

# SURVIVOR PROTECTOR

**Decreasing Term Life Insurance  
with 15-20-25-30 to Age 70 Level Premium Periods**

*Policy Form No. 3422*

**with MONTHLY INCOME BENEFIT option**

AGENT GUIDE FOR AGENT USE ONLY

*All products and riders not available in all states.*

*Please check with the State Approval Grid on the Company website or check with the Home Office Marketing Sales Team at (800) 736-7311 (menu prompt 1, 1, 2) for other state approvals.*

# Table of Contents

Item:	Page #:
Plan Description .....	4
Application & Required Forms .....	4
Policy Specifications .....	4-5
Rates Per \$1,000 .....	6
Rider Descriptions .....	7-10
Accidental Death Benefit Rider .....	7
Disability Income Rider.....	7
Accident Only DIR .....	8
Waiver of Premium Rider.....	8
Waiver of Premium for Unemployment Rider .....	9
Children’s Insurance Agreement .....	9
Family Insurance Agreement.....	9
Terminal Illness Rider.....	10
Product Software .....	10
Application Submission.....	10
Mobile Application.....	10
Bank Draft Procedures / E-Check Procedures.....	11
Application Completion .....	11-13
Other Required Forms / Key Administrative Guidelines.....	13-14
Telephone Interview Information / Requirement Chart.....	14-15
Build Chart .....	15
DIR/AODIR Underwriting Guidelines .....	16
Medical Impairment Guide .....	16-20
Prescription Reference Guide .....	21-34
Company Contact Information.....	35

# SURVIVOR PROTECTOR

## PLAN DESCRIPTION

Survivor Protector is a simplified underwritten product that provides a monthly income benefit payable until the end of the Death Benefit Period. The benefit expires at the end of the Death Benefit Period. Premiums are guaranteed and payable to the end of Death Benefit Period. There are five premium options available. At issue of the policy, the Owner will choose a Death Benefit Period of 15-year, 20-year, 25-year, 30-year level or to attained age 70. Premium is calculated per \$100 of monthly income benefit.

## APPLICATION AND REQUIRED FORMS

- Application Form No. 3423 – Company specific with state exceptions
- Disclosure for the Terminal Illness Accelerated Benefit Rider Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA) – This form must be presented to the applicant at point-of-sale. (The states of MA, VA, and WA require this disclosure form to be signed by the applicant and submitted with the application.)
- Replacement Form – Complete all replacement requirements as per individual state insurance replacement regulations.

SURVIVOR PROTECTOR ISSUE LIMITS			
Death Benefit Period	Issue Ages (age last)	Monthly Income	
		Minimum	Maximum
15-Year	20-75	\$179	\$2,145
20-year	20-70	\$145	\$1,736
25-Year	20-65	\$125	\$1,496
30-Year	20-60	\$112	\$1,340
To Age 70	20-55	Varies, see chart below	

TO AGE 70 INCOME LIMITS					
Ages	Monthly Income		Ages	Monthly Income	
	Minimum	Maximum		Minimum	Maximum
55	\$179	\$2,145	37	\$106	\$1,270
54	\$171	\$2,042	36	\$105	\$1,250
53	\$163	\$1,952	35	\$103	\$1,231
52	\$156	\$1,871	34	\$102	\$1,214
51	\$151	\$1,800	33	\$100	\$1,197
50	\$145	\$1,736	32	\$99	\$1,181
49	\$140	\$1,678	31	\$98	\$1,167
48	\$136	\$1,626	30	\$97	\$1,153
47	\$132	\$1,579	29	\$96	\$1,140
46	\$128	\$1,535	28	\$94	\$1,127
45	\$125	\$1,496	27	\$94	\$1,116
44	\$122	\$1,459	26	\$93	\$1,105
43	\$119	\$1,426	25	\$92	\$1,094
42	\$117	\$1,395	24	\$91	\$1,084
41	\$114	\$1,366	23	\$90	\$1,075
40	\$112	\$1,340	22	\$89	\$1,066
39	\$110	\$1,315	21	\$89	\$1,057
38	\$108	\$1,292	20	\$88	\$1,049

**Premium Classes** — Standard Non-Tobacco, Standard Tobacco

**Modal Factors:**

Monthly	.094
Quarterly	.273
Semiannual	.537

**Policy Fee** — \$80 Annually (fully commissionable)

**Death Benefit** — The death benefit can be paid by a monthly income payment in the amount established when the policy was issued until the end of the Death Benefit Period subject to a 24-month guarantee. The beneficiary can also choose to receive a lump sum benefit. The present value of the lump sum benefit over time is discounted at 3.5% with a 24 month minimum guarantee.

**Underwriting** — Simplified Issue, underwritten standard through table 4. **NOT GUARANTEED ISSUE.**

**Conversion Privilege** — While the policy is in force, it may be converted to any permanent plan of insurance offered by the Company at the time of conversion. Conversion is allowed on or before the earlier of: (a) the expiry date; or (b) the policy anniversary following the Insured's attained age 75; or (c) within 5 years from the Policy Date if later than the policy anniversary following the Insured's attained age 75. Evidence of insurability will not be required. The face amount of the new policy may not exceed the Lump Sum Death Benefit of the policy currently in effect on the effective date of the conversion nor may the face amount be less than the Company's minimum required on the date of conversion for the plan selected.

