

AGENT'S INSTRUCTION GUIDE

Updated April 22, 2019

Celebrating More Than
100 Years of Service

Liberty National
Life Insurance Company 
Since 1900

TABLE OF CONTENTS

Code of Conduct

Submitting of Applications

Addresses for Paper Applications

Imaging System

Life Applications - Underwriting Section A

Accident and Health Section B

Claims Section C

Customer Service Section D

CODE OF CONDUCT

Liberty National Life Insurance Company is committed to providing quality products and services. In order to help maintain this commitment and compliance with state and federal laws, Liberty National has enacted a code of conduct for its Agent representatives.

As representatives of Liberty National, Agents should always act with professionalism and integrity. **The best interest of the customer should be the highest priority.** A high level of customer service will be maintained by:

- Answering customer calls quickly and accurately
- Staying informed of coverage needs
- Promoting an atmosphere of trust with the policyholder

Agents should determine, in each case, that any policy sold is suitable to the needs of the applicant. In doing this, you should consider such issues as:

- A prospective insured's financial condition
- His/her need for insurance
- The values, benefits, and cost in relation to any existing coverage that he/she has
- And whether, the totality of each applicant's circumstances, this sale is suitable

Agents will accurately promote the strengths of the Company and products without disparaging competitors. Only Company-approved advertising will be used in presenting product information to customers. Benefits, features, costs, exclusions, and limitations will be adequately disclosed to the applicant in compliance with Company and state guidelines.

Close monitoring will ensure all Agents representing Liberty National are fully licensed and trained according to the products they represent. Liberty National reserves the right to discontinue its relationship with anyone who is unwilling or unable to follow this code of conduct on an ongoing basis.

Violations of guidelines outlined in the Agent's Instruction Guide could result in disciplinary action up to and including termination.

SUBMITTING OF APPLICATIONS

Insuring Agents, Agency Directors, Agency Owners, and Persons Related to Them by Blood or Marriage on traditional LNL life and supplemental health products (excluding Medicare Supplements)

All Agents, Agency Directors and Agency Owners

Agents, Agency Directors, and Agency Owners who submit applications on other Agents, Agency Directors, Agency Owners (including family members of Agents, Agency Directors, or Agency Owners), or other field personnel will be terminated and the Agents, Agency Directors, and Agency Owners to be insured will be terminated.

Submitting Personal Business

Agents may submit an application on immediate family (Agent, spouse, father, mother, brother, sister, children, grandchildren) provided an e-mail is sent in advance to personalbusinessLNL@libnat.com. No Submit Advance or Bonus will be paid on personal business. Agency Owners should review all applications submitted for personal business.

Weekly Payroll Deduction for apps insuring Agents, Agency Directors, Agency Owners and their families

1. Only Agents who are LNL employees can have premiums weekly deducted from their payroll earnings. For an employee to have premiums weekly deducted:
 - a. The weekly deduction apps must be submitted on paper applications. Weekly deduction is not available on the eApp.
 - b. Mark through PD and write WD as the mode and write in the Agent's LNL Agent number next to the mode.
 - c. List the apps on the Home Office Verification Sheet, R-3756 and send them to the Home Office.
 - d. Group Term Life can only be written aftertax. If the Agent has supplemental health products on Weekly Deduction, the Agent receives a letter at the end of the year, listing the policies on the WD mode that can be pretaxed for the following year. The Agent must indicate on the letter the policies to be pretaxed and return the letter to the Home Office.
 - e. Independent Contractors cannot have premiums weekly deducted from their payroll earnings.
2. Agents cannot have premiums deducted from their earnings or bank account and be reimbursed by their relative.
3. Worksite enrollments do not apply. If an Agent is enrolling a Worksite case, the Agent may enroll any eligible employee, including relatives.

These rules will be strictly enforced. There are no circumstances for exceptions.

Premiums Paid by Employers - Worksite

Employers cannot pay premiums through any mode of payment.

ADDRESSES FOR PAPER APPLICATIONS

Medicare Supplements and Annuities

Liberty National Life Insurance Company
Attn: New Business
3700 S. Stonebridge Dr.
McKinney, Texas 75070-5934

IMAGING SYSTEM

An imaging system is used for all applications and forms. The imaging system will scan and store each completed form.

Remember:

1. Use black ink only. Do not use finepoint pen; use medium or boldpoint.
2. Write legibly so that the scanned document is readable.
3. Do not place staples at the top of the form. Staples should be placed in the middle on the left hand side of the form. Do not use more than two staples.
4. Do not tear, mark on or disfigure the top of the form in any way.
5. Do not use a highlighter on the application. The imaging system will show a dark area where the highlighter is used.
6. Use only original forms. Copies of forms do not scan well.
7. Do not write or mark on the back of any blank application or form.
8. Copies of voided checks must be copied as lightly and legibly as possible.
9. If there are multiple applications in the same household, make sure the applications are stapled together and numbered sequentially. This will help ensure that all Quality Assurance Calls are completed at the same time. All applications in the same household should have the same area code, phone number and best time to call. If this is not done, the customer will receive more than one call.

SECTION A

LIFE

INDEX

Underwriting

I.	Application Guidelines	A-1
II.	Signatures and Witnessing of Signatures	A-7
III.	Completing the Application	A-11
IV.	Field Underwriting	A-35
V.	Policy Delivery and Collect On Delivery (C.O.D.) Policies	A-37
VI.	Trial Applications	A-38
VII.	Coverage Prior to Effective Date	A-39
VIII.	Establishing Premium Due/Effective Dates	A-40
IX.	Backdating Policies	A-42
X.	Quality Assurance Process and Preparing Your Client for Underwriting	A-42
XI.	Juvenile Insurance	A-44
XII.	Financial Underwriting Guidelines	A-46
XIII.	Rated Policies/Table Ratings and Flat Extra Premiums	A-46

I. Application Guidelines

A. Application A-250 / A-251

The application for life insurance, whether written on paper or collected electronically, is the basis of the insurance contract, so careful attention must be given to its accurate completion. The A-250 should be used to apply for all base life plans for all face amounts. The only exceptions are CareerLife Plus (R2520) and Group Term (AGE5/AGE6) and 10 Year Renewable and Convertible Worksite Term - 10RCW (AGE5/AGE6, A10W).

The A-251 is used to apply for Spouse Term Rider and/or Children's Insurance Rider.

Subject to the detailed guidelines of Section II, Signatures and Witnessing of Signatures (A-7), applications must be signed by the applicant or the applicant's spouse (for amounts up to \$50,000). As to minor children, a parent or permanent court appointed legal guardian may sign the application as applicant.

If using the paper application, the Agent should make sure that every question is fully, accurately and legibly answered including all medical questions. Incomplete applications will be returned. No submit advance will be paid on incomplete or illegible applications. Dashes and ditto marks have no legal meaning and are not acceptable. The application should be written in black ink. The Agent may not change a signed application without the applicant's consent. Doing so makes it impossible to determine what was signed by the applicant and what was inserted by the Agent. Use of opaquing fluid ("white-out" or "liquid paper") is not permitted. Any alteration, erasure, correction or addition must be initialed by the applicant. However, it is preferable in such cases to complete a new application. Applications with numerous errors or corrections will be returned to the Agency Office and a new application will be required.

Applications must be listed on and submitted with the Home Office Verification List. Applications submitted without the Verification List will be returned to the Agency Office.

A-250 / A-251 can be written on eApp where available.

B. Spouse

Spouse is husband or wife, including (in some states) common law spouse.

Common Law Marriage — The definition of common law marriage varies amongst those states that recognize it. Generally, however, a common law marriage is one where no formal ceremony has occurred and no state-issued marriage license has been received. In a state that recognizes common law marriage, if two people agree that they are married, live together, and hold themselves out as spouses, then they will likely be deemed to be common law married.

States Where Common Law Marriage is Permitted — Alabama, Colorado, Iowa, Kansas, Montana, Oklahoma, Rhode Island, South Carolina, and Texas, and the District of Columbia recognize common law marriages contracted within their borders. The following states recognize such common law marriages only if entered into by the parties before the dates

indicated: Georgia (1/1/97), Idaho (1/1/96), Ohio (10/10/91), and Pennsylvania (1/1/05). These four states do not recognize attempted common law marriages entered into after the indicated dates. Utah recognizes common law marriages only if they have been validated by a court or administrative order.

C. Cover Letters

The soliciting Agent is responsible for actively seeking complete and accurate information and passing that information on to the Company. The Agent must also furnish the Company details of any visible impairment or disorder, or any history of which the Agent may have knowledge, which might adversely affect the proposed insured's insurance classification, whether or not such information is obtained while completing the application.

The use of a "cover letter" on all applications is encouraged. Don't assume that the less you tell an underwriter about your client, the better chance there is for issue and/or a favorable rating. In fact, the opposite is true. The more information you can tell us about your client, the better it is for the underwriter. Anything you can share concerning medical conditions, attending physician information, financial condition, beneficiary/ownership information, source of funds, etc., can be helpful to the underwriting process. Just remember, "more is better." If the underwriter has questions or is suspicious because of lack of information, this could affect the ultimate rating of your client.

D. Beneficiary

A person may apply for a policy on his/her own life and designate anyone as beneficiary as long as it is not for the purpose of violating the law. However, the Company prefers to consider those beneficiaries who have a current insurable interest in the life of the proposed insured. The beneficiary must have a vested interest in the life of the insured that would cause the beneficiary to suffer a financial loss upon the death of the insured.

Insurable interest exists when one party has a close and/or dependent financial relationship to the other. Family members generally have an insurable interest in other family members.

As long as the Applicant is the insured, spouse, parent, or grandparent, we will accept any beneficiary listed. Other applicants, such as guardian, must be submitted on a paper application and will be underwritten to determine insurable interest.

Listed below are examples of the most common beneficiaries.

Spouse	Estate
Parent or stepparent	Child or stepchild
Grandparent	Grandchild
Sister or brother	Fiancé
Aunt or uncle	

It is strongly recommended that a specific person or persons be named beneficiary, thus assuring more prompt settlement of claims. However, if the applicant does not desire a specific person as beneficiary, then the proceeds may be payable to the proposed insured's estate.

An Agent or member of management may not be designated as assignee, beneficiary or owner under any life insurance policy insuring a client or policyholder assigned to that Agent unless the client or policyholder is a member of the Agent's immediate family and is related to the Agent by blood, marriage, or legal adoption. This rule also applies to the spouse, common law spouse and other family members of an Agent. The fact that an Agent, spouse or common law spouse of an Agent may be a friend of the client or policyholder does not establish an exception to this rule.

E. Owner

The owner is the person in whom the rights and privileges under the policy are vested. Unless the premium payer is also the owner, the premium payer has no rights or privileges under the policy. Detailed explanations of the rights and privileges of the owner may be found in a sample policy form. In most cases the proposed insured will also be the owner. If the owner is other than the proposed insured, the owner must have an insurable interest in the life of the proposed insured. Several examples of acceptable owners are as follows:

1. A person may be the owner of an insurance policy on the life of that person's spouse, children, and in most cases, parents.
2. A creditor may be the owner of a policy on the life of the debtor, provided the amount of insurance bears a reasonable relation to the amount of the debt, and it must appear that the debt will be able to be repaid if the debtor lives.
3. A business partner may be the owner of a policy on his or her copartner.
4. A company may be the owner of an insurance policy on the life of a key employee of the company. If a company is named as owner, specify if the company is a corporation, partnership or sole proprietorship.
5. An Agent or member of management may not be designated as assignee, beneficiary or owner under any life insurance policy insuring a client or policyholder assigned to that Agent unless the client or policyholder is a member of the Agent's immediate family and is related to the Agent by blood, marriage, or legal adoption. This rule also applies to the spouse, common law spouse and other family members of an Agent. The fact that an Agent, spouse or common law spouse of an Agent may be a friend or relative of the client or policyholder does not establish an exception to this rule.
6. If the plan issued is a Modified Life (ALX), the insured will be the person who controls the policy, unless the insured is under age 18. If the insured is under age 18, the beneficiary will be the person who controls the policy. When the insured reaches age 18, the insured becomes the person who controls the policy.

For other plans, the owner will be as designated on the application.

F. Medical Underwriting Requirements

When the application is completed, the Agent should be aware of any medical requirements.

UNDERWRITING REQUIREMENTS

(Applies to Total Face Amount in Force with Liberty National plus the new insurance applied for)

AMOUNT	Ages 0-17	Ages 18-50	Ages 51-55	Ages 56-60	Ages 61-69	Ages 70 & Up
\$2,500 – \$24,999		Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	
\$25,000 – \$29,999		Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	
\$30,000 – \$34,999		Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	
\$35,000 – \$50,000		Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}	Oral Swab for Non-Tobacco only ^{1,2}		
\$50,001 – \$99,999		Oral Swab for Non-Tobacco only ¹	Oral Swab for Non-Tobacco only ¹	PARAMED EXAM, UNDERWRITER WILL ORDER NO ACTION REQUIRED BY AGENT		
\$100,000 – \$249,999		Oral Swab ¹				
\$250,000 – \$499,999	Call Underwriting for individual consideration					
\$500,000 & Up	Call Underwriting for individual consideration					

Nontobacco - Has not used tobacco products within the past 12 months.



Requirements as requested by Underwriter. NO ACTION REQUIRED BY AGENT.

1. Clinical Reference Laboratory Consent Form required in all states. HIV Consent Forms required in most states. Refer to state HIV chart on page A-6.
2. Not required if spouse is the applicant and the Agent did not see the Proposed Insured.



AGENT SHOULD NOT ORDER THE PARAMED EXAM – UNDERWRITER WILL ORDER IF NEEDED

Paramed exam may include blood, urine, EKG, etc. Paramed and/or Attending Physician Statement (APS) may be requested on any face amount if needed by underwriter. A Motor Vehicle Record (MVR) could be ordered on Ages 15 and above.

G. California Regulations for Life & Annuity Applicant Age 65 And Older

24 Hour Senior Advance Disclosure Letter

The Agent is required to MAIL the 24 Hour Senior Advance Disclosure Letter (Form CA24) to life or annuity applicants age 65 or older at least 24 hours prior, but no more than 14 days prior, to visiting them in their home. If the senior has an existing relationship with the agent and requests a meeting in their home the same day, a notice must be delivered to the senior prior to the meeting. A copy of the completed letter must be submitted with the application.

Senior Tax Consequences Disclosure

The Agent is required to provide, at the time of application, Senior Tax Consequences Disclosure (Form CATN) to life or annuity applicants age 65 or older to inform them of the potential tax and other financial consequences of liquidating any asset to fund the purchase of a Life or Annuity product.

H. HIPAA Authorization, Authorization For Release of Health Related Information, (R-3590)

An Authorization for Release of Health Related Information (R-3590) must be signed by each proposed insured and submitted with the A-250 and/or A-251 applications if there is a "Yes" answer to any health question or the face amount is over \$50,000. This should not be taken to mean that records will be ordered in all such cases. A parent may sign for a minor child age 20 and under.

I. HIV Consent Form

An HIV Consent form will be required on all A-250 Applications and A-251 Supplemental applications on proposed insureds ages 18 and over in the following states. Any application received without the HIV Consent Form will be returned.

The applicable form numbers for each state are listed below:

State	Form	State	Form
Arizona	R3425-A	Missouri	R3166
Arkansas	R3166-A	Montana	R3166M
California	R3425-C	Nebraska	R3166
Colorado	R3166B	New Hampshire	R3166H
Connecticut	R3166E	New Mexico	R3166
Delaware	R3166	North Dakota	R3166J
District of Columbia	R3166F	Ohio	R3632
Florida	S-3425-F	Oregon	R-101-OR
Georgia	R3425G	Pennsylvania	R3166P
Idaho	R3166	Rhode Island	R3166K
Illinois	R3166	South Dakota	R3166
Indiana	R3166	Texas	S3166-T
Iowa	R3166G	Utah	R3166C
Kansas	R3166	Virginia	R3166V
Kentucky	R3632-Y	West Virginia	R3166D
Maryland	R3166	Wisconsin	R3166L
Michigan	R3425M	Wyoming	R3166

J. Anti-Money Laundering and Suspicious Activity Requirements

To comply with federal anti-money laundering regulations for insurance companies, Liberty National has adopted a detailed anti-money laundering program. Part of our compliance requires documented training of all Agents, Agency Directors, Agency Owners and clerical support staff. Your Agency Owner will provide you with details regarding the training.

