44	3.72	6.37	5.57	49	15.90	12.83	26.51	20.98
21	4.50	3.80	6.57	5.77	50	17.02	13.57	28.57	22.40
22	4.57	3.87	6.78	5.97	51	18.08	14.08	30.79	23.34
23	4.64	3.94	6.99	6.18	52	19.14	14.59	33.00	24.27
24	4.71	4.02	7.19	6.38	53	20.20	15.10	35.22	25.21
25	4.78	4.09	7.40	6.58	54	21.26	15.61	37.44	26.14
26	5.11	4.22	7.87	6.79	55	22.33	16.12	39.66	27.08
27	5.45	4.34	8.34	7.00	56	25.63	16.99	40.88	28.50
28	5.79	4.47	8.81	7.21	57	28.94	17.86	42.09	29.93
29	6.12	4.59	9.29	7.42	58	32.25	18.73	43.31	31.35
30	6.46	4.72	9.76	7.63	59	35.56	19.60	44.53	32.78
31	6.55	4.76	10.02	7.70	60	38.87	20.47	45.74	34.20
32	6.63	4.80	10.29	7.77	61	40.51	22.64	47.23	37.08
33	6.72	4.84	10.56	7.84	62	42.14	24.80	48.73	39.96
34	6.81	4.88	10.83	7.91	63	43.77	26.97	50.22	42.84
35	6.90	4.92	11.10	7.98	64	45.40	29.14	51.71	45.72
36	7.22	5.17	11.77	8.57	65	47.03	31.30	53.20	48.60
37	7.55	5.42	12.45	9.17	66	49.84	34.68	58.71	52.54
38	7.87	5.67	13.13	9.76	67	52.65	38.05	64.22	56.47
39	8.20	5.92	13.81	10.35	68	55.47	41.43	69.73	60.40
40	8.52	6.17	14.49	10.94	69	58.28	44.81	75.24	64.33
41	9.10	6.90	15.25	11.82	70	61.09	48.18	80.75	68.27
42	9.67	7.64	16.01	12.69	71	65.21	51.36	83.90	72.77
43	10.25	8.38	16.77	13.56	72	69.33	54.55	87.04	77.28
44	10.82	9.11	17.54	14.43	73	73.45	57.73	90.19	81.78
45	11.40	9.85	18.30	15.30	74	77.57	60.91	93.34	86.29
46	12.52	10.59	20.35	16.72	75	81.69	64.09	96.48	90.79

## ANNUAL — NO LAPSE GUARANTEE RATES

Premium per \$1,000 of nominal face amount

**BAND 1 (FACE AMOUNTS \$25,000 - \$99,999)**

ISSUE AGE	NON-TOBACCO		TOBACCO		ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE
18	4.33	3.81	5.52	5.22	47	10.58	8.89	17.00	14.38
19	4.36	3.85	5.65	5.35	48	11.49	9.46	18.65	15.71
20	4.39	3.89	5.78	5.48	49	12.39	10.04	20.30	17.05
21	4.42	3.93	5.91	5.61	50	13.30	10.62	21.95	18.39
22	4.44	3.97	6.04	5.75	51	14.17	10.94	24.20	19.36
23	4.47	4.01	6.18	5.88	52	15.04	11.26	26.45	20.33
24	4.49	4.05	6.31	6.02	53	15.91	11.59	28.71	21.31
25	4.52	4.09	6.45	6.15	54	16.78	11.91	30.96	22.28
26	4.63	4.08	6.76	6.15	55	17.65	12.23	33.21	23.26
27	4.75	4.08	7.07	6.15	56	19.23	13.23	34.02	24.97
28	4.86	4.07	7.37	6.15	57	20.81	14.22	34.83	26.68
29	4.98	4.07	7.68	6.15	58	22.39	15.22	35.63	28.39
30	5.09	4.06	7.99	6.15	59	23.97	16.21	36.44	30.10
31	5.16	4.09	8.17	6.20	60	25.56	17.21	37.25	31.81
32	5.22	4.12	8.34	6.24	61	27.22	19.03	39.58	34.13
33	5.28	4.15	8.52	6.28	62	28.89	20.85	41.91	36.45
34	5.35	4.18	8.70	6.33	63	30.56	22.67	44.23	38.77
35	5.41	4.21	8.88	6.37	64	32.23	24.5	46.56	41.09
36	5.70	4.32	9.39	6.70	65	33.90	26.32	48.89	43.41
37	5.98	4.44	9.90	7.03	66	35.82	28.46	54.70	46.52
38	6.26	4.55	10.41	7.37	67	37.74	30.6	60.52	49.63
39	6.55	4.67	10.92	7.70	68	39.67	32.74	66.33	52.74
40	6.83	4.78	11.43	8.03	69	41.59	34.88	72.14	55.86
41	7.22	5.37	11.88	8.76	70	43.51	37.02	77.96	58.97
42	7.61	5.96	12.34	9.50	71	46.12	39.47	80.30	61.68
43	7.99	6.55	12.79	10.23	72	48.74	41.92	82.64	64.40
44	8.38	7.14	13.24	10.97	73	51.35	44.37	84.98	67.12
45	8.77	7.73	13.69	11.70	74	53.96	46.82	87.32	69.84
46	9.67	8.31	15.35	13.04	75	56.57	49.27	89.66	72.55