**BENEFITS AND RIDERS (not available in all states)**

- Waiver of Premium
  - Waiver of Premium for Unemployment Rider
  - Accidental Death Benefit Rider
  - Disability Benefit Rider\*
  - Accident Only Total Disability Benefit Rider\*
  - Children's Insurance Agreement
  - Family Insurance Agreement
  - Terminal Illness Accelerated Benefit Rider - available at no additional premium cost
- \* Disability Income Rider and Accident Only Disability Income Rider cannot be issued on the same policy.

SURVIVOR PROTECTOR										
Annual Rates per \$100 of Monthly Income										
ISSUE AGE	15 YEAR PERIOD		20 YR PERIOD		25 YR PERIOD		30 YR PERIOD		TO AGE 70	
	NT	T	NT	T	NT	T	NT	T	NT	T
20-25	19.24	35.24	24.33	41.70	34.46	48.56	40.48	60.26	70.71	110.87
26	19.66	35.81	25.54	43.09	35.47	50.38	41.60	62.74	70.81	111.55
27	19.94	36.37	26.59	44.48	36.67	52.19	42.72	65.21	70.91	112.52
28	20.36	36.93	27.63	46.05	37.68	54.21	44.07	67.68	71.39	113.98
29	20.78	37.49	28.67	47.44	38.69	56.02	45.20	70.16	71.97	116.01
30	21.06	38.05	29.71	48.83	39.70	57.83	46.32	72.86	72.65	118.15
31	21.76	39.88	31.45	51.96	41.71	61.86	48.35	78.03	73.53	121.06
32	22.47	41.56	33.19	55.08	43.93	65.69	50.37	83.20	74.59	124.16
33	23.17	43.25	34.93	58.21	45.94	69.52	52.39	88.37	75.37	126.68
34	23.87	44.93	36.66	61.34	47.96	73.55	54.42	93.54	76.24	129.59
35	24.57	46.62	38.23	64.47	50.18	77.38	56.44	98.94	77.31	132.89
36	26.82	51.25	41.36	70.90	54.41	85.04	62.29	111.31	78.28	136.38
37	28.92	55.88	44.48	77.33	58.84	92.69	68.13	123.68	78.57	140.17
38	31.17	60.52	47.44	83.75	63.27	100.35	73.76	136.27	78.86	143.56
39	33.42	65.15	50.57	90.18	67.71	108.01	75.78	141.67	79.25	146.96
40	33.84	66.56	50.91	92.10	67.91	108.81	79.60	150.44	79.60	150.44
41	34.96	68.80	51.61	95.22	68.31	110.83	80.50	152.46	78.20	148.34
42	36.51	71.89	53.00	99.39	70.73	115.46	82.98	157.63	81.35	148.79
43	37.63	74.42	54.91	104.78	76.57	125.74	89.50	170.00	80.93	150.30
44	39.46	77.93	58.56	113.12	82.22	135.82	95.79	182.37	85.05	148.72
45	42.26	83.69	62.21	121.64	88.06	146.09	102.31	194.96	88.06	146.09
46	47.32	90.43	68.81	131.54	96.52	160.20	111.98	211.60	92.07	153.90
47	52.51	97.17	75.24	141.44	105.19	174.30	121.43	228.24	91.08	154.62
48	57.57	104.05	81.84	151.35	113.85	188.61	131.10	244.88	90.18	155.25
49	62.62	110.79	88.27	161.25	122.32	202.72	140.54	261.52	88.65	156.15
50	65.71	113.87	91.92	165.95	126.95	210.17	145.71	269.62	91.92	165.95
51	71.61	123.14	100.09	178.98	139.44	229.92	159.21	291.20	91.69	162.59
52	77.65	132.27	108.26	192.18	151.94	249.87	172.70	313.01	91.02	159.36
53	83.55	141.40	116.60	205.39	164.23	269.62	186.41	334.83	91.49	157.82
54	89.58	150.52	124.76	218.42	176.72	289.37	199.91	356.64	90.91	154.46
55	90.43	151.22	132.93	231.63	189.22	309.11	213.62	378.45	90.43	151.22
56	102.78	180.01	143.70	257.17	204.73	333.50	241.51	429.27	N/A	N/A
57	109.94	200.37	154.65	282.89	220.45	357.88	269.62	480.32	N/A	N/A
58	117.24	220.73	165.42	308.43	235.97	382.46	297.50	531.36	N/A	N/A
59	124.41	241.09	176.20	334.15	251.48	406.84	325.61	582.40	N/A	N/A
60	131.71	261.59	186.97	359.69	267.00	431.23	353.49	633.45	N/A	N/A
61	141.68	298.10	204.17	403.14	290.37	470.72	N/A	N/A	N/A	N/A
62	151.50	334.60	221.20	446.58	313.75	510.42	N/A	N/A	N/A	N/A
63	161.47	371.11	238.41	490.02	337.12	549.92	N/A	N/A	N/A	N/A
64	171.44	407.62	255.61	533.46	360.70	589.41	N/A	N/A	N/A	N/A
65	181.27	444.12	272.64	576.90	384.07	629.11	N/A	N/A	N/A	N/A
66	203.74	491.16	320.08	638.59	N/A	N/A	N/A	N/A	N/A	N/A
67	226.20	538.06	367.51	700.27	N/A	N/A	N/A	N/A	N/A	N/A
68	248.53	585.10	414.95	761.79	N/A	N/A	N/A	N/A	N/A	N/A
69	271.00	632.14	462.39	823.47	N/A	N/A	N/A	N/A	N/A	N/A
70	293.32	679.17	509.83	885.16	N/A	N/A	N/A	N/A	N/A	N/A
71	361.00	839.24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
72	428.68	999.45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
73	496.36	1159.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
74	564.04	1319.73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
75	631.71	1479.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Premium Calculation Example:**