K. NAIC Military Sales Practices Regulation

To comply with NAIC Military Sales Practices Regulation, Active Duty Military Form (R-3802) must be signed and submitted on paper (not in eApp) on any applicant who is active duty military or a “ready” reservist. Any application received without form R-3802 will be returned.

Definition of Active Duty: Active Duty means full-time duty in the active military service of the United States, and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

II. Signatures and Witnessing of Signatures

These rules apply to both paper applications and eApp completions. The applicant must sign the completed application in the presence of the soliciting Agent or member of management who must then sign his or her own name as witness. No blank or partially completed application may be signed by the applicant. No application may be left behind to be signed in the Agent's absence.

The rules stated above apply to all application forms, amendments, supplements, certificates of good health, reinstatement applications, policy delivery acknowledgements, etc.

No applications may be written on an individual who is currently confined in a correctional facility (jail, prison, juvenile detention, etc.), hospital, half-way house, nursing facility or other custodial care facility.

The responsibility of obtaining and witnessing a signature is a serious one. All Agents and members of management should have applications and supplementary forms dated, signed and witnessed in accordance with the Company's rules and requirements below.

If a new Agent has been hired but has not yet obtained their state insurance license, they must be accompanied by a member of management or other licensed Agent on any sales appointment. The member of management, or other licensed Agent, must also sign any application written as a result of that sales appointment.

Please do not submit applications to the Home Office without proper signatures. Any applications that are received that are signed by an unlicensed Agent will be returned to the Agency Office unless they have also been signed by a member of management or other licensed Agent.

A. General Rules and Requirements

Proposed Insured is Under Age 16

The applicant must sign his/her name. Under no circumstances should any applicant sign another person's name.

If the proposed insured is under age 16, the parent must sign his/her own name using his/her regular signature.

If the proposed insured is married and under age 16, the application must be signed by his/her spouse if the spouse is age 16 or over. If the spouse is under age 16, the applicant's parent should sign the application (regardless of whether or not the applicant lives in the parent's household).

If an application on a juvenile is signed by anyone other than a parent or a grandparent, we must have copies of court-issued **guardianship** papers (called Letters of Guardianship) or a court order granting **permanent custody** of the child in order to establish an insurable interest on the part of the applicant. Please note that custody is not the same thing as legal

guardianship. And the adult having custody of a child will only be able to apply for life insurance on the child if the custody order grants **permanent** custody, meaning that all rights of the biological parents have been terminated expressly in the court order. It should be noted that this is very rarely the case, and the vast majority of custody cases only grant temporary custody. Applications signed by an adult having temporary custody will be declined.

Proposed Insured is Age 16 or Over

There is never a situation where a person is permitted to sign the name of any other person to any application or form under any circumstances.

Generally, if the proposed insured is age 16 or over, he/she must sign the application. However, a parent may sign an application for insurance on the life of a child or stepchild through age 20 if the child is single and lives in the household of the applicant or is single and attends college. Any individual age 21 or over must sign their own application, unless the coverage applied for is Group Term Life. Worksite Advantage applicants (employees) may sign a Group Term Life application for a child up to age 25 if the child is a full time student. In Michigan, a dependent child, 18 years and older, must sign their application if the coverage applied for is over \$10,000. In Oklahoma, a dependent child is only eligible for coverage until age 21.

If an applicant is mentally incompetent, contract law prevents that individual from entering into any contract. Therefore, unless the mentally incompetent applicant is under the age of consent in your state, which would make a parent eligible to sign as applicant, the application must be signed by the legal guardian. Guardianship documents signed by a judge or officer of the court are required. Social Security papers concerning benefit payments are not acceptable as guardianship documentation.

A person granted power of attorney or durable power of attorney may apply for insurance on the grantor **if the power of attorney specifically conveys the authority to transact life insurance business**. All applications and supplementary forms should be signed by the person granted power of attorney and include a statement to indicate he/she has been granted power of attorney. For example, John Smith has been granted power of attorney for his sister, Ann Smith. John Smith would sign his name on the application as applicant, and include the statement under his signature "As attorney-in-fact for Ann Smith". In this situation, the Agent should actually see the proposed insured. Additionally, the cover letter should state the reason(s) why the proposed insured was granted power of attorney. In other words, does the proposed insured suffer from a physical or mental impairment? If so, what is the impairment?

A copy of the power-of-attorney documents must be attached to the application or form. Normal underwriting rules will still apply in this situation.

For amounts through \$50,000, a spouse may sign an application on the life of his/her spouse, but no application is to be written without the knowledge and consent of the proposed insured. When the proposed insured, if age 16 or over, does not sign the application, the

Agent should question whether or not the proposed insured is aware of the application. If not, the application should not be written.

A grandparent may apply and sign for life coverage through \$50,000 on a natural born grandchild through age 20 provided the grandchild is single and resides in the parent's or grandparent's household.

The address and phone number of the applicant, not the grandchild, should be recorded on the A-250 application.

In South Carolina, supplemental form A-251 must be signed by each proposed insured.

If the person whose signature is required cannot sign because of blindness or inability to write, the Agent should print the applicant's name in the signature space, separating the given and surnames by the words, "His Mark" or "Her Mark," and should provide space for the mark to be made by the person whose signature is required. For example: "John J. (His X Mark) Jones."

If the person whose signature is required cannot sign in the usual manner because of an injury to the hand with which the person normally writes, the signature may be made with the other hand, or the signature space may be completed in the manner outlined in Section II "B.4." When an application or supplementary form is signed in this manner, the Agent should add a note of explanation.

A printed signature will be accepted only if it is the normal signature for that person. If an application or supplementary form is signed in this manner, the Agent should add a note of explanation.

In cases where a corporation is to be the owner, the signature and title of an officer of the corporation should be obtained as follows: "Cosmic Corporation, (by) John Smith, Treasurer"

B. Witness to Signature

1. An Agent who does not actually see an application or supplementary form signed should not sign as witness to the signature under any circumstances.
2. An Agent may witness any application signed in his/her presence including coverage on any family member. The Agent may also witness his/her application for coverage.
3. A member of management who sees the application being signed may witness the signature on an application completed by a new Agent. In other instances the signature should be witnessed by the Agent or Manager who completes the application or supplementary form.
4. If the person whose signature is required is totally blind, the signature should be witnessed by two persons.
5. If an application or supplementary form is signed with the hand other than that with which the person normally writes, the signature should be witnessed by two persons.

III. Completing the Application

A. Name of Insured

The name of the proposed insured must be printed and spelled correctly.

The first name, middle initial and surname must be shown unless the person is known by his or her middle name, in which case the first initial and middle name should be shown.

Example —“John H. Jones” or “J. Henry Jones.”

In the case of a married person, the given name, maiden initial and surname should be shown. Example —“Mary B. Jones” where “B” stands for maiden name, “Brown.” “Mrs. John J. Jones” is not acceptable.

In case of an initial name, the notation “initial name” should be made in the name space. Example — “J. B. Smith (initial name).”

If there is no middle name, the word “none” in parentheses should be shown between the given and last names. Example —“John (none) Jones.”

B. Date of Birth and Age of Proposed Insured

The proposed insured’s numeric date of birth must be indicated on the application, e.g., 1/10/89.

The proposed insured’s age last birthday, as of the expected date of issue, should be shown.

C. Birthplace

List the state where the proposed insured was born, or country of birth, if applicable.

D. Height and Weight Limits

If the proposed insured does not fall within the standard weight limits shown on the chart, the proposed insured will be rated. Rating means that the proposed insured would be charged additional premium for not falling within the standard weight limits for their height, sex and age.

JUVENILE BUILD CHART

Ages 0-15 **NOTE:** If 4'8" (56") or above, may use Build Chart - Male/Female - Adults & Children - Attained Height of 4'8" & Above

Age - Months	Standard	
	Inches	Pounds
0	17 - 22	6 - 11
1	18 - 25	6 - 12
2	18 - 27	8 - 14
3	19 - 28	8 - 16
4	19 - 29	9 - 18
5	20 - 30	10 - 20
6	21 - 31	11 - 22
7	21 - 32	11 - 24
8	22 - 32	12 - 25
9	22 - 33	12 - 28
10	23 - 33	13 - 28
11	23 - 34	15 - 28
12	24 - 34	15 - 29
13	24 - 35	16 - 30
14	25 - 35	16 - 30
15	25 - 36	17 - 31
16	26 - 36	17 - 32
17	26 - 37	18 - 32
18	26 - 37	18 - 33
19	27 - 38	19 - 33
20	27 - 38	19 - 34
21	27 - 38	19 - 34
22	28 - 39	20 - 34
23	28 - 39	20 - 35
Age - Years		
2	29 - 42	21 - 40
3	30 - 46	24 - 47
4	32 - 48	27 - 54
5	34 - 51	30 - 61
6	36 - 55	34 - 68
7	38 - 57	38 - 75
8	40 - 60	42 - 82
9	42 - 63	47 - 98
10	44 - 65	52 - 112
11	46 - 67	58 - 127
12	48 - 70	65 - 141
13	50 - 72	73 - 155
14	52 - 75	81 - 166
15	54 - 78	87 - 179

BUILD CHART

Adults and children with attained height of 4' 8" and above

Male/Female										Decline/ ALX Only
Height		Weight (pounds)								
Feet & Inches	Inches	TABLE RATING								
		Standard	B	C	D	E	F	H	J	L
4' 8"	56"	83-171	172	179	186	190	195	203	208	212
4' 9"	57"	86-177	178	185	192	197	202	211	215	220
4' 10"	58"	89-184	185	192	199	204	209	218	223	228
4' 11"	59"	92-190	191	199	206	211	216	226	231	236
5' 0"	60"	95-197	198	205	213	218	223	233	239	244
5' 1"	61"	98-203	204	212	220	225	231	241	247	252
5' 2"	62"	102-210	211	219	227	233	238	249	255	260
5' 3"	63"	105-217	218	226	235	240	246	257	263	269
5' 4"	64"	108-224	225	234	242	248	254	266	271	277
5' 5"	65"	112-231	232	241	250	256	262	274	280	286
5' 6"	66"	115-238	239	248	258	264	270	282	289	295
5' 7"	67"	119-245	246	256	265	272	278	291	297	304
5' 8"	68"	122-253	254	264	273	280	287	300	306	313
5' 9"	69"	126-260	261	271	282	288	295	309	315	322
5' 10"	70"	129-268	269	279	290	297	304	318	325	332
5' 11"	71"	133-276	277	287	298	305	312	327	334	341
6' 0"	72"	137-283	284	295	306	314	321	336	343	351
6' 1"	73"	141-291	292	304	315	323	330	345	353	361
6' 2"	74"	145-299	300	312	324	332	339	355	363	370
6' 3"	75"	149-308	309	321	333	341	349	365	373	381
6' 4"	76"	152-316	317	329	341	350	358	374	383	391
6' 5"	77"	157-324	325	338	350	359	367	384	393	401
6' 6"	78"	161-333	334	347	360	368	377	394	403	412
Male All Ages										
6' 7"	79"	165-341	342	356	369	378	387	404	413	422
6' 8"	80"	169-350	351	365	378	387	396	415	424	433
6' 9"	81"	173-359	360	374	388	397	406	425	434	444

E. Sex and Marital Status

Check the appropriate block to indicate the proposed insured's sex and marital status.

F. Driver's License and State

Record the driver's license number and state of issue for the proposed insured. If the proposed insured does not have a driver's license or is a juvenile applicant, indicate not applicable (N/A) in that space.

G. Social Security Number

The Social Security number of the proposed insured is required.

H. Employer's Name and Occupation

List the proposed insured's employer and duties, e.g., Acme Bank, Administrative Assistant. If retired or disabled, indicate in this area.

I. Residence Address

The complete street address and mailing address, where the proposed insured lives, must be provided on the application so that the insured can be contacted.

If the proposed insured receives mail at an address other than listed above, list the premium notice address on the application.

J. Beneficiary/Owner

The name of the proposed beneficiary and owner must be spelled correctly. The relationship to the proposed insured must also be listed.

If the applicant is to be the owner, check the applicant block. If someone other than the applicant is to be named the owner, check the "other" block and record the name and relationship.

You are encouraged to get a contingent beneficiary or contingent owner, but this is not required.

K. Base Plan

Check the Plan Code in the space provided. If the Plan is MDT, select 15 years or 30 years.

L. Amount Paid With This Application

Write the amount collected in the 'Amount Paid with this Application' block. The amount must be at least one full mode premium. The Agent should not accept partial premiums. An Agent cannot pay premiums for coverage on anyone other than the following family members (Agent, spouse, mother, father, child, grandchild).

Never accept CASH. Accepting cash under any circumstances is grounds for immediate termination. **Also never accept money orders, cashier's checks, counter/temporary checks, post-dated checks, credit cards, debit cards or savings accounts for payment of any premium**, including initial application. If cash, money orders, cashier's checks, counter/temporary checks, post-dated checks, credit cards, debit cards or savings accounts are submitted, they will be returned. If an Agent or Manager persists in sending cash, money orders, cashier's checks, counter/temporary checks, post-dated checks, credit cards, debit cards or savings accounts, it may result in disciplinary action up to and including termination.

Do NOT collect Money Order/Cashier's Checks to replace an initial premium that has been returned on Bank Draft business. If the initial premium is returned nonsufficient funds (NSF), the Company will redraft. If initial premium is returned, INVALID ACCT #, ACCOUNT CLOSED, PAYMENT STOPPED, etc, the Company will redraft once the correct information is provided or stop payment has been lifted.

A personal check (or automatic Bank Draft from the personal checking account) is the only acceptable form of payment for:

- 1. New applications, including annual, semiannual, and quarterly modes**
- 2. OPAs (Option to Purchase Additional Insurance)**
- 3. CODs (Collect on Delivery)**

It is against company rules for Agents to advocate to customers without a checking account that they get someone outside their home to pay the first premium through their checking account and then switch the billing to monthly premium mode. This results in improper advances being awarded on poorer quality business, from an agent or management manipulating commission advances. Violation of this rule is cause for disciplinary action up to and including termination.

M. Riders and Benefits

Check the appropriate rider block and write in the rider amount to add a Primary, Spouse or Children's Rider. If ADB and/or PW is not automatically included with the plan applied for, check the appropriate block.

You may apply for ADB on the base plan only (check ADB Base) or ADB on the base plan and primary insured rider (check ADB Base and ADB PIR).

Accidental Death is only available on a primary insured rider if the base policy is \$20,000 or above and the base policy has ADB.

If the Primary Insured Rider (PIR) is a term plan added to another term plan, (15MDT, 30MDT, 10RC, 20RC) you will use the term ADB rate of \$1.45 per thousand to calculate the ADB premium.

If the PIR is a term plan added to a Whole Life, base plan, you will use the base plan ADB rate.

The amount of the Children's Insurance Rider applied for cannot be larger than the amount of coverage (base plus rider) applied for on the primary insured. List only children eligible for coverage. To be covered a child must be the son or daughter, the stepchild or the legally adopted child of the insured.

Maximum Children's Insurance Rider (CIR) is \$25,000.

N. Underwriting Questions

The Agent should read each question to the applicant and record the appropriate answer. Give explanations for each "yes" answer including dates, names and addresses of physicians and hospitals. Incomplete paper applications will be returned to the Agency Office. eApp will not proceed without answering all questions.