## ANNUAL — NO LAPSE GUARANTEE RATES

Premium per \$1,000 of nominal face amount

**BAND 2 (FACE AMOUNTS \$100,000 - \$500,000)**

ISSUE AGE	NON-TOBACCO		TOBACCO		ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE
18	3.01	2.41	4.82	4.39	47	10.58	8.89	16.92	14.34
19	3.15	2.55	5.05	4.53	48	11.49	9.46	18.53	15.65
20	3.29	2.69	5.28	4.68	49	12.39	10.04	20.14	16.97
21	3.43	2.83	5.51	4.83	50	13.30	10.62	21.75	18.29
22	3.56	2.97	5.74	4.99	51	14.17	10.94	23.68	19.04
23	3.70	3.11	5.98	5.14	52	15.04	11.26	25.61	19.79
24	3.83	3.25	6.21	5.30	53	15.91	11.59	27.55	20.55
25	3.97	3.39	6.45	5.45	54	16.78	11.91	29.48	21.30
26	4.19	3.42	6.76	5.59	55	17.65	12.23	31.41	22.06
27	4.42	3.45	7.07	5.73	56	19.23	13.23	32.38	23.67
28	4.64	3.47	7.37	5.87	57	20.81	14.22	33.35	25.28
29	4.87	3.50	7.68	6.01	58	22.39	15.22	34.31	26.89
30	5.09	3.53	7.99	6.15	59	23.97	16.21	35.28	28.50
31	5.16	3.57	8.17	6.20	60	25.56	17.21	36.25	30.11
32	5.22	3.60	8.34	6.24	61	27.22	19.03	38.40	32.43
33	5.28	3.64	8.52	6.28	62	28.89	20.85	40.55	34.75
34	5.35	3.67	8.70	6.33	63	30.56	22.67	42.69	37.07
35	5.41	3.71	8.88	6.37	64	32.23	24.50	44.84	39.39
36	5.70	3.92	9.39	6.70	65	33.90	26.32	46.99	41.71
37	5.98	4.14	9.90	7.03	66	35.82	28.46	52.80	44.82
38	6.26	4.35	10.41	7.37	67	37.74	30.60	58.62	47.93
39	6.55	4.57	10.92	7.70	68	39.67	32.74	64.43	51.04
40	6.83	4.78	11.43	8.03	69	41.59	34.88	70.24	54.16
41	7.22	5.37	11.88	8.76	70	43.51	37.02	76.06	57.27
42	7.61	5.96	12.34	9.50	71	46.12	39.47	78.38	60.32
43	7.99	6.55	12.79	10.23	72	48.74	41.92	80.70	63.38
44	8.38	7.14	13.24	10.97	73	51.35	44.37	83.02	66.44
45	8.77	7.73	13.69	11.70	74	53.96	46.82	85.34	69.50
46	9.67	8.31	15.31	13.02	75	56.57	49.27	87.66	72.55



The S&P 500® Index is a product of S&P Dow Jones Indices LLC or its affiliates ("SPDJI") has been licensed for use by American-Amicable Life Insurance Company of Texas (Licensee). Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P") and Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"). The trademarks have been licensed to SPDJI and have been sublicensed for use for certain purposes by Licensee. Licensee's product is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, "S&P Dow Jones Indices"). S&P Dow Jones Indices does not make any representation or warranty, express or implied, to the owners of the Licensee's product or any member of the public regarding the advisability of investing in securities generally or in Licensee's product particularly or the ability of the S&P 500® Index (the "Index") to track general market performance. S&P Dow Jones Indices only relationship to Licensee with respect to the Index is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices and/or its licensors. The Index is determined, composed and calculated by S&P Dow Jones Indices without regard to Licensee or the Licensee's product]. S&P Dow Jones Indices has no obligation to take the needs of Licensee or the owners of Licensee's product] into consideration in determining, composing or calculating the Index. S&P Dow Jones Indices is not responsible for and have not participated in the determination of the prices, and amount of Licensee's product or the timing of the issuance or sale of Licensee's product or in the determination or calculation of the equation by which Licensee's product is to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices has no obligation or liability in connection with the administration, marketing or trading of Licensee's product. There is no assurance that investment products based on the Index will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC is not an investment advisor. Inclusion of a security within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security, nor is it considered to be investment advice.

S&P DOW JONES INDICES DOES NOT GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS AND/OR THE COMPLETENESS OF THE INDEX OR ANY DATA RELATED THERETO OR ANY COMMUNICATION, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P DOW JONES INDICES SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS, OR DELAYS THEREIN. S&P DOW JONES INDICES MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES, OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OR AS TO RESULTS TO BE OBTAINED BY LICENSEE, OWNERS OF THE LICENSEE'S PRODUCT, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE INDEX OR WITH RESPECT TO ANY DATA RELATED THERETO. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE. THERE ARE NO THIRD PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND LICENSEE, OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.





# AMERICAN AMICABLE GROUP

**To faithfully protect generations.**

The American Amicable Group offers innovative life insurance products that are easy to acquire and that are designed to meet the needs of middle market America. We are committed to providing each of our policyholders with outstanding service and care to meet their individual life insurance needs.

## SERVICE HOURS

### LIVE CHAT:

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

### PHONE HOURS:

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



254-297-2777



425 Austin Ave, Waco Texas 76701



[americanamicable.com](http://americanamicable.com)

AMERICAN AMICABLE LIFE INSURANCE COMPANY OF TEXAS  
IA AMERICAN LIFE INSURANCE COMPANY  
OCCIDENTIAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

AGENT GUIDE FOR AGENT USE ONLY. NOT FOR USE WITH GENERAL PUBLIC.

Products and riders not available in all states.

Please check with the State Approval Grid under Order Supply on the Company website.