Male/Non-Tobacco/Age 40/20 Year Plan/\$1,000 Monthly Benefit:  $[(50.91 * 10) + 80] * 0.094 = \$55.38/\text{mo}$

**Issue Ages:** based on age last birthday

**Modal Factors:** Monthly 0.094 / Quarterly 0.273 / Semiannually 0.537

## Benefits and Riders

The premiums for benefits and riders shown are annual premiums. Be sure to apply appropriate modal factor when calculating modal premium.

### ACCIDENTAL DEATH BENEFIT (ADB) - Policy Form No. 3367

**Issue Ages:** 20 – 64

**Minimum ADB Amount:** \$1,000

**Maximum ADB Amount:** \$200,000 or 5 times the face amount of the policy, whichever is less. If elected, the Accidental Death Benefit will be paid to the beneficiary if the Insured dies as the result of an accident.

**Benefit Terminates:** At age 65

ACCIDENTAL DEATH BENEFIT							
ANNUAL PREMIUMS PER \$1,000 OF FACE AMOUNT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	0.96	30	0.96	42	1.08	54	1.32
19	0.96	31	0.96	43	1.20	55	1.44
20	0.96	32	0.96	44	1.20	56	1.44
21	0.96	33	0.96	45	1.20	57	1.44
22	0.96	34	0.96	46	1.20	58	1.56
23	0.96	35	0.96	47	1.20	59	1.56
24	0.96	36	0.96	48	1.20	60	1.56
25	0.96	37	1.08	49	1.32	61	1.56
26	0.96	38	1.08	50	1.32	62	1.68
27	0.96	39	1.08	51	1.32	63	1.68
28	0.96	40	1.08	52	1.32	64	1.68
29	0.96	41	1.08	53	1.32		

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

**Issue Ages:** 20 – 55

**Minimum Disability Income Benefit:** \$500 monthly

**Maximum Disability Income Benefit:** 2% of the life insurance face amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance face amount up to \$900 monthly benefit, whichever is less.

If elected, the Disability Income Rider will pay a monthly benefit up to 2% of face amount (up to a maximum monthly benefit as described above) if the Insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period and the benefits are not retroactive. The maximum benefit period is 2 years and disability must begin before age 65.

DISABILITY INCOME RIDER							
ANNUAL PREMIUMS PER \$100 OF MONTHLY BENEFIT							
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	\$9.78	28	\$13.60	38	\$20.52	48	\$32.98
19	\$10.12	29	\$14.08	39	\$21.56	49	\$34.74
20	\$10.46	30	\$14.58	40	\$22.60	50	\$36.62
21	\$10.80	31	\$15.14	41	\$23.68	51	\$38.66
22	\$11.16	32	\$15.70	42	\$24.78	52	\$40.92
23	\$11.52	33	\$16.32	43	\$25.92	53	\$43.42
24	\$11.90	34	\$17.00	44	\$27.12	54	\$45.98
25	\$12.28	35	\$17.76	45	\$28.42	55	\$48.62
26	\$12.70	36	\$18.58	46	\$29.80		
27	\$13.14	37	\$19.50	47	\$31.32		

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

**ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER\* (AODIR) - Policy Form No. 3281**

**Issue Ages: 20 – 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 elected, 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 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 2 years and disability must begin before age 65.

ANNUAL PREMIUMS PER \$100 OF MONTHLY BENEFIT					
Issue Age	Premium	Issue Age	Premium	Issue Age	Premium
18	\$8.77	32	\$11.62	46	\$12.35
19	\$9.09	33	\$11.63	47	\$12.51
20	\$9.41	34	\$11.64	48	\$12.68
21	\$9.74	35	\$11.66	49	\$12.86
22	\$10.08	36	\$11.68	50	\$13.10
23	\$10.42	37	\$11.72	51	\$13.38
24	\$10.78	38	\$11.76	52	\$13.71
25	\$11.13	39	\$11.82	53	\$14.07
26	\$11.34	40	\$11.88	54	\$14.51
27	\$11.41	41	\$11.92	55	\$15.04
28	\$11.47	42	\$11.98		
29	\$11.54	43	\$12.04		
30	\$11.62	44	\$12.13		
31	\$11.62	45	\$12.23		

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

**WAIVER OF PREMIUM (WP) - Policy Form No. 7180 (AA, PA, PS); PWO (OL); WPD301 (IAA)**

**Issue Ages: 20 – 55**

If elected, the company will waive the payment of each premium of the policy in the event of total and permanent disability of the Insured as defined and specified in the rider agreement. Rider coverage expires at age 60 (unless rider is in effect).