HIPAA Authorization (R-3590) must be signed by the proposed insured if there is a "yes" answer to any medical question or the face amount is over \$50,000.

An HIV Consent form will be required on all A-250 Applications and A-251 Supplemental applications on proposed insureds ages 18 and over for applications where state required. A chart of required states can be found on page A-5. Any application received without the HIV Consent Form (where state required) will be returned.

O. Citizenship

For Proposed Insureds who were born outside the United States, the following requirements apply:

1. If the Proposed Insured is a U.S. citizen, provide:
 - A. A copy of citizenship documents (passport or naturalization documents); or,
 - B. A notarized statement verifying the proposed insured is a citizen and providing a date citizenship was acquired.
2. For non-U.S. citizens, submit:
 - A. Your state version of the Residency Addendum (A-282, R-282), along with INS photo identification documents which confirm the identity of the Proposed Insured;

- B. W-2s or federal income tax returns or employer affidavit verifying income for the most recent tax year; and
 - C. Non-U.S. citizen from class C and D list countries shall complete a telephone interview.
3. If the Proposed Insured is a minor child and a U.S. citizen, who was born to one or more parent(s) born outside the United States, the following applies:
- A. If one of the parents is a U.S. citizen, provide the documentation specified in 1. above;
 - B. If neither parent is a U.S. citizen, comply with the requirements of 2. above, as to both parents.

Class	Country	Misc.	AS OF 6/08
A	American Samoa		
A	Andorra		
A	Anguilla		
A	Antigua and Barbuda		
A	Argentina		
A	Aruba		
A	Australia		
A	Austria		
A	Bahamas		
A	Bahrain		
A	Barbados		
A	Belgium		
A	Bermuda		
A	British Virgin Islands	Not a country	
A	Canary Islands	Not a country - see Spain also	
A	Cayman Islands		
A	Chile		
A	Croatia		
A	Cyprus		
A	Czech Republic		
A	Denmark		
A	Dominica		
A	Estonia		
A	Falklands Islands	(Also see Argentina) AKA Islas Malvinas	
A	Finland		
A	France		
A	French Guiana		
A	French Polynesia		
A	Germany		
A	Greece		
A	Greenland		
A	Guadeloupe		
A	Hong Kong	(Also see China)	
A	Hungary		
A	Iceland		
A	Ireland		
A	Ireland (Northern)	(with Individual Consideration)	
A	Italy		
A	Japan		
A	Korea, S.		
A	Latvia		
A	Liechtenstein		
A	Lithuania		
A	Luxembourg		
A	Macau	(Also see China)	
A	Malta		
A	Martinique		
A	Monaco		
A	Montserrat	*Plymouth-abandoned (gov't buildings located at Brades)	
A	Netherlands		

Class	Country	Misc.	AS OF 6/08
A	Netherlands Antilles		
A	New Zealand		
A	Northern Mariana Islands		
A	Norway		
A	Poland		
A	Portugal		
A	Saint Kitts and Nevis		
A	Saint Lucia		
A	San Marino		
A	Singapore		
A	Slovakia		
A	Slovenia		
A	Spain		
A	Sweden		
A	Switzerland		
A	Taiwan		
A	Turks/Caicos		
A	United Arab Emirates		
A	United Kingdom		
A	Uruguay		
A	US Virgin Islands	Not a country	
A	Vatican City		
A	Virgin Islands	See British Virgin Islands or US Virgin Islands	
B	Armenia	Except disputed Nagorno-Karabakh region	
B	Azerbaijan	Except Nagorno-Karabakh	
B	Belarus		
B	Belize		
B	Bosnia & Herzegovina		
B	Brazil		
B	Brunei		
B	Bulgaria		
B	Cape Verde		
B	China		
B	Cook Islands		
B	Costa Rica		
B	Ecuador		
B	Grenada		
B	Israel	(excluding Gaza & West Bank)	
B	Jamaica		
B	Jordan		
B	Kazakstan		
B	Kuwait		
B	Libya		
B	Macedonia		
B	Malaysia	Caution in some areas	
B	Marshall Islands		
B	Mexico		
B	Moldova		

Class	Country	Misc.	AS OF 6/08
B	Mongolia		
B	Montenegro	Became independent in 2006	
B	New Caledonia		
B	Oman		
B	Panama		
B	Paraguay		
B	Peru		
B	Qatar		
B	Romania		
B	Russian Federation	except Chechnya	
B	Saint Vincent and the Grenadines		
B	Samoa		
B	Serbia	former Yugoslavia	
B	Seychelles		
B	Syria		
B	Trinidad and Tobago		
B	Tunisia		
B	Turkey		
B	Ukraine		
C	Albania		
C	Algeria		
C	Bhutan		
C	Bolivia		
C	Botswana		
C	Dominican Republic		
C	Egypt		
C	El Salvador		
C	Federated States of Micronesia		
C	Fiji		
C	Georgia		
C	Guatemala		
C	Guyana		
C	Honduras		
C	India		
C	Indonesia		
C	Kiribati		
C	Kosovo		
C	Kyrgyzstan		
C	Laos		
C	Lebanon		
C	Maldives		
C	Mauritius		
C	Morocco	*Also see Western Sahara	
C	Nauru	(Yaren-administrative center)	
C	Nepal		
C	Nicaragua		
C	Niue		
C	Pakistan		

Class	Country	Misc.	AS OF 6/08
C	Palau		
C	Philippines		
C	Saudi Arabia		
C	Solomon Islands		
C	Sri Lanka		
C	Suriname		
C	Tajikistan		
C	Thailand	Prefer with negative hepatitis screen and negative HIV.	
C	Tonga		
C	Turkmenistan		
C	Tuvalu		
C	Uzbekistan		
C	Vanuatu		
C	Venezuela		
C	Vietnam		
C	West Bank	Occupied Territory	
D	Afghanistan		
D	Angola		
D	Antarctica		
D	Bangladesh		
D	Benin		
D	Burkina Faso		
D	Burma/Myanmar		
D	Burundi		
D	Cambodia		
D	Cameroon		
D	Central African Republic		
D	Chad		
D	Colombia		
D	Comoros		
D	Congo		
D	Cuba		
D	Djibouti		
D	East Timor		
D	Equatorial Guinea		
D	Eritrea		
D	Ethiopia		
D	Gabon		
D	Gambia		
D	Gaza	Occupied Territory	
D	Ghana		
D	Guinea		
D	Guinea Bissau		
D	Haiti		
D	Iran		
D	Iraq		
D	Ivory Coast/Cote d'Ivoire		

Class	Country	Misc.	AS OF 6/08
D	Kenya		
D	Korea, N.		
D	Lesotho		
D	Liberia		
D	Madagascar		
D	Malawi		
D	Mali		
D	Mauritania		
D	Mozambique		
D	Namibia		
D	Niger		
D	Nigeria		
D	Papua New Guinea		
D	Rwanda		
D	Sao Tome and Principe		
D	Senegal		
D	Sierra Leone		
D	Somalia		
D	South Africa	<i>US/CN - \$1.50/m Foreign Nationals - \$5.00/m</i>	
D	Sudan		
D	Swaziland		
D	Tanzania		
D	Togo		
D	Uganda		
D	Western Sahara	*see Morocco	
D	Yemen		
D	Zaire	*see Democratic Republic of the Congo	

P. Replacement Regulation

(See Policy Replacement Form Chart – Page A-25)

A replacement occurs when new life insurance is purchased and existing life insurance is:

1. terminated (lapsed, surrendered, etc.);
2. amended to reduce benefits or shorten the term of the coverage;
3. reissued with a reduced cash value;
4. the subject of a policy loan; or
5. converted to reduced paid-up insurance, or otherwise reduced in value by use of its nonforfeiture benefits.

Replacement regulations apply to life insurance and annuity applications: (1) in states that have adopted, or substantially adopted, the current (1998, as amended) NAIC Life Insurance and Annuities Replacement Model Regulation, and, (2) in states that have adopted an older NAIC Model version or their own state-specific replacement regulations.

Regardless of the version of the replacement law, when a replacement occurs, the appropriate replacement question on the application **and** the replacement question in the Agent's Statement must be answered, and the proper replacement Notice must be obtained. **Failure to follow the provisions of replacement regulations will subject the Agent and the Company to penalties as set forth in the applicable state law.**

1. In AL, AK, AZ, AR, CO, CT, HI, IA, KY, LA, ME, MD, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, SC, TX, UT, VT, VA, WV and WI only:

These states have adopted, or substantially adopted, **the most current (1998, as amended) version of the NAIC Life Insurance and Annuities Replacement Model Regulation.** The replacement question on the application asks, "**Do you have existing life insurance or annuities in-force**, including policies under conditional receipt, other than Group or Credit Life Insurance with this or any other company?" **If the customer is covered by existing life insurance or annuities, other than Group or Credit Life, the Agent is required to read and present to the applicant the Model replacement notice (Notice) entitled "Important Notice: Replacement of Life Insurance or Annuities," R-3573 (See Policy Replacement Form Chart – page A-25 for state-special versions).** If the applicant does not want the Notice read out loud, he or she may initial in their own handwriting a statement to this effect in the space provided on the Notice.

The Notice contains a replacement question to be answered and information to be recorded in the spaces provided. In the case of replacement of existing insurance, the Notice must list all life insurance policies or annuities to be replaced, properly identified by name of insurance company, insured or annuitant, and policy or contract number. The notice should also specify whether an existing policy will be used as a source of "financing" for the new policy or contract (the use of funds by withdrawal, surrender or borrowing value from an existing

policy). If the existing policy or contract that will be replaced has not been issued, you should provide alternative identification, such as application or receipt number.

The **Notice must be signed by both the Agent and the applicant.** A copy of the Notice should be left with the applicant, and another copy must be submitted to Liberty National with the application. The Agent should retain a copy of the replacement Notice until the policy is issued.

Also, leave with the applicant the original or a copy of all sales materials used. With respect to electronically presented sales materials, provide to the policy or contract owner a printed copy, no later than the date the policy or contract is delivered. If you use the laptop presentation, leave of copy of the written sales material that corresponds to what the customer viewed. For example, if you did the Basic Needs presentation, give the customer a completed Basic Needs brochure.

2. In CA, DE, FL, GA, ID, IL, IN, KS, MA, MI, MN, MO, NV, OK, PA, SD, TN, WA and WY:

These states have adopted an **older NAIC Model version or a state-specific replacement regulation.** The replacement question on the application asks, “**Is the insurance applied for intended to replace or change any existing insurance** or annuities with this or any other company?” If the customer indicates on the application that, “Yes,” they are replacing existing insurance, the Agent and the applicant are required to complete the appropriate state replacement Notice for both external/non-Liberty replacements and internal/Liberty replacements (internal replacement Notice not required for MO, SC or TN). (See Policy Replacement Form Chart – page A-25.)

Certain state-specific Notices may contain additional information to be recorded in the spaces provided. If required, list any policies to be replaced, properly identified by name of insurance company, insured or annuitant, and policy or contract number.

The Notice must be signed by the Agent and the applicant. A copy of the Notice should be left with the applicant, and another copy must be submitted to Liberty National with the application. The Agent should retain a copy of the replacement Notice until the policy is issued.

Also, leave with the applicant the original or a copy of all sales materials used. With respect to electronically presented sales materials, provide to the policy or contract owner a printed copy, no later than the date the policy or contract is delivered. If you use the laptop presentation, leave of copy of the written sales material that corresponds to what the customer viewed. For example, if you did the Basic Needs presentation, give the customer a completed Basic Needs brochure.

POLICY REPLACEMENT FORM CHART

(Indicates the States requiring Policy Replacement forms and the Form #)

State	Life Replacement Form	Accident / Health Replacement Form
Alabama	R-3573	NOT REQUIRED
Alaska	R-3573	NOT REQUIRED
Arizona	R-3573	NOT REQUIRED
Arkansas	R3573-A	R-3650
California	R-3575	NOT REQUIRED
Colorado	R-3573	R-3650-H
Connecticut	R-3573	R-3650
Delaware	R-3575-J	R-3650
District of Columbia	NOT REQUIRED	NOT REQUIRED
Florida	S-1460-6	S-3650-2
Georgia	R-1460-7	NOT REQUIRED
Hawaii	R-3573	R-3650
Idaho	R-3575-A	R-3650-B
Illinois	R-3689	R-3650
Indiana	R-3575-B	R-3650
Iowa	R-3573	R-3650
Kansas	R-3575-C	NOT REQUIRED
Kentucky	R-3573	R-3650-Y
Louisiana	R-3573	NOT REQUIRED
Maine	R-3573	R-3650-G
Maryland	R-3573	NOT REQUIRED
Massachusetts	R-3687	R-3650-C
Michigan	R-3575-D	NOT REQUIRED
Minnesota	R-3575-H	NOT REQUIRED
Mississippi	R-3573	NOT REQUIRED
Missouri	R-1460-4	NOT REQUIRED
Montana	R-3573	NOT REQUIRED
Nebraska	R-3573	NOT REQUIRED
Nevada	R-3629	NOT REQUIRED
New Hampshire	R-3573	R-3650-D
New Jersey	R-3573	NOT REQUIRED
New Mexico	R-3573	NOT REQUIRED
North Carolina	R-3573	NOT REQUIRED
North Dakota	NOT REQUIRED	NOT REQUIRED
Ohio	R-3573	NOT REQUIRED
Oklahoma	S-3576	S-3650
Oregon	R-3573	NOT REQUIRED
Pennsylvania	R-3573-P	R-3650-E
Rhode Island	R-3573	R-3650
South Carolina *	R3573-S	R-3650-4
South Dakota	R-3573	NOT REQUIRED
Tennessee *	R-1460-2	NOT REQUIRED
Texas	S-3573	S-3650
Utah	R-3573	R-3650
Vermont	R-3573	R-3650
Virginia	R-3573-5	R-3650
Washington	R-3685	R-3650
West Virginia	R-3573	R-3650
Wisconsin	R-3573	R-3650-F
Wyoming	R-3575-E	NOT REQUIRED

Q. Date and Signature

The date shown must always be the date the application is signed and must correspond to the date of the premium receipt.

R. Drafting Application Fees

The depositor's signature (as it appears on bank records) and date are required.

If the draft should be combined with an existing draft, check the appropriate block and list one policy number and the insured's name from the existing draft.

If the draft will not be combined with an existing draft, check the appropriate block and record the requested draft date. Eligible draft dates are from the 11th prior to the due date through the 10th after the due date. Drafts cannot be on the 29th, 30th, or 31st day of a month.

The following instructions must be strictly adhered to for this process to work properly:

1. The first bank draft will be processed the next business day after the eApp is uploaded or the next business day after the paper application is entered into the system. Future drafts will occur as directed under Requested Draft Date on Form R-3616.
2. Each bank draft application must have form R-3616 attached. Form R-3616 must be fully completed and signed by the payor. Pay attention to neatness and getting the routing number and account number correct. Each number should have a corresponding block "□" blackened in with **black** ink only. You should no longer complete bank information on the back of the application.
3. If the customer has a "debit card" account, we **DO NOT** want the debit card number. We only want the routing number of the banking institution and the client's bank account number. **Savings accounts are not eligible for this process.**
4. It is critical that you quote the correct premium to the customer. Whether you quote over or under the correct premium, we will draft the premium written on the application. We recommend running proposals, if at all possible, to obtain the correct premium.
5. Paper applications submitted with errors, either on the application or on the bank draft form, will be returned and no commission will be generated. If you do it correctly, commissions will be generated on submission and when issued.

It is important to handle this process with utmost care. **As has been in the past, any Agents that fails to exercise due care with regard to customer accounts will be subject to disciplinary action.**

S. Agent's Statement

The Company expects the Agent to represent the Company's interests in taking applications. If you know or suspect that the information being provided on the application for insurance is incorrect, incomplete, or suspicious, you are required to so advise the Company and its underwriters. This can be done in the cover letter.

You must list any proposed insured not seen. You must also indicate if the insurance applied for is replacing existing coverage.

T. Recorded Phone Interview

The most convenient time and place for the proposed insured to complete the phone interview must be recorded on the application. If the proposed insured prefers to be contacted at work, list the office phone number.

If more than one application is submitted from the same household, the home phone number, office number, and preferred time to call must be identical on each application to avoid duplication of phone interview calls.

U. Conditional Receipt

If as much as one monthly premium is collected or bank draft authorization is executed, the amount of the collection or draft should be entered on the application, and the signed Receipt should be given to the applicant. The Conditional Receipt will then be binding on the Company subject to the terms and conditions of that Receipt.

If no premium is collected and a bank draft authorization (Form R-3616, Authorization for Preauthorized Payments) is not executed when the application form is completed, the Conditional Receipt must be left attached to the application form.

The A-250 conditional receipt states that "NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THE RECEIPT ARE MET."

In order for coverage to be provided under the conditional receipt the following conditions must be met:

1. The applicant must submit an initial premium payment equal to the first full premium or bank draft authorization.
2. All underwriting requirements must be completed (blood, urine, etc.)
3. The insured is an acceptable risk for the plan applied for on the later of the date of application or the date on which **all** of the Company's underwriting requirements are satisfied.

For example, if a proposed insured was killed in an automobile accident prior to all of the underwriting requirements being met, the claim would not be paid.

To prevent misunderstandings in connection with applications to the Company for large amounts of insurance, the following limitations and instructions apply. The A-250 application contains a Conditional Receipt which limits the maximum amount of insurance which may become effective under such Conditional Receipt to \$50,000 including accidental death benefits. All of the conditions and limits expressed in the Conditional Receipt must be complied with.

While these limitations are expressly set out in the Conditional Receipt and are not changed in any way, these additional instructions and limitations must be followed to prevent any possible misunderstanding.

When applying for \$1,000,000 or more (including ADB):

1. Do not give a Conditional Receipt where the amount of insurance applied for is \$1,000,000 or more (including accidental death benefits).
2. If a Conditional Receipt is inadvertently given on applications of \$1,000,000 or more, the premium will be refunded and a letter of explanation will be sent stating that no insurance is in force until the application is approved, the policy is delivered, and the full first premium is then collected.

If you become aware of a change in the proposed insured's health prior to delivery of the policy, contact Liberty National legal department for instructions.

V. Travel Outside the U.S.

It is important to remember that foreign travel can be an underwriting consideration for any face amount. Because of the risks associated with travel to some countries outside the U.S. and Canada, in states where permitted, the proposed insured will be asked during the Quality Assurance Call (QAC) or Interview by Underwriter (IBU) if they have any plans to travel or reside outside the U.S. in the next 12 months. If the proposed insured plans to travel to a high-risk country, the policy may be declined, postponed, or issued with a travel endorsement.

W. Incomplete and/or Incorrect Applications

The Agent is expected to make every effort to insure that all applications are completed correctly before they are mailed to the Home Office for processing, otherwise issue will be delayed. Incomplete or incorrect apps will be returned.

X. Replacement Applications

If a replacement application must be taken to correct or restate information on an original application, it should be marked as such and the original application destroyed. Do not return the original and replacement to the Home Office.

Medical History Guide

This listing of most common medical conditions is given to you as a “general” guideline only. Each individual case stands on its own and must be evaluated separately.

The list is provided in order that you will be aware of information that could be helpful to the underwriter during the underwriting process. You should provide this information on a “cover letter” to be submitted with the application. On cases that appear to be “medically questionable”, the best thing to do is to submit the application on a “trial” basis.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS, ARC)	<i>Decline</i>
ALCOHOLISM — Date last used; membership in AA; any liver, heart or other health complications. Underwriter may ask for Alcohol Questionnaire. ALX only within three years of treatment or consultation. Provide Driver’s License Number.	<i>Submit ALX if clean and dry less than three years.</i>
ALLERGY — Type, (seasonal or other cause) – hayfever, asthma, etc.; obtain treatment details and dates. Is medicine prescription or over-the-counter?	<i>Usually standard</i>
ALZHEIMER’S DISEASE	<i>Decline</i>
AMPUTATION — Cause: disease, nature, and treatment. Call Underwriting for discussion if more than one limb is involved.	
ANEMIA — Rate for cause; type.	
ANEURYSM — Unoperated — ALX only; Operated — ALX only for 12 mos. and then highly rated.	<i>ALX only if no surgery. ALX only if surgery within last 12 months.</i>
ANGINA	<i>ALX if diagnosed in last 6 months.</i>
ANGIOPLASTY	<i>ALX if angioplasty in last 6 months.</i>
ARTERIOSCLEROSIS — Severity and extent of involvement.	<i>Rated to decline/ALX, depending on degree.</i>
ARTHRITIS — Type; duration; degree of disability; medication.	<i>Degenerative - May be rated. Rheumatoid - Usually rated.</i>
ASTHMA — Duration; frequency and severity of attacks; type of treatment; date of last attack; tobacco use. If condition seems severe or if client is taking steroid treatment for control, call underwriting.	<i>Mild/Moderate - May be rated. Severe - Usually rated/ALX.</i>
ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD) — Depends on age, severity, and other associated disorders. List medications, dosage, and frequency of use.	<i>Age 8 and under: ALX only Age 9-18: Mild to moderate, usually standard. With aggressive behavior, oppositional defiant disorder (ODD) or conduct disorder (CD), ALX only. Age 19+: Mild to moderate, usually standard to rated Table B. With neurological or psychiatric impairment, alcohol or substance abuse, rated Table B and up. With aggressive behavior, depression, conduct disorder, arrest history, etc., ALX only.</i>
AUTISM	<i>ALX</i>
BLOOD PRESSURE — Elevation–date of initial elevation; nature of treatment; typical or normal (routine) blood pressure readings for the past two years.	<i>Rated/ALX if not under control for 12 months.</i>

Medical History Guide

BRONCHITIS — Acute or Chronic; frequency of attacks; date of the most recent attack; any tobacco use?	<i>Chronic - Usually rated.</i>
CANCER — Malignancy, carcinoma or sarcoma tumors not clearly benign—location of tumor; date removed; type of treatment (medical, surgical, irradiation, date of last form of treatment); details and dates of most recent follow-up exams.	<i>ALX if cancer, other than skin, and last treatment within 12 months. ALX if metastatic cancer and treatment within last 10 years. Skin - except Melanoma - may be rated within three years. Other - postpone for three years; usually rated within 10 years thereafter. Decline/ALX if last treatment within 12 months.</i>
CARDIOMYOPATHY	<i>ALX only</i>
CEREBRAL PALSY — Degree of physical and mental handicap; self-sufficient?	<i>Ratable to Decline/ALX</i>
CHECKUP — What prompted visit; types of test done and results; recommendations made; name and address of M.D.; frequency of checkups?	
CHEST PAIN — Hospitalization; duration; length of disability; treatment; doctor's diagnosis or cause?	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE — Severity; any disability; smoking habits; any other lung problems or bronchitis?	<i>Usually rated. If continues to smoke or using home oxygen, ALX only.</i>
CIRRHOSIS	<i>ALX only</i>
COLITIS — Type; date; number of attacks; type of treatment (medical or surgical); any bleeding; date of last attack?	<i>Ulcerative - ALX for one year after last attack; always rated thereafter. Usually rated if operated within four years.</i>
CONGESTIVE HEART FAILURE	<i>ALX only if Congestive Heart Failure within one year.</i>
CONVULSIONS (INCLUDING EPILEPSY) — Frequency and date of last attack; cause, if known; type of epilepsy should be specified; type of medication?	<i>Rate for cause; Epilepsy is usually rated by date of last attack, frequency and type. If controlled for many years, may be standard.</i>
CORONARY ARTERY DISEASE	<i>ALX only if Heart Valve Replacement. Otherwise, ratable to ALX depending on the degree.</i>
CORONARY BYPASS	<i>ALX if bypass in last 6 months, thereafter ratable to ALX.</i>
CYSTIC FIBROSIS	<i>ALX only</i>
CYSTS — Type and location; where is pathology report?	
D&C — Reason, if known; is further surgery planned?	
DEAFNESS — Partial or total; cause, if known?	
DEFIBRILLATOR IMPLANT	<i>ALX only.</i>
DEMENCIA	<i>Decline</i>
DEPRESSION — See NERVOUS DISORDERS.	<i>ALX only if hospitalized in last 6 months or unable to work.</i>

Medical History Guide

DIABETES — Date first diagnosed; insulin, oral medicine or diet; any other medical impairments such as heart disease, eye problems, kidney disease?	<i>Rated by age and duration and type of treatment. ALX only if insulin dependent diabetes and no doctor consulted within last two years.</i>
DIALYSIS — Nature of disability, date of disabling event/diagnosis; occupation history.	<i>Usually ALX only.</i>
DISABILITY	<i>Usually ALX only.</i>
DOWN'S SYNDROME	<i>ALX only.</i>
DRUG ADDICTION — Nature of substance used; frequency; last use; underwriter may ask for Drug Questionnaire. Provide Driver's License #.	<i>Decline if last use within 2 years. ALX only if clean less than three years. Usually rated within six years thereafter.</i>
DUI	<i>ALX only if DUI in last 12 months or multiple DUIs.</i>
EATING DISORDERS (ANOREXIA, NERVOSA BULIMIA)	<i>ALX only for 2 years after recovery.</i>
EMPHYSEMA — Severity; any disability; smoking habits; any other lung problems or bronchitis?	<i>Ratable to ALX. ALX only if using home oxygen.</i>
EPILEPSY — See convulsions.	
FELONY CONVICTION	<i>ALX only if still on probation or parole. Some felony convictions cannot be considered for 15 years after probation ends. Call Underwriting.</i>
FIBROMYALGIA — Severity; any evidence of underlying mood disorder; occupational history; functional capacity?	<i>Rated to ALX, depending on degree.</i>
FOREIGN NATIVE	<i>Decline if been in U.S. less than 1 year or if in U.S. only temporarily.</i>
GALLBLADDER DISORDER — Number and date of attacks; treatment; current stones without operation?	
GASTRIC BYPASS — Date of surgery; any complications; pre-surgery weight; current weight?	<i>ALX only if surgery within last 6 months. Min. Table B rating.</i>
GOUT — Number, duration, severity of attacks; treatment; any kidney or blood pressure problems?	
HEART (ANGINA, BYPASS SURGERY, HEART ATTACK AND CORONARY ARTERY DISEASE) — Type of treatment; tobacco use; date; name of M.D. who treated condition from onset; dates of EKGs and catheterization; hospitals involved?	<i>ALX only if diagnosed and treated within the last six months; treatment/diagnosis more than 6 months; always rated. ALX only if a smoker. ALX only if more than 2 heart attacks. ALX only if heart attack or bypass and still smokes.</i>
EKG (ELECTROCARDIOGRAM) — Reason; results; any treatment; any recommendations; where is EKG located?	<i>Abnormal - Individual consideration and postponed for at least 6 months, depending on age.</i>
MURMUR — Type; name of M.D. with most complete workup or who has listened to heart; diagnostic tests made; when first diagnosed; congenital, result of rheumatic fever or other disease?	<i>Rate depends on type of murmur. Some MVP are standard, not preferred.</i>

Medical History Guide

PACEMAKERS — Date; not considered in first year; any associated disorders?	<i>ALX only.</i>
VALVE REPLACEMENTS — Date; any symptoms after surgery; any heart enlargement; type of valve used, if known?	<i>ALX only.</i>
HEMOPHILIA	<i>ALX only.</i>
HEPATITIS — Type; date; duration of disability; any recurrence?	<i>Acute - May be rated within 2 years. Chronic - ALX unless adequately diagnosed & followed. Hepatitis C - Rated to ALX.</i>
HERNIA — Location; surgery; recovered?	
HIV POSITIVE	<i>Decline</i>
HODGKIN'S DISEASE	<i>ALX only if treatment within last 2 years.</i>
HYDROCEPHALUS	<i>ALX only without surgery; otherwise highly rated.</i>
HYPERTHYROIDISM	<i>May be rated. If controlled, can be standard.</i>
HYPOTHYROIDISM	<i>Usually standard but could be slightly rated.</i>
INJURY — Type; cause; treatment; any complications?	
KIDNEY DISORDER — Type; treatment; number of attacks; date of last attack? If polycystic kidney disease, any symptoms?	<i>Inflammation/Nephritis (Chronic) – Always Rated/Possible ALX. Infection (Acute) – Usually standard. Stones Present – May be rated. Stones Passed or Removed – Usually standard.</i>
LEUKEMIA	<i>ALX only if diagnosed prior to age 50.</i>
LIVER DISORDERS — Date of diagnosis; cause; any alcohol use involved; any current use of alcohol?	
CIRRHOSIS	<i>ALX only.</i>
ENLARGEMENT	<i>May be rated.</i>
FATTY	<i>Always Rated/Possible ALX</i>
INFLAMMATION — See Hepatitis.	
LOU GEHRIG'S DISEASE OR AMYOTROPHIC LATERAL SCLEROSIS	<i>Decline</i>
LUPUS ERYTHEMATOSUS (COLLAGEN DISORDERS) — Date diagnosed; number of years since last symptoms or treatment; type of treatment.	<i>Systemic - Usually ALX. Skin - Usually rated.</i>
MENINGITIS	<i>Viral; is usually standard after cured.</i>
MENTAL DEFICIENCY	<i>Self-supporting? Likely to be uninsurable if not in good health.</i>
MENTAL ILLNESS — Type, if known; date of last treatment; history of confinement in a hospital or sanitarium, call underwriting.	<i>ALX only if disabling.</i>
MULTIPLE SCLEROSIS — Severity of handicap; date of last episode; frequency of attacks?	<i>ALX only for one year after remission. Always rated.</i>

Medical History Guide

MUSCULAR DYSTROPHY	<i>(Duchenne, Infantile/Congenital, Myatonic Dystrophy) To Age 39 — ALX. Age 40 & up —Highly rated.</i>
MYASTHENIA GRAVIS	<i>ALX for 6 months. May be rated within 8 years.</i>
NERVOUS DISORDERS — Symptoms; causes; types of treatment; duration; any disability?	<i>Anxiety/Depression - Mild may be rated within 2 years after effective control. Major Depression - ALX only within one year and after effective control. ALX only if disabling.</i>
PANCREAS DISEASE — Diagnosis; complications; dates and durations of attack; any alcohol abuse?	
PAP SMEAR	<i>Class III & up - Usually rated.</i>
PARALYSIS — Cause (injury or disease); location of paralysis (arms, legs or both)?	
PARKINSON'S DISEASE — Degree of progression?	<i>Severe - ALX only. Best Case - Ratable.</i>
PERIPHERAL VASCULAR DISEASE	<i>Usually rated to ALX.</i>
PHLEBITIS	<i>ALX within two months. May be rated within two years.</i>
PNEUMONIA — Number of attacks; full recovery; any inpatient treatment; name of hospital and M.D.; dates?	
QUADRIPLEGIC	<i>Always Rated/Possible ALX</i>
RHEUMATIC FEVER — Number of attacks; dates; heart complications or heart murmurs?	
SARCOIDOSIS	<i>ALX within six months; may be rated.</i>
SCHEDULED SURGERY	<i>Postpone until release from doctor.</i>
SICKLE CELL ANEMIA	<i>ALX only</i>
SICKLE CELL TRAIT	<i>Usually standard</i>
SKULL FRACTURE — Date: any residuals; duration of any unconsciousness; history of convulsions?	
SLEEP APNEA — Surgery? Doctors and dates on C-Pap? Where can sleep study be obtained?	<i>Ratable</i>
SLIPPED DISC (BACK OR SPINAL PROBLEMS) — Medical or surgical treatment; any continued impairment or pain?	
STROKE (CEREBRAL HEMORRHAGE OR THROMBOSIS) — Dates and degree of impairment. Continue to smoke?	<i>ALX if stroke and insured still smokes. ALX if stroke in last 12 months. ALX if more than one stroke. Minimum Table D Rating.</i>
SUICIDE ATTEMPT — Date; name of hospital and doctor; number of attempts.	<i>ALX only if suicide attempt is within 5 years.</i>
SUSPENDED OR REVOKED LICENSE	<i>Ratable/ALX if continue to drive</i>

Medical History Guide

TOXEMIA OF PREGNANCY (ECLAMPSIA) — Date; recurrences; subsequent normal pregnancies; blood pressure or kidney problems?