WAIVER OF PREMIUM RATES PER \$100	
Issue Age	Rate per \$100
18-27	\$ 1.00
28-32	\$ 1.25
33-37	\$ 1.50
38-42	\$ 2.50
43-47	\$ 4.50
48-52	\$ 9.50
53-55	\$11.00

**WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER (WOPU) - Policy Form No. 3231**

**Issue Ages: 20 – 60**

If elected, the Company will waive the payment of each premium of the policy (base coverage and all riders) for up to six months should you become unemployed (receiving state or federal unemployment benefits) for a period of four consecutive weeks while the policy is still in force. See the rider policy form for a complete description of rider details. Rider coverage expires at age 65 or at the end of the policy level premium paying period (unless rider is in effect).

**Waiting Period:**

The benefit provided under this rider is available after the waiting period has expired (24 months from the rider issue date).

<b>UNEMPLOYMENT WAIVER OF PREMIUM RATES PER \$100</b>		
<b>Issue Age</b>	<b>Rate per \$100</b>	
	<b>Male</b>	<b>Female</b>
20-24	\$ 7.60	\$ 6.20
25-34	\$ 3.80	\$ 4.00
35-44	\$ 2.90	\$ 3.00
45-60	\$ 2.90	\$ 2.60

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

**Issue Ages of Children: 15 days - 17 years**

**Issue Age of Primary Insured: 20 - 50**

**Maximum Rider Units: 5 Units**

**Premium: \$8.50 annually per unit**

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

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

**Issue Ages: Spouse — 15-60**

**Children — 15 days-17 years**

**Maximum: 5 Units - combination of FIA and CIA units cannot exceed 5 units**

**Premium: \$39.00 annually per unit**

The Family Agreement provides \$3,000.00 coverage per unit on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base. FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65. Provides a decreasing term coverage on the spouse as his/her age increases according to the following chart. Spouse signature only required if spouse is applying for over \$25,000.00.

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



## RIDERS INCLUDED AT NO ADDITIONAL COST

### TERMINAL ILLNESS ACCELERATED BENEFIT RIDER - Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA)

This rider (where available) provides an accelerated payment of life insurance proceeds and is added to every Survivor Protector policy with no additional premium. An administrative fee of \$150 and an actuarial adjustment factor will be assessed at the time of acceleration. With this benefit, the policy owner can receive up to 100% of the death benefit (less any loans) if the Insured is diagnosed by a licensed physician as terminally ill where life expectancy is 24 months or less (12 months in some states). The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This is a one-time benefit. *Remember the disclosure statement (Form No. 9474) must be presented to the applicant at point-of-sale. (The states of MA, VA, and WA require this disclosure form to be signed by the applicant and submitted with the application.)*

## New Business Tips

### PRODUCT SOFTWARE

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

### APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on [AppScan](#), [AppDrop](#) and [AppFax](#) under the link "Transmit Apps". Information on AppDrop can also be found on [www.insuranceapplication.com](http://www.insuranceapplication.com) (select the option for "App Drop"). If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the E-Check procedure (please refer to the Bank Draft Procedures section in this guide for the instructions on utilizing the E-Check procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

### MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to [www.insuranceapplication.com](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 sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face to face sale to be made with the client.)

**Automated Underwriting Decisions** are an option available through the Mobile Application for this product. This option provides you with the opportunity to receive a preliminary underwriting outcome on your screen within seconds of application submission. Underwriting questionnaires will also be available in our mobile application for use with these products. These can help to provide a faster underwriting decision when completed at point of sale.

When completing an application for this product, you will be prompted to choose whether or not you would like an underwriting decision. If you select yes, fill out the remainder of the mobile application and submit it to the Home Office. At this point, you will be provided with an automated decision. The outcome will either be 'Approved', 'Refer to Home Office', or 'Declined'.

### IMPORTANT

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

## Bank Draft Procedures

### Draft First Premium Once Policy is Approved:

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired.
  - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
  - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
  - (c) Drafts cannot be on the 29th, 30th or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number (DO NOT use the number found on the card). Green Dot Bank (and other pre-paid cards) not accepted.

### Immediate Draft for Cash with Application (CWA) using E-Check:

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

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

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

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

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

## Underwriting

### SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart is found later in this guide. Underwriting decisions will be made on an accept/reject basis (no table ratings available). Applications on individuals who are considered above a table 4 risk, will be declined. NOTE: Underwriting reserves the right to request medical records only if or when deemed necessary.