TRANSPLANTS (HEART, LIVER, KIDNEY) —
Kidney—date, source of donor organ.

Kidney - highly ratable/ALX. ALX only if transplant of any major organ other than kidney

TUBERCULOSIS (PULMONARY) — Date of treatment, arrest and return to work; type of treatment?

ALX if diagnosis within 1 year or currently under treatment

TUMORS — Location; type; benign or cancerous; treatment; name of M.D. or hospital to get pathology report?

ULCERS — Location; number of attacks; any bleeding or other complications?

May be rated within 2 years. Hemorrhage or surgery - usually rated within 2 years. Controlled on medicine - standard.

IV. Field Underwriting

A. Automatic Decline

Applicants with the following conditions will be automatically declined.

- Terminal Illness
- Lou Gehrig's Disease or Amyotrophic Lateral Sclerosis (ALS)
- HIV / AIDS or Positive Test to Antibodies for AIDS virus
- Alzheimer's or Senile Dementia
- Confined to a hospital or nursing facility
- Use of illegal drugs within a two-year period
- Confined to jail

B. ALX-Only Conditions

Do not submit an application for standard issue for the following conditions.

An ALX will be considered if the underwriters determine the proposed insured is eligible for coverage.

Heart / Circulatory / Blood Disorders:

- Cardiomyopathy
- Congestive Heart Failure within one year
- Defibrillator Implant
- Angioplasty, Coronary Bypass, Heart Attack, or Diagnosis of Angina within last 6 months
- Coronary Artery Disease and Heart Valve Replacement
- More than two Heart Attacks
- Heart Attack, Bypass, or Stroke and still smokes
- More than one stroke
- Sickle Cell Anemia
- Stroke in last 12 months
- Tuberculosis if diagnosis within one year or currently under treatment

Diabetes and Related Disorders:

- Diabetes and Kidney Disease (*App may be submitted if the proposed insured has diabetes without a related condition*)
- Insulin-dependent Diabetes and No Doctor consulted within last two years

Cancers:

- Cancer, other than skin, last treatment within 12 months
- Metastatic Cancer (spread to other sites) within 10 years

Hodgkin's disease, last treatment within two years

Leukemia diagnosed prior to age 50

Misc. Medical Disorders:

Aneurysm - ALX only if no surgery or surgery within last 12 months

Cirrhosis

Cystic Fibrosis

Depression - hospitalized within six months - or unable to work

Down's Syndrome

Gastric Bypass if surgery in last six months

Suicide Attempt within five years

Emphysema or Chronic Lung Disease using home oxygen

Hydrocephalus – if without surgery

Kidney Dialysis

Multiple Sclerosis within one year after remission

Transplant Recipient of any major organ (*except Kidney Transplant*)

Height & Weight:

Table L or higher - Apply for ALX.

Habits:

Driving Under the Influence (DUI) within the last 12 months or Multiple DUIs

Alcohol or Drug Treatment, clean and dry less than three years

Currently on probation or parole

Has not been a resident of United States for past 12 months

The conditions listed above are not exhaustive and the Agent should use good sense and judgement in field underwriting.

V. Policy Delivery and Collect On Delivery (C.O.D.) Policies

A. Policy on which there is a Conditional Receipt

If an insured dies between the submission of an application and the issuance of a policy, the only coverage provided is that afforded subject to terms and conditions of the Conditional Receipt. In such a case, it is inappropriate and potentially confusing to deliver a policy.

B. Rules for Delivery of C.O.D. Policies:

C.O.D. means to Collect on Delivery. This means collecting premiums by check or if the customer submitted a bank draft form with the original application, the Home Office will draft when the C.O.D. transmittal is received back at the Home Office.

1. The Agent must deliver C.O.D. policies to the applicant in person. These policies may not be delivered through the mail or by any third person other than a Manager. Any changes or adjustments to the plan or amount of a C.O.D. policy must be made by submission of a new application or R-868.
2. A C.O.D. policy may not be delivered unless the proposed insured is in the same health as indicated by the application on which the policy is issued. Obviously, if an insured has died prior to the delivery of the policy, the policy should not be left with the family and no premium should be collected.
3. A period of 30 days from policy issue will be allowed for the delivery of C.O.D. policies. If the policy has not been delivered at the end of 30 days, it must be returned to the Home Office for cancellation, except as outlined under paragraph "d" below.
4. When a C.O.D. policy is delivered, the full premium quoted in the policy must be collected by check and should be attached to the C.O.D. Letter of Transmittal and returned promptly to the Issue Department. Money orders/cashier's checks will NOT be accepted on C.O.D. cases that are written on annual, semiannual, or quarterly premium. You must collect a check.
6. If a C.O.D. policy has been issued on an annual basis, it may be placed on a semiannual or a quarterly basis; if it is issued on a semiannual basis, it may be placed on a quarterly basis. In such cases, the full semiannual or quarterly premium is collected, and the policy must be returned to be reissued to the correct mode.

VI. Trial Applications

The purpose of a trial application is to evaluate a proposed insured's insurability before you subject the Company to being liable for the risk.

The following are current guidelines/procedures regarding trial applications:

1. As a field underwriter, you have the responsibility to help the Company properly assess risk before submitting an application for possible reissue. If you determine that a proposed insured has abnormal health risks, you should submit the application on a 'trial' basis with no application fee submitted. *Do not submit trial applications for proposed insureds that do not have a serious health condition.*
2. Any application face amount of one million dollars (\$1,000,000) or above should be submitted on a 'trial' basis.
3. Trial applications must be submitted on the A-250 application. Other Life, Accident and Health applications are not eligible for trial submission.
4. A cover letter should be submitted with each application explaining the reason for the trial submission.
5. All questions should be answered on the A-250 application and (again) no money should be submitted. The word "TRIAL" should be written in two places: On the A-250's #13 Amount Paid with Application, and on the Conditional Receipt (do not detach from the application form).
6. The authorization for Release of Health Related Information must be signed and submitted with the application. A copy of the form should be left with the applicant.
7. Submit commissions are not paid on trial applications and are not counted for Bonus purposes. If ultimately issued, the policy will be issued C.O.D and all commissions will be paid when the appropriate premium has been remitted. If changes in the face amount or plan are requested, an R-868 should be completed.

VII. Coverage Prior to Effective Date

The effective date of policies issued by the Company from the A-250 application is the date printed on the policy and is based on the mode of premium payment. The proposed insured may have up to \$50,000 coverage prior to the effective date based on the provision in the conditional receipt.

1. If an application fee is submitted with the application the applicant has coverage from the date of application based upon the Conditional Receipt (including bank drafts).
2. If an application fee is not submitted with the application the proposed insured will not have coverage until the effective date of the policy and only then if the first premium is paid in full.
3. The rule for payroll deduction policies is as follows:

The Company considers coverage under payroll deduction applications to begin when the application is signed. Coverage is only effective under payroll deduction applications if: the proposed insured is an acceptable risk to the Company for the insurance applied for at Standard rates (as to employee applicants for CareerLife Plus the employee will be covered for the amount for which he or she would medically qualify); and a payroll authorization (if required) is completed and attached to the application. If authorizations are not required by the Company, a franchise number must be included on the application. It is not necessary for the first month's premium to be submitted with the application.

These guidelines have been established as a convenience to our policyholders and as a service to employers who make the payroll deduction plans available.

VIII. Establishing Premium Due/Effective Dates

A. Monthly

Policies issued on a monthly basis up to and including the 15th of the month will be dated the first of the current month. Policies issued after the 15th of the month, the premium due date will be the first of the following month.

B. Bank Budget

Policies issued during the first 15 days of the month will be dated the first of the current month. Policies issued after the 15th of the month will have a premium due date of the first of the following month.

Choosing your deduction day: You may select any day of the month from the 11th prior to the due date through the 10th after the due date. Drafts cannot be made on the 29th, 30th or 31st.

Example #1	Premium due date: <i>July 1</i>
	Selected deduction date: <i>15th of each month</i>
	Premium deduction: <i>June 15 for July premium</i>
Example #2	Premium due date: <i>July 1</i>
	Selected deduction date: <i>10th of each month</i>
	Premium deduction: <i>July 10 for July premium</i>
Example #3	Premium due date: <i>July 1</i>
	Selected deduction date: <i>25th of each month</i>
	Premium deduction: <i>June 25 for July premium</i>

If a customer is currently on bank draft with policies drafting under our old 10-20 day rule and a change in draft days is made, the new draft date will not fall under the old rules. The new 20-10 rule will apply.

C. Annual, Semiannual or Quarterly

Policies issued up to and including the 15th of the month will be dated the first of the current month. Policies issued after the 15th of the month, the premium due date will be the first of the following month.

D. C.O.D.

For policies issued on a C.O.D. basis, the premium due date will be the date on which the policy is actually issued.

E. Government Allotment

A government allotment is a preauthorized deduction from a government employee's paycheck, for a specific amount, to be deducted each payday and sent to the Company for the payment of life insurance premiums.

The initial premium must be collected. The policy will be dated as though it were being issued on a monthly basis. The customer must continue to remit the premiums on a monthly basis until the first remittance is received from the government. The customer will not receive a bill, therefore, we recommend that the Agent should monitor the account to ensure that payments are made until the allotment is started.

F. Payroll Deduction

Setting up a billing for a payroll case:

The Worksite Advantage Required Packet for Standard Payroll Deduction, or for Section 125 must be completed prior to enrollment or re-enrollment of any payroll deduction case. Fax the completed packet to 205-325-1041 or e-mail a scanned copy to worksite@libnat.com.

1. Companies will have a choice of Flexible billing modes: weekly (52/Yr. and 48/Yr.), bi-weekly, semi-monthly, monthly (9/Yr., 10/Yr., 12/Yr., and 20/Yr.) and 13/Yr. (every 4 weeks).
2. Establish with bookkeeper:
 - a. First deduction date - should be the next payroll cycle after completion of enrollment. Must be the first day of the month.
 - b. Effective date of policies - should be 30-45 days after first deduction.
 - c. Premium due date - should be 30-45 days from initial billing cycle.

Information you must know for case approval:

1. Nature of Business?
2. Number of Eligible employees?
3. What will be the initial enrollment period?
4. Re-enrollment or new business?
5. Will solicitation be conducted on premises?

Please refer to the R-3631 Worksite Advantage Agent Guide for complete Payroll Deduction/ Section 125 guidelines.

IX. Backdating Policies

Most policies and riders may be backdated as much as two months for the purpose of issuing at a younger age. If backdating of a policy is desired, the Agent should request that the policy be backdated in the "Additional Remarks" section of the application and also note on the cover letter. The application itself should always be dated the day it is completed, regardless of whether the policy is to be backdated. A request to backdate a policy will not change the proposed insured's age for medical or nonmedical requirements.

X. Quality Assurance Process and Preparing Your Client for Underwriting

A. Guidelines for Underwriting Phone Calls

All A-250 applications are subject to a telephone call. Agents should not assume a specific requirement is needed until you are notified, either by Send-A-Message (SAM) to the Agency Owner or a Pending Status Report to the Agency Owner.

There are four types of calls the Underwriting Department may request on an application:

1. **QAC** (Quality Assurance Call) or **RIP** (Rapid Inspection Process). Conducted by Home Office QAC Department in McKinney, Texas.
2. **IBU** (Interview By Underwriter). Conducted by outside vendor IBU Inc.
3. **Inspection**. Conducted by outside vendor Examination Management Services, Inc. (EMSI).
4. **UCALL**. Conducted by Home Office UCALL Department in Hoover, Alabama.

The Agent should prepare the client for any of these possibilities.

1. QAC or RIP – Terms mean the same thing. This request indicates that Underwriting has requested a telephone interview to be completed by our in-house QAC Department. Once the QAC Department receives the request from Underwriting, the application goes into "call status." Once the application is placed on "call status," the QAC Department operator will attempt to reach the applicant by phone for 7 calendar days. After 7 days, a letter will be sent to the applicant providing them with a toll-free number to call. In addition, an Underwriting follow-up message will be sent to the Agency Owner providing the toll-free number and asking the Agency Owner to have the applicant call to complete the telephone interview.

The application is subject to cancellation 7 days after the letter has been mailed and the follow-up message has been sent, if the call has not been completed.

The toll-free number for English and Spanish QACs is 866-463-8606. Hours of operation are Mon.-Thurs., 8am-8pm; Fri. 8am-6pm; and Sat. 8am-Noon - Central time zone.

NOTE: Spanish-speaking call requests should be noted on the Cover Letter with the A-250 application. All Spanish-speaking QACs are completed by the QAC Department in Texas.

2. IBU This request indicates that Underwriting has requested a telephone interview to be completed by an underwriter working for an outside vendor. Once IBU receives the request from Underwriting, the request is assigned to one of their underwriters for handling. If the IBU underwriter does not reach the applicant to complete the call within 7 calendar days, Underwriting will send a follow-up message to the Agency Owner providing the toll-free number of the underwriter handling the case and asking the Agency Owner to have the applicant call the specific IBU underwriter to complete the telephone interview.

Each IBU underwriter has his/her own unique toll-free telephone number. The application is subject to cancellation 7 days after the follow-up message has been sent, if the call has not been completed.

NOTE: Foreign-speaking call requests should be noted on the Cover Letter with the application. All foreign-speaking IBUs are completed by the IBU underwriter assigned to the case using an interpreter line. There is not one particular IBU underwriter assigned to all foreign-speaking cases.

3. INSPECTION This request indicates that Underwriting has requested a telephone inspection interview to be completed by outside vendor EMSI. Inspections are typically ordered on applications for large face amounts and include detailed financial questions.

Once the vendor receives the request from Underwriting, it is assigned to one of their operators for handling. If the inspection interview has not been completed within 7 calendar days, Underwriting will send out a follow-up message to the Agency Owner, titled 'INSPECTION', providing the toll-free number for EMSI and asking the Agency Owner to have the applicant call to complete the telephone Inspection. The application is subject to cancellation 7 days after the follow-up message has been sent, if the call has not been completed.

4. UCALL This request indicates the Home Office Underwriting Department has requested a telephone interview to be completed by an Underwriter from the Home Office UCALL Department in Hoover, Alabama. This call is at the Underwriter's discretion for older ages and for certain or extensive medical history outside what a regular QAC might encompass. Once the UCALL Department receives the request from Underwriting, the application request goes into "call status." Once in "call status," the UCALL Underwriter will attempt to reach the applicant by phone for 7 calendar days. After 7 days, the Agency Office will receive a SAM providing the toll-free number and asking the Agency Office to have the applicant call to complete the interview. The application is subject to cancellation 7 days after the message has been sent (or 14 days after the initial UCALL request) if the call has not been completed. The toll-free number for UCALL is 866-849-0812. Hours of operation are Mon. – Fri., 8am to 4:30pm, Central time zone.

B. Prescription Drug Check

The Company may run a Prescription Drug Check to obtain a history of prescriptions the applicant has purchased. Currently, Prescription Drug Checks are primarily used on A250 life applications (age 60-69), Group Term, Florida Cash Cancer, and Florida Critical Illness.

C. Paramedical Exam (includes Blood and Urine Samples)

Suggestions for client:

1. Fast for 12 hours
2. Avoid drinking coffee, tea, or caffeinated soft drinks for at least one hour prior to your appointment
3. Get a good night's sleep the night before the appointment
4. Drink a glass of water an hour or so before the appointment to assist in obtaining a urine sample
5. Limit salt intake and high cholesterol foods 24 hours before the appointment
6. Do not engage in strenuous physical activities 24 hours before the appointment.

When an exam might be required other than by age / amount, the Home Office will notify Agent.

1. Medical History - Hypertension, Cardiovascular, Diabetes, Drug / Alcohol abuse, etc.
2. Overweight

D. APS / Medical Records

Clients should be informed that:

1. The Company may request records from their doctor or other medical facilities regarding any exams or medical problems
2. The client may be contacted by the Company's APS Service Company if there is any problem in locating the records
3. Full and accurate information is crucial (dates, details, doctor's name and address)

XI. Juvenile Insurance

Premiums may be paid by any immediate family member or other individual having an insurable interest who wishes to make a gift of a life insurance policy to a child. Paying premiums, however, will not necessarily make it possible for a person to apply for a policy or to be designated as owner or as beneficiary, unless that person has a clear insurable interest in the life of the child and qualifies under the requirements outlined.

1. The following may be designated as an applicant and/or owner:
 - a. Either of a child's natural parents
 - b. Either of a child's parents by legal adoption

As a basis for consideration, the applicant must furnish such evidence as may be required by the Company that legal adoption has taken place or that certain steps

in the process of legal adoption have been completed. Such evidence in at least one of the following forms:

- (1) A photocopy of the decree of adoption issued by the court in which adoption proceedings were instituted.
- (2) A photocopy of a Revised Birth Certificate or Revised Birth Record. To explain: After the process of legal adoption has been completed and a Final Decree of Adoption has been granted, most states issue a Revised Birth Certificate or Revised Birth Record. A Certified Copy of the certificate or record is given, or made available, to the parents-by-adoption. Such a Revised Birth Certificate or record shows the child's name was changed by adoption and shows, as the child's parents, the names of the parents-by-adoption.

If a certified Copy of a Revised Birth Certificate or Revised Birth Record is available, a photocopy of it should be sent to the Home Office with the application.

- c. A court-appointed legal guardian may, in his or her capacity as guardian, apply for an insurance policy on behalf of a child and will control the policy during the time in which he or she remains the guardian. When application is made by a legal guardian as such, the Company will usually require copies of the Letters of Guardianship as a basis for considering issue and as a basis for making any change in the policy after issue.
- d. An adult, other than a child's parent, with legal custody of the child may apply for a life insurance policy on the child **only** if a court order granting **permanent** custody has been issued. The court order must specify that such custody is permanent, and that the rights of the child's natural parents have been terminated. It should be noted that this is very rarely the case, and the vast majority of custody cases only grant temporary custody. Applications signed by an adult having only temporary custody will be declined.

2. Maximum Issue Limits

- For face amounts up to a maximum of \$50,000:
 - Acceptable regardless of amount of coverage on parent(s)
- For face amounts greater than \$50,000:
 - If two parents, juvenile policy face amount no more than 50 percent of the parent with the highest coverage amount (all companies) and no more than the parent with the lowest amount of coverage
 - If one parent, juvenile policy face amount no more than 50 percent of the parent's coverage amount (all companies)
- Coverage must be the same for all siblings
- Children's Insurance Rider (CIR) coverage will not be included in the \$50,000 max.

3. Large Face Amounts

All applications in excess of \$100,000 on a child's life must be submitted with a cover letter outlining the rationale for the amount applied for.

XII. Financial Underwriting Guidelines

A. Clients should be prepared to disclose various types of financial information, depending on the amount and reason for the insurance. Some examples include:

1. Income is requested in virtually all cases.
2. For larger cases, a confidential financial statement is required and in some cases audited financial statements.
3. Assets are needed in estate liquidity cases.
4. Copies of Buy/Sell agreements are required when the insurance is used to fund the agreement.
5. Tax records may be required to justify large amounts of insurance with charity as a beneficiary or owner.
6. In juvenile cases, the amount of insurance in force on the parents and other siblings is needed, and in some cases the income and assets of the parents.
7. Loan or Mortgage information if the insurance is being used to liquidate a loan, upon death.

B. Details of Financial Loss to the Beneficiary may be required if the loss is not obvious. Examples of financial loss include:

1. Personal
 - a. Spouse / Dependents - Loss of Income
 - b. Creditor - Loss of principal
 - c. Joint Mortgagee - Loss of ability to cover payments
 - d. Heirs - Inability to Pay Estate Liquidation Costs
2. Business
 - a. Buy / Sell - Funds to purchase deceased owner's share of business
 - b. Key Man - Loss of earning power due to loss of key person and costs to replace him / her.

XIII. Rated Policies/Table Ratings and Flat Extra Premiums

Extra premiums are required for those individuals who fall into a group classification where mortality experience is higher than standard because of some physical impairment, medical history, occupation or other factor. For those who do fall into such classification, the extra premium required may be one of two types—a flat extra premium or an extra premium based on a percentage table rating.

A. Flat Extra Premiums

Flat extra premiums are quoted as an amount per thousand dollars of insurance such as \$5.50 per thousand, and do not vary with age except for Single Premium Policies. This flat extra amount may be assessed for a limited period of time if the hazard is of a temporary nature; it may be permanent if the impairment or factor is considered permanent; or it may be a combination of the two in which the extra premium is reduced to a lesser amount at the end of a specified period if the hazard is presumed to decrease with time. Temporary flat extra ratings are automatically removed at the end of the specified period without further evidence of insurability.

If a flat extra premium is to be charged on an application, the Agent will be notified of the amount by the Home Office, and the rated policy will be forwarded to the Agent at the same time.

B. Table Ratings

Table ratings are the basis for the second type of extra premiums. These table ratings represent expected mortality based upon the following multiples of the standard mortality table:

1. Term Plans

Table	For Term Plans Multiply Standard Premium By:
B	1.50
C	1.75
D	2.00
E	2.25
F	2.50
H	3.00
J	3.50
L	4.00

2. Permanent Plans (See tables on pages A-48 – A-63)

C. Plans for Which Actual Flat Extra Premium Differ from Basic Flat Extra Premium

On some policies and riders, the actual flat extra premium is not the same as the basic flat extra premium shown in the occupation classifications.

- 1. Permanent Flat Extra Premiums** - Decreasing Term policies and riders have an actual flat extra premium equal to 80% of the basic flat extra premium. For example, if an insured buying one of these policies is assigned a basic flat extra premium of \$5, the actual flat extra premium will be \$4.
- 2. Temporary Flat Extra Premiums** - Actual flat extra premiums equivalent to basic flat extra premiums vary by plan of insurance, age of the insured, and the period of years for which the temporary flat extra premium is to be paid for the following plans of insurance: Decreasing Term policies and riders.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Male Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
0	1.70	2.38	3.06	3.70	4.33	5.61	6.81	8.00	10.36	12.69	15.03
1	1.67	2.33	2.99	3.63	4.26	5.50	6.66	7.81	10.11	12.34	14.57
2	1.65	2.30	2.94	3.56	4.18	5.42	6.55	7.68	9.92	12.07	14.22
3	1.63	2.27	2.90	3.52	4.14	5.37	6.48	7.59	9.79	11.87	13.96
4	1.63	2.27	2.90	3.52	4.14	5.36	6.46	7.55	9.73	11.77	13.81
5	1.63	2.27	2.90	3.52	4.14	5.38	6.47	7.56	9.74	11.75	13.76
6	1.66	2.30	2.94	3.57	4.20	5.44	6.55	7.65	9.83	11.85	13.87
7	1.69	2.33	2.97	3.62	4.26	5.54	6.65	7.76	9.99	12.04	14.09
8	1.72	2.38	3.03	3.69	4.35	5.67	6.80	7.93	10.20	12.29	14.39
9	1.76	2.44	3.11	3.79	4.46	5.81	6.97	8.12	10.45	12.58	14.71
10	1.79	2.49	3.19	3.89	4.58	5.96	7.14	8.31	10.71	12.89	15.06
11	1.81	2.53	3.25	3.97	4.69	6.11	7.32	8.53	10.98	13.19	15.41
12	1.83	2.56	3.29	4.04	4.79	6.27	7.52	8.76	11.25	13.50	15.75
13	1.85	2.61	3.37	4.14	4.91	6.43	7.72	9.00	11.55	13.85	16.14
14	1.88	2.66	3.44	4.23	5.02	6.60	7.93	9.26	11.88	14.22	16.57
15	1.93	2.73	3.53	4.35	5.16	6.79	8.18	9.56	12.25	14.67	17.09
16	1.98	2.81	3.64	4.49	5.33	6.99	8.43	9.87	12.67	15.19	17.71
17	2.05	2.92	3.78	4.64	5.49	7.20	8.70	10.20	13.13	15.79	18.45
18	2.12	3.04	3.95	4.83	5.70	7.42	8.98	10.53	13.60	16.38	19.15
19	2.21	3.16	4.11	5.00	5.88	7.65	9.27	10.89	14.07	16.97	19.88
20	2.30	3.28	4.26	5.17	6.08	7.88	9.55	11.22	14.50	17.52	20.53
21	2.39	3.40	4.41	5.34	6.27	8.12	9.82	11.52	14.89	17.97	21.04
22	2.47	3.52	4.57	5.52	6.46	8.36	10.09	11.82	15.24	18.35	21.47
23	2.59	3.66	4.72	5.69	6.66	8.62	10.37	12.11	15.59	18.75	21.91
24	2.65	3.75	4.85	5.86	6.86	8.87	10.64	12.41	15.95	19.14	22.33
25	2.76	3.89	5.01	6.04	7.07	9.12	10.92	12.71	16.31	19.54	22.77
26	2.83	3.98	5.13	6.19	7.25	9.36	11.19	13.02	16.67	19.93	23.20
27	2.91	4.10	5.29	6.37	7.44	9.59	11.47	13.34	17.06	20.37	23.69
28	3.00	4.21	5.42	6.53	7.63	9.84	11.77	13.69	17.49	20.87	24.26
29	3.08	4.33	5.58	6.72	7.86	10.13	12.11	14.08	17.99	21.45	24.91
30	3.17	4.47	5.76	6.94	8.12	10.48	12.53	14.57	18.61	22.20	25.80
31	3.26	4.62	5.97	7.21	8.45	10.90	13.02	15.14	19.37	23.13	26.89
32	3.38	4.78	6.18	7.49	8.79	11.39	13.61	15.83	20.26	24.23	28.21
33	3.50	4.98	6.46	7.83	9.20	11.92	14.24	16.55	21.24	25.44	29.65
34	3.63	5.18	6.72	8.17	9.61	12.48	14.93	17.37	22.30	26.74	31.19
35	3.78	5.40	7.02	8.53	10.04	13.05	15.64	18.22	23.41	28.09	32.77
36	3.95	5.64	7.32	8.90	10.48	13.63	16.38	19.13	24.58	29.49	34.39
37	4.16	5.93	7.69	9.33	10.97	14.22	17.16	20.09	25.80	30.94	36.09
38	4.37	6.21	8.05	9.75	11.45	14.84	17.98	21.12	27.10	32.47	37.83
39	4.60	6.53	8.45	10.22	11.99	15.53	18.86	22.18	28.47	34.09	39.71
40	4.82	6.84	8.85	10.72	12.58	16.28	19.80	23.31	29.90	35.81	41.72

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Male Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
41	5.04	7.16	9.28	11.24	13.20	17.12	20.79	24.45	31.38	37.61	43.84
42	5.26	7.49	9.72	11.81	13.89	18.04	21.86	25.68	32.95	39.53	46.12
43	5.49	7.85	10.20	12.41	14.61	19.02	22.98	26.94	34.61	41.57	48.54
44	5.72	8.21	10.70	13.04	15.38	20.05	24.18	28.30	36.39	43.76	51.12
45	5.97	8.59	11.21	13.69	16.16	21.09	25.40	29.71	38.28	46.03	53.79
46	6.25	9.00	11.74	14.35	16.95	22.13	26.67	31.21	40.27	48.39	56.51
47	6.51	9.40	12.29	15.02	17.75	23.21	28.01	32.80	42.41	50.92	59.43
48	6.81	9.85	12.88	15.75	18.62	24.36	29.47	34.57	44.77	53.70	62.64
49	7.14	10.33	13.52	16.55	19.58	25.63	31.07	36.50	47.38	56.86	66.34
50	7.48	10.85	14.22	17.43	20.63	27.03	32.85	38.66	50.29	60.46	70.64
51	7.88	11.45	15.02	18.42	21.82	28.60	34.84	41.07	53.53	64.61	75.68
52	8.32	12.11	15.90	19.51	23.12	30.34	37.04	43.74	57.14	69.29	81.43
53	8.78	12.81	16.83	20.69	24.55	32.26	39.49	46.71	61.14	74.51	87.88
54	9.29	13.58	17.87	22.00	26.12	34.37	42.18	49.98	65.57	80.30	95.04
55	9.84	14.43	19.02	23.45	27.87	36.70	45.15	53.59	70.47	86.68	102.90
56	10.44	15.34	20.24	24.99	29.74	39.24	48.36	57.48	75.78	93.55	
57	11.07	16.32	21.57	26.69	31.80	42.02	51.90	61.78	81.64	101.08	
58	11.79	17.42	23.05	28.56	34.07	45.08	55.80	66.51	88.12	109.36	
59	12.54	18.60	24.65	30.60	36.54	48.43	60.11	71.78	95.27		
60	13.42	19.93	26.44	32.86	39.28	52.10	64.86	77.62	103.15		
61	14.34	21.32	28.30	35.20	42.10	55.89	70.03	84.16			
62	15.38	22.89	30.39	37.82	45.24	60.08	75.72				
63	16.55	24.65	32.75	40.76	48.76	64.77	81.98				
64	17.87	26.62	35.37	44.03	52.68	70.01					
65	19.36	28.85	38.33	47.73	57.12	75.90					
66	21.14	31.50	41.86	52.12	62.37						
67	23.07	34.39	45.71	56.92	68.13						
68	25.20	37.57	49.93	62.17							
69	27.51	41.00	54.48	67.84							
70	29.99	44.68	59.37								
71	32.60	48.58	64.55								
72	35.38	52.71									
73	38.34	57.10									
74	41.45										
75	44.72										
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Male Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
18	2.45	3.50	4.55	5.56	6.56	8.55	10.39	12.23	15.79	19.01	22.24
19	2.51	3.59	4.66	5.67	6.67	8.68	10.52	12.36	15.96	19.25	22.55
20	2.57	3.67	4.77	5.79	6.81	8.83	10.67	12.51	16.16	19.52	22.88
21	2.65	3.77	4.89	5.92	6.95	9.00	10.84	12.68	16.39	19.78	23.16
22	2.72	3.87	5.02	6.07	7.11	9.20	11.07	12.94	16.68	20.09	23.50
23	2.83	4.00	5.16	6.23	7.29	9.43	11.33	13.22	17.02	20.47	23.92
24	2.90	4.10	5.30	6.40	7.49	9.68	11.61	13.53	17.40	20.88	24.35
25	3.00	4.23	5.46	6.59	7.71	9.95	11.92	13.88	17.81	21.34	24.86
26	3.10	4.36	5.62	6.78	7.93	10.23	12.24	14.25	18.25	21.82	25.40
27	3.20	4.51	5.81	6.99	8.17	10.54	12.59	14.64	18.72	22.36	25.99
28	3.32	4.65	5.98	7.21	8.43	10.88	12.98	15.07	19.26	22.99	26.71
29	3.42	4.81	6.20	7.47	8.74	11.26	13.42	15.57	19.89	23.71	27.54
30	3.53	4.98	6.42	7.74	9.06	11.70	13.94	16.17	20.66	24.65	28.64
31	3.66	5.18	6.69	8.08	9.46	12.21	14.54	16.87	21.59	25.78	29.97
32	3.79	5.37	6.94	8.41	9.87	12.78	15.24	17.70	22.66	27.11	31.55
33	3.93	5.60	7.26	8.80	10.34	13.39	15.98	18.57	23.83	28.55	33.26
34	4.08	5.83	7.57	9.20	10.82	14.04	16.78	19.51	25.05	30.04	35.03
35	4.25	6.08	7.90	9.61	11.31	14.70	17.58	20.46	26.29	31.55	36.81
36	4.45	6.36	8.26	10.04	11.82	15.37	18.39	21.41	27.51	33.00	38.49
37	4.69	6.68	8.67	10.53	12.38	16.05	19.22	22.39	28.76	34.49	40.23
38	4.93	7.01	9.09	11.02	12.94	16.77	20.12	23.46	30.09	36.05	42.01
39	5.20	7.37	9.54	11.55	13.55	17.55	21.06	24.57	31.54	37.77	44.00
40	5.45	7.73	10.01	12.12	14.22	18.41	22.12	25.83	33.14	39.69	46.24
41	5.70	8.10	10.50	12.72	14.93	19.36	23.28	27.20	34.90	41.83	48.75
42	5.94	8.47	10.99	13.35	15.71	20.40	24.56	28.71	36.85	44.21	51.57
43	6.21	8.88	11.54	14.03	16.52	21.50	25.93	30.36	39.01	46.86	54.71
44	6.47	9.29	12.10	14.75	17.39	22.66	27.43	32.19	41.39	49.77	58.15
45	6.74	9.71	12.67	15.47	18.26	23.84	28.98	34.12	43.96	52.86	61.77
46	7.06	10.17	13.27	16.22	19.16	25.02	30.62	36.21	46.72	56.14	65.56
47	7.36	10.63	13.90	16.99	20.08	26.25	32.37	38.48	49.75	59.73	69.71
48	7.71	11.15	14.59	17.84	21.09	27.59	34.32	41.04	53.15	63.76	74.36
49	8.09	11.71	15.33	18.77	22.21	29.08	36.52	43.95	57.05	68.46	79.88
50	8.50	12.33	16.16	19.80	23.44	30.70	39.01	47.32	61.56	74.01	86.47
51	8.95	13.01	17.06	20.92	24.78	32.47	41.86	51.25	66.80	80.62	94.44
52	9.45	13.76	18.06	22.16	26.26	34.46	45.08	55.70	72.76	88.23	103.69
53	10.01	14.60	19.19	23.59	27.99	36.78	48.71	60.64	79.38	96.74	114.10