## APPLICATION COMPLETION

- **Proposed Insured:** List the Proposed Insured's full legal name.
- **Address:** List the address of the applicant.
- **Telephone Interview:** Check 'Yes' or 'No' (only required if applicant qualifies for a telephone interview based off Non-Med Limits). If 'Yes', provide the case number on the **Telephone Case Number** line.
- List the applicant's phone number and email address, if available.
- **Sex:** Check the appropriate box in regards to the applicant's gender.
- **Date of Birth:** List the applicant's date of birth.
- **Age:** List the applicant's age. **Calculate age based upon last birthday.**
- **State of Birth:** List the state of birth for the applicant.
- **SS#:** List the applicant's Social Security number.
- **DL#:** List the applicant's **Driver's License number** and the **SOI**.
- **SOI:** List the **state of issue** for the applicant's driver's license.
- **Height/Weight:** Record the Proposed Insured's current height and weight. Refer to the **Build Chart** to assist in determining if the applicant is eligible for coverage.
- **Occupation/Annual Salary:** List the applicant's occupation and annual salary.
- **Owner:** List the name, Social Security number, and address of the owner.
- **Payor:** List the name, Social Security number, and address of the payor.
- **Primary Beneficiary:** List the name, Social Security number (if available), and relationship of the primary beneficiary.
- **Contingent Beneficiary:** List the name, Social Security number (if available), and relationship of the contingent beneficiary (if applicable).
- **Plan:** List the appropriate **Monthly Income Death Benefit** amount being applied for and check the appropriate **Level Term Period**. DO NOT INDICATE THE INITIAL LUMP SUM BENEFIT ON THE APPLICATION.
- During the past 12 months have you used tobacco in any form? Check 'Yes' or 'No'
  - **Tobacco in any form includes:** Cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. Excludes occasional cigar or pipe use.
- **Riders**
  - **Waiver of Premium:** Check the box provided.
  - **ADB:** Check the box provided and write in the amount being applied for.
  - **WOPU:** Check the box provided.
  - **DIR:** Check the box provided and write in the amount being applied for.
  - **Accident Only DIR:** Check the box provided and write in the amount being applied for.
  - **CIA:** Check the box provided and write in the numbers of units being applied for.
  - **FIA:** Check the box provided and write in the numbers of units being applied for.
- **Policy Date Request:** Provide the requested *policy effective date*.
- **Mail Policy To:** Check the appropriate box.
- **Mode:** Check the appropriate method of payment and provide the **Modal Premium** amount.
- **CWA:**
  - Check **E-Check Immediate 1st Premium** if an E-Check is applicable.
  - If collecting premium at point-of-sale, check the **Collected** box and provide the amount collected.
- **Existing life or disability insurance or annuity contract Questions:** Check 'Yes' or 'No' to each question and list the **Company, Policy #**, and **Amount of Coverage** when applicable.
- **Other Proposed Insured's:** Provide details on any *additional* Proposed Insured's.
- **Section A:** All applicants 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 current medications, doctor's information, etc.
- If the Proposed Insured has a condition which is listed in the **Medical Impairment Guide** as a **Decline** or if he or she exceeds either the maximum or minimum weight in the **Build Chart** provided in this guide, the application should *not* be submitted to the Home Office.
- **Comments:** Use the space provided to list any information you want considered in addition to the application.
- **Signed at:** The city and state in which the application was signed *must* be listed here.
- **Date of Application:** The application must be dated with the *date of application completion*.
- **Signature of Proposed Insured:** The Proposed Insured *must* sign here.
- **Signature of Owner:** If the Owner is *different* that the Proposed Insured, the Owner *must* sign.
- **Agent's Report:**
  - **Replacement Questions:** Check 'Yes' or 'No' for each question listed.

- Agent Signature, Number, and Commission Percentage must be listed here.
- **Preauthorization Check Plan:**
  - **Insured:** List Insured's name.
  - **Account Holder:** List the name of the person who holds the account.
  - Include the bank's name and address.
  - **Transit/ABA Number:** List the routing number here.
  - **Account Number:** List the account number here.
  - Check either '**Checking**' or '**Savings**'.
  - **Requested Draft Day:** Indicate the *requested draft date* in the space provided.
  - The Account Holder must sign and date at the bottom of the page.

## OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

**Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the Primary Insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Survivor Protector applications where a 'Third Party Payor' is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.

- **Applications in the State of California:**
  - Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
  - California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
  - California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
  - Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his / her personal information.
- **Applications in the State of 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.
- **Applications in the State of Idaho** – Notice of Lapse designee Form No. 3373 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of 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 if the mode of payment is bank draft.
- **Applications in the State of Kentucky** – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- **Applications in the State of Montana** – Notice of Lapse designee Form No. 3381 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of Pennsylvania** – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.
- **Applications in the State of Rhode Island** – Notice of Lapse designee Form No. 3297 must be completed and sent to the Home Office along with the life application.
- **Applicants Re-applying for Coverage** - A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

## **Reinstatements: TERM/SI/UL**

When a policy has lapsed within the last 30 days, the Insured can complete the reinstatement form on the lapse notice if they can get it to us within 30 days from the date the lapse notice was mailed. It must include information for all Insureds covered by the policy and all Insureds over age 18 must sign the form.

If it is **past the 30 day window**, we can send requirements for reinstatement or you can provide details and the forms listed. See below.

### **FORM REQUIREMENTS:**

- **Application is less than 3 months old**
  - Send request to reinstate. The original app can be used for medical information.
- **Application is 3-6 months old**
  - State of Health Form 1110 Reaffirmation of Application
  - HIPAA form 9526
- **Application is over 6 months old**
  - Form ICC15-3167 Application for Reinstatement (check for a state specific form)
  - HIPAA form 9526

### **PREMIUMS REQUIREMENTS:**

- UL or non-ROP Term – 2 months premium or 1 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.