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Male Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
54	10.68	15.61	20.54	25.28	30.02	39.50	52.73	65.96	86.54	105.99	125.43
55	11.43	16.77	22.10	27.25	32.39	42.65	57.09	71.53	94.07	115.71	137.36
56	12.32	18.10	23.87	29.47	35.07	46.28	61.77	77.26	101.85	125.73	
57	13.29	19.59	25.88	32.02	38.16	50.43	66.89	83.34	110.13	136.35	
58	14.44	21.34	28.24	35.00	41.75	55.24	72.64	90.04	119.30	148.05	
59	15.77	23.38	30.99	38.46	45.93	60.87	79.33	97.78	129.79		
60	17.42	25.87	34.31	42.64	50.96	67.59	87.24	106.89	142.05		
61	19.40	28.84	38.28	47.62	56.95	75.60	96.64	117.67			
62	21.68	32.26	42.84	53.31	63.78	84.70	107.28				
63	24.17	36.01	47.84	59.53	71.22	94.60	118.88				
64	26.81	39.94	53.06	66.05	79.04	105.04					
65	29.54	44.01	58.48	72.82	87.15	115.79					
66	32.31	48.16	64.00	79.68	95.36						
67	35.13	52.37	69.61	86.69	103.76						
68	38.09	56.78	75.47	93.96							
69	41.18	61.36	81.54	101.53							
70	44.41	66.16	87.91								
71	47.74	71.13	94.51								
72	51.21	76.29									
73	54.83	81.67									
74	58.59										
75	62.50										
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Female Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
0	1.18	1.65	2.12	2.57	3.01	3.90	4.73	5.56	7.20	8.82	10.44
1	1.16	1.62	2.08	2.52	2.96	3.82	4.62	5.42	7.02	8.57	10.12
2	1.15	1.60	2.05	2.48	2.91	3.77	4.56	5.34	6.89	8.38	9.87
3	1.13	1.58	2.02	2.45	2.88	3.73	4.50	5.27	6.80	8.25	9.70
4	1.13	1.57	2.01	2.44	2.87	3.72	4.49	5.25	6.76	8.18	9.59
5	1.14	1.58	2.02	2.45	2.88	3.74	4.50	5.25	6.77	8.17	9.57
6	1.16	1.61	2.05	2.49	2.92	3.78	4.55	5.32	6.84	8.25	9.65
7	1.17	1.62	2.06	2.51	2.96	3.85	4.63	5.41	6.96	8.39	9.82
8	1.20	1.66	2.11	2.57	3.02	3.93	4.73	5.53	7.12	8.58	10.04
9	1.21	1.68	2.15	2.62	3.09	4.03	4.85	5.67	7.30	8.79	10.27
10	1.24	1.73	2.21	2.70	3.18	4.14	4.98	5.82	7.50	9.03	10.55
11	1.26	1.77	2.27	2.77	3.27	4.26	5.13	5.99	7.71	9.27	10.82
12	1.28	1.80	2.31	2.84	3.36	4.40	5.29	6.17	7.93	9.52	11.10
13	1.31	1.85	2.38	2.92	3.46	4.54	5.46	6.37	8.17	9.80	11.42
14	1.33	1.89	2.44	3.00	3.56	4.68	5.62	6.56	8.41	10.07	11.73
15	1.37	1.94	2.51	3.09	3.66	4.82	5.79	6.76	8.66	10.37	12.08
16	1.40	1.99	2.58	3.18	3.77	4.95	5.95	6.94	8.91	10.68	12.45
17	1.45	2.06	2.67	3.27	3.87	5.08	6.11	7.13	9.17	11.03	12.88
18	1.49	2.13	2.77	3.39	4.00	5.21	6.26	7.30	9.43	11.36	13.28
19	1.54	2.20	2.86	3.48	4.10	5.34	6.42	7.50	9.69	11.69	13.69
20	1.60	2.28	2.96	3.60	4.23	5.48	6.59	7.69	9.94	12.01	14.07
21	1.65	2.35	3.05	3.70	4.34	5.62	6.75	7.88	10.18	12.29	14.39
22	1.70	2.42	3.14	3.80	4.45	5.76	6.92	8.08	10.42	12.55	14.68
23	1.77	2.51	3.24	3.91	4.57	5.91	7.10	8.28	10.66	12.82	14.98
24	1.81	2.57	3.32	4.01	4.69	6.07	7.28	8.49	10.92	13.10	15.28
25	1.89	2.66	3.43	4.14	4.84	6.24	7.48	8.71	11.18	13.40	15.61
26	1.94	2.74	3.53	4.26	4.98	6.42	7.68	8.94	11.45	13.69	15.93
27	2.01	2.83	3.65	4.39	5.13	6.61	7.90	9.18	11.74	14.02	16.30
28	2.08	2.92	3.75	4.52	5.28	6.81	8.13	9.45	12.07	14.41	16.74
29	2.14	3.01	3.88	4.67	5.46	7.04	8.39	9.74	12.44	14.83	17.22
30	2.20	3.10	4.00	4.83	5.65	7.30	8.70	10.10	12.90	15.39	17.88
31	2.27	3.22	4.16	5.02	5.88	7.59	9.05	10.51	13.45	16.06	18.67
32	2.36	3.34	4.31	5.22	6.12	7.92	9.47	11.01	14.09	16.86	19.62
33	2.43	3.46	4.49	5.44	6.39	8.28	9.90	11.52	14.78	17.71	20.63
34	2.51	3.59	4.66	5.66	6.66	8.65	10.37	12.09	15.52	18.61	21.70
35	2.61	3.74	4.86	5.91	6.96	9.05	10.86	12.67	16.28	19.54	22.79
36	2.75	3.92	5.09	6.19	7.28	9.46	11.37	13.27	17.05	20.46	23.86
37	2.90	4.13	5.35	6.49	7.63	9.89	11.89	13.89	17.84	21.40	24.95
38	3.05	4.33	5.61	6.80	7.98	10.35	12.46	14.56	18.68	22.38	26.08
39	3.22	4.56	5.90	7.14	8.37	10.84	13.05	15.26	19.58	23.45	27.31
40	3.36	4.77	6.18	7.48	8.78	11.37	13.70	16.02	20.55	24.61	28.67

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Female Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
41	3.51	4.99	6.47	7.84	9.21	11.95	14.39	16.83	21.60	25.89	30.17
42	3.66	5.22	6.77	8.23	9.68	12.57	15.14	17.70	22.72	27.26	31.80
43	3.82	5.46	7.10	8.63	10.16	13.23	15.93	18.62	23.93	28.75	33.56
44	3.98	5.71	7.44	9.07	10.69	13.93	16.77	19.61	25.22	30.33	35.43
45	4.15	5.98	7.80	9.52	11.24	14.67	17.66	20.65	26.61	32.00	37.39
46	4.36	6.28	8.19	10.01	11.83	15.45	18.62	21.79	28.11	33.78	39.44
47	4.56	6.59	8.61	10.53	12.44	16.26	19.62	22.97	29.70	35.66	41.62
48	4.79	6.92	9.05	11.07	13.08	17.11	20.67	24.23	31.38	37.64	43.90
49	5.01	7.25	9.49	11.62	13.74	17.98	21.76	25.54	33.15	39.78	46.41
50	5.23	7.59	9.94	12.18	14.41	18.87	22.88	26.89	34.98	42.06	49.13
51	5.44	7.90	10.36	12.71	15.05	19.73	23.99	28.24	36.80	44.42	52.03
52	5.64	8.22	10.79	13.25	15.70	20.61	25.12	29.63	38.71	46.94	55.17
53	5.86	8.55	11.23	13.81	16.39	21.54	26.33	31.11	40.72	49.63	58.53
54	6.09	8.90	11.71	14.41	17.11	22.51	27.59	32.67	42.86	52.49	62.12
55	6.32	9.27	12.21	15.05	17.89	23.55	28.94	34.33	45.15	55.54	65.93
56	6.57	9.65	12.73	15.72	18.70	24.67	30.40	36.12	47.61	58.78	69.94
57	6.82	10.05	13.28	16.43	19.58	25.87	31.95	38.03	50.25	62.22	74.18
58	7.10	10.49	13.88	17.20	20.52	27.15	33.61	40.06	53.08	65.87	78.66
59	7.39	10.96	14.52	18.03	21.53	28.53	35.40	42.27	56.11	69.77	83.42
60	7.73	11.48	15.23	18.93	22.62	30.00	37.33	44.66	59.35	73.89	88.43
61	8.09	12.03	15.96	19.86	23.75	31.53	39.35	47.17	62.71	78.13	93.54
62	8.50	12.65	16.79	20.89	24.99	33.19	41.55	49.90	66.34	82.68	99.01
63	8.94	13.32	17.69	22.01	26.33	34.98	43.92	52.86	70.28	87.58	104.87
64	9.43	14.05	18.66	23.23	27.79	36.93	46.52	56.11	74.57	92.92	111.26
65	9.96	14.84	19.72	24.56	29.39	39.05	49.35	59.64	79.25	98.73	118.21
66	10.51	15.66	20.81	25.91	31.00	41.18	52.32	63.46	84.34	105.06	
67	11.10	16.55	22.00	27.40	32.79	43.57	55.62	67.67	89.92	111.99	
68	11.80	17.59	23.37	29.10	34.82	46.27	59.27	72.26	96.02	119.58	
69	12.58	18.75	24.91	31.02	37.13	49.34	63.32	77.29	102.70		
70	13.48	20.09	26.69	33.23	39.77	52.85	67.82	82.79	110.00		
71	14.53	21.65	28.76	35.81	42.85	56.94	72.95	88.95			
72	15.71	23.40	31.09	38.71	46.33	61.56	78.60	95.63			
73	17.04	25.38	33.72	41.99	50.25	66.77	84.77				
74	18.53	27.60	36.66	45.65	54.63	72.60	91.50				
75	20.18	30.07	39.95	49.75	59.54	79.10					
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Female Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
18	1.88	2.69	3.49	4.27	5.04	6.56	7.99	9.41	12.15	14.63	17.11
19	1.93	2.76	3.58	4.36	5.13	6.67	8.09	9.51	12.28	14.81	17.35
20	1.98	2.83	3.67	4.46	5.24	6.79	8.21	9.62	12.43	15.02	17.60
21	2.03	2.90	3.76	4.55	5.34	6.92	8.34	9.75	12.60	15.20	17.81
22	2.09	2.98	3.87	4.67	5.47	7.08	8.51	9.94	12.82	15.44	18.06
23	2.17	3.07	3.97	4.79	5.60	7.25	8.71	10.16	13.08	15.73	18.39
24	2.22	3.15	4.07	4.91	5.75	7.44	8.92	10.40	13.37	16.04	18.71
25	2.31	3.26	4.20	5.07	5.93	7.65	9.16	10.67	13.69	16.40	19.11
26	2.38	3.35	4.32	5.21	6.10	7.87	9.42	10.96	14.03	16.78	19.52
27	2.46	3.47	4.47	5.38	6.29	8.11	9.69	11.27	14.41	17.21	20.01
28	2.56	3.59	4.61	5.55	6.49	8.37	9.99	11.61	14.83	17.70	20.57
29	2.63	3.70	4.77	5.75	6.72	8.66	10.33	12.00	15.33	18.28	21.22
30	2.72	3.83	4.94	5.96	6.97	9.00	10.73	12.46	15.92	19.00	22.07
31	2.82	3.99	5.15	6.22	7.28	9.39	11.20	13.00	16.63	19.86	23.09
32	2.92	4.13	5.34	6.47	7.59	9.83	11.73	13.63	17.45	20.87	24.30
33	3.02	4.30	5.58	6.77	7.95	10.30	12.29	14.28	18.33	21.96	25.59
34	3.14	4.48	5.82	7.07	8.32	10.80	12.91	15.01	19.27	23.11	26.95
35	3.27	4.68	6.08	7.39	8.70	11.31	13.52	15.73	20.21	24.25	28.29
36	3.42	4.89	6.35	7.72	9.09	11.82	14.14	16.46	21.15	25.37	29.59
37	3.62	5.15	6.68	8.11	9.53	12.35	14.78	17.21	22.10	26.51	30.91
38	3.79	5.39	6.99	8.47	9.95	12.90	15.46	18.01	23.11	27.69	32.26
39	4.00	5.67	7.34	8.88	10.42	13.50	16.18	18.86	24.20	28.98	33.76
40	4.19	5.95	7.70	9.32	10.94	14.16	16.99	19.81	25.41	30.43	35.45
41	4.38	6.23	8.07	9.78	11.48	14.89	17.87	20.84	26.74	32.05	37.35
42	4.56	6.50	8.44	10.26	12.07	15.68	18.83	21.97	28.19	33.82	39.45
43	4.77	6.82	8.87	10.79	12.70	16.53	19.84	23.15	29.75	35.74	41.72
44	4.98	7.14	9.30	11.34	13.37	17.42	20.93	24.43	31.42	37.78	44.14
45	5.19	7.47	9.75	11.90	14.05	18.34	22.06	25.77	33.20	39.93	46.65
46	5.44	7.84	10.23	12.51	14.78	19.30	23.26	27.21	35.11	42.19	49.27
47	5.69	8.22	10.75	13.14	15.52	20.30	24.51	28.72	37.14	44.59	52.04
48	5.96	8.62	11.28	13.80	16.31	21.34	25.83	30.32	39.27	47.11	54.94
49	6.24	9.03	11.82	14.47	17.12	22.41	27.19	31.96	41.48	49.78	58.08
50	6.51	9.44	12.37	15.16	17.94	23.50	28.56	33.61	43.72	52.57	61.41
51	6.79	9.86	12.93	15.86	18.78	24.61	29.94	35.27	45.97	55.48	64.99
52	7.06	10.28	13.49	16.56	19.62	25.75	31.35	36.95	48.27	58.53	68.79
53	7.33	10.69	14.05	17.28	20.50	26.94	32.83	38.72	50.68	61.76	72.85
54	7.62	11.14	14.66	18.04	21.42	28.19	34.40	40.60	53.27	65.24	77.21
55	7.91	11.60	15.29	18.85	22.40	29.50	36.08	42.65	56.09	69.00	81.90
56	8.21	12.07	15.92	19.66	23.40	30.88	37.89	44.89	59.18	73.06	86.93
57	8.52	12.56	16.60	20.54	24.48	32.35	39.84	47.32	62.53	77.42	92.31
58	8.87	13.11	17.35	21.50	25.64	33.93	41.92	49.90	66.11	82.04	97.98