### **TELEPHONE INTERVIEW**

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

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

- 1) at point-of-sale, or
- 2) the interview company will contact the Proposed Insured after receipt of the application by the Home Office.

**Point-of-sale telephone interviews can be completed by calling at the toll free number below. When calling the vendor be sure to identify yourself, Company and product being applied for "Survivor Protector".** The applicant must always complete the telephone interview without assistance from the agent or another person. If the interview is completed at point-of-sale, mark the "Telephone interview done" question "Yes" in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question "NO", and the interview company will initiate the call after receipt of the application.

#### **US Only**

**EMSI: 1-866-719-2024**

**EMSI (Spanish Line): 1-866-901-1776**

**8am – 9pm Monday thru Friday CST**

**10am – 2pm Saturdays CST**

#### **Puerto Rico Only**

**EMSI: 1-800-765-1621**

**8am – 7pm Monday thru Friday AST**

**APPTICAL: 877-351-1773**

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

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

**(point of sale recommendation not included)**

<b>SURVIVOR PROTECTOR NON-MED LIMITS</b>			
Age and Amount*	20-55	56-65	66-75
25,000-100,000			T
100,001-200,000		T	T
200,001-300,000	T	T	T

\* When determining the interview requirement, the initial lump sum benefit amount will be used. You can obtain the initial lump sum benefit amount by utilizing our quoting software. Note: Do not indicate the initial lump sum benefit on the application.

T = Telephone Interview

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

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

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



## **DISABILITY INCOME (DIR & AODIR) GUIDELINES**

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR**
  - Blasters & Explosives Handlers
  - Disabled
  - Participated in High Risk Avocations within past 12 months
  - Individuals carrying a weapon in their occupation
  - Professional Athletes
  - Structural Workers / Iron Workers
  - Underground Miners and Workers
  - Unemployed (except stay at home spouses, significant other, and students)
  - Casino Workers
  - Housekeeping
  - Janitor
  - Retired
  - Student
  - Migrant Laborers
- **The following Proposed Insured occupations are not eligible for DIR only:**
  - Self-Employed

### **SPEED UP YOUR TURNAROUND TIME!**

#### **Practice these simple guidelines**

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

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

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

### **PRACTICE GOOD FIELD UNDERWRITING OR...**

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

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

## ***Survivor Protector Medical Impairment Guide***

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

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

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

## SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Abscess	Present	Decline	Decline	Decline	Decline	1f
	Removed, with full recovery and confirmed to be benign	Standard	Standard	Standard	Standard	1f
Addison's Disease	Acute Single Episode	Standard	Standard	Standard	Standard	1f
	Others	Decline	Decline	Decline	Decline	1f
AIDS / ARC		Decline	Decline	Decline	Decline	3a
Alcoholism	Within 4 years since abstained from use	Decline	Decline	Decline	Decline	3c
	After 4 years since abstained from use	Standard	Decline	Decline	Standard	3c
Alzheimer's		Decline	Decline	Decline	Decline	1c
Amputation	Caused by injury	Standard	Decline*	Decline*	Standard	1f
	Caused by disease	Decline	Decline	Decline	Decline	1e
Anemia	Iron Deficiency on vitamins only	Standard	Standard	Standard	Standard	1e
	Others	Decline	Decline	Decline	Decline	1e
Aneurysm		Decline	Decline	Decline	Decline	1a
Angina		Decline	Decline	Decline	Decline	1a
Angioplasty		Decline	Decline	Decline	Decline	1a
Ankylosis		Standard	Decline	Standard	Decline	1e
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	1c
Aortic Insufficiency		Decline	Decline	Decline	Decline	1a
Aortic Stenosis		Decline	Decline	Decline	Decline	1a
Appendectomy		Standard	Standard	Standard	Standard	1f
Arteriosclerosis		Decline	Decline	Decline	Decline	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline	Standard	Standard	1e
	Rheumatoid - all others	Decline	Decline	Decline	Decline	1e
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard	Standard	Standard	1c
	Moderate, more than 1 episode a month	Standard	Decline	Standard	Standard	1c
	Severe, hospitalization or ER visit in past 12 months	Decline	Decline	Decline	Decline	1c
	Maintenance steroid use	Decline	Decline	Decline	Decline	1c
	Combined with Tobacco Use - Smoker	Decline	Decline	Decline	Decline	1c
Aviation	Commercial pilot for regularly scheduled airline	Standard	Standard	Standard	Standard	2
	Other pilots flying for pay	Decline	Decline	Decline	Decline	2
	Student Pilot	Decline	Decline	Decline	Decline	2
	Private Pilot with more than 100 solo hours	Standard	Standard	Standard	Standard	2
Back Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	1e & 1f
Bi-Polar Disorder		Decline	Decline	Decline	Decline	1c
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	Decline	Decline	Decline	1c
	Other causes	Standard	Decline	Decline	Decline	1c
Bronchitis	Acute- Recovered	Standard	Standard	Standard	Standard	1c
	Chronic	Decline	Decline	Decline	Decline	1c
Buerger's Disease		Decline	Decline	Decline	Decline	1a
By-Pass Surgery (CABG or Stent)		Decline	Decline	Decline	Decline	1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	Standard	Standard	Standard	1c
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard	Standard	Decline	1c
	All others	Decline	Decline	Decline	Decline	1c
Cardiomyopathy		Decline	Decline	Decline	Decline	1a

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at Underwriting@aax.com.



## SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Cerebral Palsy		Decline	Decline	Decline	Decline	1e
Chronic Obstructive Pulmonary Disease (COPD)		Decline	Decline	Decline	Decline	1c
Cirrhosis of Liver		Decline	Decline	Decline	Decline	1b
Connective Tissue Disease		Decline	Decline	Decline	Decline	1e
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard	Standard	Standard	1f
Congestive Heart Failure (CHF)		Decline	Decline	Decline	Decline	1a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	Decline	Decline	Decline	3b
	Probation or Parole within the past 6 months	Decline	Decline	Decline	Decline	3d
Crohns Disease	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	1b
Cystic Fibrosis		Decline	Decline	Decline	Decline	1c
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	Standard	Standard	Standard	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	Decline	Decline	Decline	1a
Dementia		Decline	Decline	Decline	Decline	1c
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	Decline	Decline	Decline	1b
	Diagnosed prior to age 35	Decline	Decline	Decline	Decline	1b
	Tobacco Use in past 12 months or Uses Insulin	Decline	Decline	Decline	Decline	1b
	Controlled with oral medications	Standard	Decline	Standard	Standard	1b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	Decline	Decline	Decline	3f
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	Decline	Decline	Decline	3d
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard	Standard	Standard	1b
Down Syndrome		Decline	Decline	Decline	Decline	1c
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	Decline	Decline	Decline	3b
	License currently suspended or revoked	Decline	Decline	Decline	Decline	3b
Drug Abuse	Illegal drug use within the past 4 years	Decline	Decline	Decline	Decline	3c
	Treatment within past 4 years	Decline	Decline	Decline	Decline	3c
	Treatment 4 years or more, non-usage since	Standard	Decline	Decline	Standard	3c
Duodenitis		Standard	Standard	Standard	Standard	1b
Emphysema		Decline	Decline	Decline	Decline	1c
Epilepsy	Petit Mal	Standard	Decline*	Standard	Standard	1c
	All others	Decline	Decline	Decline	Decline	1c
Fibrillation		Decline	Decline	Decline	Decline	1a
Fibromyalgia		Standard	Decline	Standard	Standard	1f
Gallbladder disorder		Standard	Standard	Standard	Standard	1b
Gastritis	Acute	Standard	Standard	Standard	Standard	1b
Glomerulosclerosis	Acute – after one year	Standard	Standard	Standard	Decline	1d
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	Decline	Decline	Decline	1e

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

## SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Hazardous Avocations	Participated in within the past 2 years	Standard	Decline*	Decline*	Standard	2
Headaches	Migraine, fully investigated, controlled with medication	Standard	Decline	Standard	Standard	1c & 1f
	Migraine, severe or not investigated	Decline	Decline	Decline	Decline	1c & 1f
Heart Arrhythmia		Decline	Decline	Decline	Decline	1a
Heart Disease/ Disorder	Includes heart attack, coronary artery disease, angina	Decline	Decline	Decline	Decline	1a
Heart Murmur	History of treatment or surgery	Decline	Decline	Decline	Decline	1a
Hemophilia		Decline	Decline	Decline	Decline	1a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	Decline	Decline	Decline	1b
Hepatomegaly		Decline	Decline	Decline	Decline	1b
HIV	Tested Positive	Decline	Decline	Decline	Decline	3a
Hodgkin's Disease		Decline	Decline	Decline	Decline	1c
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard	Standard	Standard	1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	Decline	1a
	In combination with Thyroid Disorder	Standard	Standard	Standard	Decline	1a
Hysterectomy	No cancer	Standard	Standard	Standard	Standard	1d
Kidney Disease	Dialysis	Decline	Decline	Decline	Decline	1d
	Insufficiency or Failure	Decline	Decline	Decline	Decline	1d
	Nephrectomy	Decline	Decline	Decline	Decline	1d
	Polycystic Kidney Disease	Decline	Decline	Decline	Decline	1d
	Transplant recipient	Decline	Decline	Decline	Decline	1d
Knee Injury	Within the past 12 months	Standard	Decline*	Decline*	Standard	1e
Leukemia		Decline	Decline	Decline	Decline	1c
Liver Impairments		Decline	Decline	Decline	Decline	1b
Lung Disease/ Disorder		Decline	Decline	Decline	Decline	1c
Lupus Erythematosus	Systemic (SLE)	Decline	Decline	Decline	Decline	1e
Marfan Syndrome		Decline	Decline	Decline	Decline	1e
Melanoma	See Cancer/Melanoma					1c
Meniere's Disease		Standard	Decline	Standard	Standard	1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard	Standard	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	Decline	Decline	Decline	1c
Mitral Insufficiency		Decline	Decline	Decline	Decline	1a
Multiple Sclerosis		Decline	Decline	Decline	Decline	1c
Muscular Dystrophy		Decline	Decline	Decline	Decline	1e
Narcolepsy	More than 2 years from diagnosis	Standard	Decline	Standard	Standard	1c
Pacemaker		Decline	Decline	Decline	Decline	1a
Pancreatitis	Chronic or multiple episodes	Decline	Decline	Decline	Decline	1b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	Decline	Decline	Decline	1e
Parkinson's Disease		Decline	Decline	Decline	Decline	1c
Peripheral Vascular Disease		Decline	Decline	Decline	Decline	1a
Pregnancy	Current; no complications	Standard	Standard	Standard	Standard	3e

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at Underwriting@aax.com.

## SURVIVOR PROTECTOR MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	LIFE	DIR	AODIR	CRITICAL ILL RIDER	QUESTION ON APP
Prostate Disease/ Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard	Standard	Standard	1d
	Cancer - See Cancer/Melanoma					1c & 1d
Pulmonary Embolism		Standard	Standard	Standard	Decline	1a
Retardation	Mild to moderate	Standard	Decline	Standard	Standard	1c
	Severe	Decline	Decline	Decline	Decline	1c
Rheumatic Fever	One attack-recovered	Standard	Standard	Standard	Decline	1a
Sarcoidosis	Pulmonary	Decline	Decline	Decline	Decline	1c
Seizures	Petit Mal	Standard	Decline*	Standard	Standard	1c
	All others	Decline	Decline	Decline	Decline	1c
Shoulder Injury	Within the past 12 months	Standard	Decline*	Decline	Standard	1e
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	Decline	Decline	Decline	1f
Spina Bifida		Decline	Decline	Decline	Decline	1e
Spina Bifida Occulta	Asymptomatic	Standard	Standard	Standard	Standard	1e
Stroke / CVA		Decline	Decline	Decline	Decline	1a
Subarachnoid Hemorrhage		Decline	Decline	Decline	Decline	1a
Suicide Attempt		Decline	Decline	Decline	Decline	1c
Thyroid Disorder		Standard	Standard	Standard	Standard	1f
	In combination with Hypertension (HBP)	Standard	Standard	Standard	Decline	1F
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline	Standard	Decline	1a
	Combined with Tobacco Use -Smoker	Decline	Decline	Decline	Decline	1a
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	Decline	Decline	Decline	
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	Decline	Decline	Decline	1c
	Over 2 years with no residuals	Standard	Standard	Standard	Standard	1c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard	Standard	Standard	1b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	Decline	Decline	Decline	1b
Unemployment	Currently unemployed due to medical reasons	Decline	Decline	Decline	Decline	a2
Valve Replacement	Heart / Cardiac	Decline	Decline	Decline	Decline	1a
Vascular Impairments		Decline	Decline	Decline	Decline	1f
Weight Reduction Surgery	Surgery within past 1 year	Decline	Decline	Decline	Decline	1f
	After 1 year since surgery with no complications	Standard	Decline	Standard	Standard	1f
	History of complications such as Dumping Syndrome	Decline	Decline	Decline	Decline	1f

**NOTE:** \* Underwriting will consider issuing DIR/AODIR with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com.

## PRESCRIPTION REFERENCE GUIDE

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	8 years > 8 years	Decline Standard
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Benlysta	Systemic Lupus (SLE)	N/A	Decline
Benzotropine Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	8 years > 8 years	Decline Standard
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below
Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Casodex	Cancer	8 years > 8 years	Decline Standard
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cordarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	8 years > 8 years	Decline Standard
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below
Femara	Cancer	8 years > 8 years	Decline Standard
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	8 years > 8 years	Decline Standard
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Hizentra	Immunodeficiency	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline

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Hydralazine HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Hydroxyurea	Cancer	8 years > 8 years	Decline Standard
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	8 years > 8 years	Decline Standard
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamotrigine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	8 years > 8 years	Decline Standard
Levadol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	8 years > 8 years	Decline Standard
Lyrica	Seizures	N/A	See Impairment Guide

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline

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## PRESCRIPTION REFERENCE GUIDE (continued)

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

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## PRESCRIPTION REFERENCE GUIDE (continued)

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF	N/A	Decline
Prinivil	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	8 years > 8 years	Decline Standard
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline
Rituxan	Cancer	8 years > 8 years	Decline Standard
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	8 years > 8 years	Decline Standard
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	8 years > 8 years	Decline Standard
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline

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

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Valstar	Cancer	8 years > 8 years	Decline Standard
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	8 years > 8 years	Decline Standard
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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## Company Contact Information

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

Department	Phone Menu Prompt:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	mktfinance@aatx.com	254-297-2166
Client Experience	1 1 7	cx@aatx.com	254-297-2105
Earned Commissions	1 1 5	mktfinance@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

**Not Sure Who To Call? Contact our Agent Hotline:** (800) 736-7311, prompt. 112

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

\* Be sure to include a Fax Application Cover Page.

### Mailing Addresses:

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

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

### Online Services:

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

Access product information, forms, agent e-file, and other valuable information at the Company websites.