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • \$30,000 and Below • Female Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
59	9.22	13.67	18.11	22.48	26.85	35.59	44.13	52.66	69.90	86.91	103.93
60	9.61	14.27	18.93	23.53	28.12	37.30	46.44	55.57	73.85	91.95	110.04
61	10.02	14.90	19.77	24.59	29.41	39.04	48.84	58.63	77.94	97.10	116.26
62	10.47	15.59	20.70	25.76	30.81	40.91	51.40	61.88	82.26	102.51	122.76
63	10.99	16.37	21.75	27.07	32.38	43.01	54.19	65.36	86.89	108.27	129.66
64	11.60	17.28	22.95	28.57	34.19	45.43	57.28	69.13	91.88	114.48	137.09
65	12.31	18.34	24.36	30.34	36.31	48.25	60.72	73.19	97.25	121.15	145.06
66	13.14	19.59	26.03	32.41	38.79	51.53	64.52	77.51	103.00	128.30	
67	14.10	21.02	27.94	34.79	41.64	55.32	68.78	82.23	109.26	136.07	
68	15.21	22.67	30.13	37.51	44.89	59.65	73.53	87.40	116.13	144.62	
69	16.46	24.53	32.60	40.60	48.59	64.57	78.85	93.12	123.73		
70	17.90	26.67	35.43	44.11	52.79	70.15	84.81	99.46	132.15		
71	19.53	29.10	38.66	48.13	57.60	76.54	91.52	106.50			
72	21.34	31.80	42.25	52.61	62.96	83.66	98.99	114.31			
73	23.36	34.79	46.22	57.55	68.88	91.53	107.20				
74	25.57	38.08	50.59	63.00	75.40	100.19	116.23				
75	27.98	41.68	55.38	68.96	82.53	109.65					
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Male Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
0	1.44	2.02	2.60	3.15	3.69	4.77	5.79	6.80	8.81	10.79	12.77
1	1.42	1.99	2.55	3.09	3.62	4.68	5.67	6.65	8.60	10.50	12.39
2	1.40	1.95	2.50	3.03	3.56	4.61	5.58	6.54	8.44	10.27	12.09
3	1.39	1.93	2.47	3.00	3.53	4.57	5.52	6.46	8.33	10.11	11.89
4	1.39	1.93	2.46	2.99	3.52	4.56	5.49	6.42	8.28	10.02	11.75
5	1.39	1.93	2.46	2.99	3.52	4.58	5.51	6.43	8.29	10.01	11.72
6	1.41	1.96	2.50	3.04	3.57	4.63	5.57	6.50	8.37	10.09	11.80
7	1.43	1.98	2.52	3.07	3.62	4.71	5.66	6.60	8.49	10.23	11.97
8	1.46	2.02	2.58	3.14	3.69	4.81	5.77	6.72	8.65	10.42	12.19
9	1.49	2.07	2.64	3.21	3.78	4.93	5.91	6.89	8.87	10.68	12.48
10	1.52	2.11	2.70	3.30	3.89	5.06	6.06	7.05	9.09	10.93	12.77
11	1.54	2.16	2.77	3.39	4.00	5.21	6.25	7.28	9.36	11.25	13.14
12	1.57	2.20	2.82	3.46	4.10	5.37	6.44	7.50	9.64	11.57	13.49
13	1.60	2.26	2.91	3.57	4.23	5.54	6.65	7.76	9.95	11.93	13.90
14	1.62	2.30	2.97	3.66	4.34	5.71	6.86	8.01	10.28	12.31	14.33
15	1.67	2.37	3.06	3.77	4.47	5.88	7.08	8.28	10.61	12.71	14.80
16	1.71	2.43	3.15	3.88	4.60	6.04	7.28	8.52	10.95	13.13	15.31
17	1.77	2.52	3.27	4.01	4.74	6.21	7.51	8.80	11.32	13.61	15.90
18	1.83	2.62	3.40	4.15	4.89	6.37	7.71	9.05	11.68	14.07	16.46
19	1.89	2.70	3.51	4.27	5.02	6.53	7.92	9.30	12.01	14.50	16.98
20	1.95	2.78	3.61	4.38	5.15	6.68	8.10	9.51	12.29	14.85	17.40
21	2.01	2.86	3.71	4.49	5.27	6.83	8.26	9.69	12.52	15.11	17.69
22	2.06	2.94	3.81	4.60	5.39	6.97	8.42	9.86	12.71	15.31	17.91
23	2.14	3.03	3.91	4.72	5.52	7.13	8.58	10.02	12.90	15.52	18.13
24	2.18	3.09	3.99	4.82	5.64	7.29	8.75	10.20	13.11	15.73	18.35
25	2.26	3.19	4.11	4.96	5.80	7.48	8.96	10.43	13.38	16.03	18.67
26	2.33	3.28	4.22	5.09	5.96	7.69	9.20	10.71	13.70	16.39	19.07
27	2.40	3.38	4.36	5.25	6.14	7.92	9.47	11.02	14.09	16.83	19.57
28	2.49	3.50	4.50	5.42	6.34	8.18	9.78	11.37	14.54	17.35	20.16
29	2.58	3.62	4.66	5.62	6.57	8.47	10.12	11.77	15.04	17.93	20.82
30	2.67	3.76	4.84	5.83	6.82	8.80	10.52	12.23	15.63	18.65	21.66
31	2.75	3.89	5.02	6.07	7.11	9.18	10.97	12.75	16.31	19.48	22.64
32	2.85	4.04	5.22	6.32	7.42	9.61	11.48	13.35	17.09	20.44	23.79
33	2.95	4.20	5.45	6.61	7.77	10.07	12.03	13.98	17.94	21.49	25.04
34	3.06	4.37	5.68	6.90	8.12	10.55	12.62	14.68	18.85	22.61	26.36
35	3.19	4.57	5.94	7.22	8.50	11.05	13.24	15.42	19.82	23.79	27.75
36	3.36	4.79	6.22	7.56	8.89	11.55	13.88	16.21	20.83	24.99	29.15
37	3.53	5.03	6.53	7.92	9.31	12.07	14.56	17.05	21.90	26.27	30.63
38	3.72	5.29	6.85	8.30	9.74	12.62	15.29	17.96	23.05	27.62	32.18
39	3.91	5.55	7.19	8.70	10.20	13.21	16.04	18.87	24.22	29.00	33.78
40	4.10	5.82	7.53	9.12	10.70	13.85	16.84	19.83	25.44	30.47	35.49

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Male Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
41	4.28	6.08	7.88	9.55	11.22	14.55	17.67	20.78	26.67	31.96	37.25
42	4.46	6.35	8.24	10.01	11.78	15.30	18.54	21.77	27.95	33.53	39.11
43	4.64	6.64	8.64	10.51	12.38	16.12	19.48	22.83	29.33	35.23	41.13
44	4.85	6.96	9.07	11.05	13.03	16.99	20.49	23.98	30.84	37.09	43.33
45	5.08	7.31	9.53	11.63	13.73	17.93	21.60	25.26	32.54	39.14	45.73
46	5.34	7.69	10.04	12.27	14.49	18.93	22.82	26.70	34.45	41.40	48.34
47	5.61	8.10	10.59	12.94	15.29	20.00	24.13	28.26	36.54	43.87	51.19
48	5.91	8.55	11.18	13.68	16.17	21.15	25.59	30.02	38.87	46.63	54.38
49	6.22	9.01	11.80	14.45	17.10	22.38	27.13	31.87	41.37	49.65	57.92
50	6.57	9.53	12.48	15.29	18.09	23.70	28.80	33.90	44.09	53.01	61.93
51	6.93	10.06	13.19	16.18	19.16	25.12	30.60	36.07	47.02	56.75	66.47
52	7.30	10.63	13.96	17.13	20.30	26.64	32.53	38.41	50.17	60.84	71.50
53	7.68	11.21	14.74	18.12	21.50	28.26	34.59	40.92	53.56	65.28	76.99
54	8.11	11.85	15.59	19.19	22.78	29.98	36.79	43.59	57.19	70.05	82.90
55	8.53	12.51	16.48	20.32	24.15	31.80	39.12	46.43	61.06	75.11	89.15
56	8.96	13.17	17.37	21.45	25.53	33.68	41.51	49.34	65.04	80.29	
57	9.40	13.86	18.32	22.67	27.01	35.68	44.07	52.45	69.32	85.83	
58	9.88	14.61	19.33	23.96	28.58	37.81	46.80	55.78	73.91	91.72	
59	10.39	15.40	20.41	25.34	30.26	40.10	49.77	59.43	78.88		
60	10.96	16.28	21.59	26.84	32.08	42.55	52.97	63.39	84.24		
61	11.60	17.25	22.89	28.47	34.04	45.19	56.62	68.05			
62	12.30	18.30	24.30	30.24	36.17	48.03	60.53				
63	13.05	19.44	25.83	32.14	38.45	51.07	64.64				
64	13.87	20.67	27.46	34.18	40.90	54.34					
65	14.75	21.99	29.22	36.38	43.54	57.85					
66	15.74	23.46	31.18	38.82	46.46						
67	16.78	25.02	33.25	41.40	49.55						
68	17.89	26.67	35.44	44.13							
69	19.05	28.39	37.73	46.98							
70	20.27	30.20	40.13								
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Male Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
18	2.07	2.96	3.85	4.70	5.55	7.23	8.75	10.27	13.25	15.96	18.67
19	2.13	3.04	3.95	4.81	5.66	7.36	8.93	10.49	13.54	16.34	19.14
20	2.19	3.12	4.05	4.92	5.78	7.50	9.09	10.68	13.80	16.67	19.53
21	2.25	3.21	4.16	5.03	5.90	7.65	9.25	10.85	14.03	16.93	19.83
22	2.31	3.29	4.27	5.16	6.04	7.82	9.44	11.06	14.26	17.18	20.09
23	2.40	3.40	4.39	5.30	6.20	8.01	9.64	11.26	14.49	17.43	20.36
24	2.46	3.48	4.50	5.43	6.36	8.22	9.86	11.50	14.78	17.74	20.69
25	2.55	3.60	4.64	5.60	6.55	8.45	10.12	11.78	15.11	18.10	21.09
26	2.63	3.70	4.77	5.75	6.73	8.69	10.40	12.10	15.48	18.51	21.54
27	2.72	3.83	4.94	5.95	6.95	8.96	10.71	12.46	15.94	19.04	22.14
28	2.82	3.96	5.09	6.13	7.17	9.25	11.06	12.86	16.44	19.62	22.80
29	2.91	4.09	5.27	6.35	7.43	9.58	11.45	13.31	17.01	20.28	23.55
30	3.01	4.24	5.47	6.59	7.71	9.95	11.89	13.83	17.67	21.08	24.49
31	3.10	4.39	5.67	6.85	8.03	10.37	12.39	14.40	18.43	22.01	25.58
32	3.21	4.55	5.89	7.13	8.37	10.84	12.95	15.06	19.28	23.06	26.84
33	3.33	4.74	6.15	7.46	8.76	11.35	13.56	15.76	20.22	24.22	28.22
34	3.46	4.94	6.41	7.79	9.16	11.90	14.23	16.56	21.26	25.50	29.73
35	3.61	5.17	6.72	8.17	9.61	12.49	14.97	17.44	22.41	26.89	31.37
36	3.81	5.44	7.06	8.58	10.10	13.12	15.77	18.41	23.66	28.39	33.11
37	4.04	5.75	7.46	9.05	10.63	13.79	16.63	19.47	25.02	30.01	34.99
38	4.28	6.08	7.88	9.55	11.21	14.52	17.60	20.67	26.52	31.77	37.02
39	4.53	6.43	8.32	10.07	11.81	15.30	18.58	21.85	28.05	33.59	39.12
40	4.77	6.77	8.77	10.62	12.46	16.13	19.61	23.08	29.62	35.48	41.33
41	5.00	7.11	9.21	11.16	13.11	17.00	20.64	24.28	31.16	37.34	43.52
42	5.23	7.45	9.66	11.74	13.81	17.94	21.74	25.53	32.77	39.31	45.85
43	5.47	7.82	10.17	12.37	14.57	18.97	22.92	26.87	34.52	41.47	48.41
44	5.75	8.25	10.74	13.08	15.42	20.11	24.25	28.38	36.50	43.89	51.28
45	6.05	8.71	11.36	13.86	16.36	21.36	25.73	30.09	38.77	46.63	54.48
46	6.41	9.24	12.06	14.74	17.41	22.74	27.41	32.07	41.38	49.73	58.07
47	6.80	9.82	12.84	15.70	18.55	24.26	29.27	34.28	44.33	53.22	62.11
48	7.26	10.49	13.72	16.78	19.84	25.94	31.38	36.81	47.67	57.18	66.69
49	7.74	11.21	14.67	17.96	21.25	27.81	33.71	39.61	51.41	61.69	71.97
50	8.28	12.01	15.74	19.28	22.82	29.90	36.34	42.77	55.63	66.88	78.13
51	8.89	12.91	16.93	20.77	24.60	32.25	39.28	46.31	60.36	72.85	85.33
52	9.54	13.89	18.24	22.39	26.54	34.83	42.53	50.22	65.60	79.55	93.50
53	10.23	14.93	19.63	24.13	28.63	37.63	46.06	54.48	71.32	86.92	102.52

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Male Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
54	10.98	16.05	21.11	25.99	30.86	40.60	49.82	59.04	77.46	94.87	112.28
55	11.74	17.21	22.67	27.95	33.22	43.75	53.82	63.88	84.01	103.34	122.66
56	12.52	18.40	24.28	29.98	35.67	47.06	58.00	68.94	90.88	112.19	
57	13.31	19.63	25.95	32.11	38.26	50.54	62.42	74.30	98.19	121.57	
58	14.16	20.94	27.71	34.34	40.97	54.20	67.09	79.97	105.95	131.49	
59	15.04	22.29	29.54	36.67	43.80	58.04	72.03	86.02	114.17		
60	15.98	23.74	31.49	39.14	46.78	62.05	77.25	92.45	122.85		
61	16.99	25.26	33.52	41.69	49.86	66.20	82.95	99.69			
62	18.06	26.88	35.69	44.40	53.11	70.53	88.88				
63	19.18	28.58	37.97	47.25	56.53	75.09	95.05				
64	20.40	30.39	40.38	50.27	60.16	79.94					
65	21.71	32.35	42.99	53.53	64.06	85.11					
66	23.12	34.46	45.79	57.01	68.22						
67	24.61	36.69	48.76	60.72	72.67						
68	26.19	39.05	51.90	64.62							
69	27.87	41.53	55.19	68.72							
70	29.63	44.15	58.66								
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Female Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
0	1.01	1.41	1.81	2.19	2.57	3.32	4.03	4.73	6.13	7.51	8.89
1	0.99	1.38	1.77	2.15	2.52	3.25	3.93	4.61	5.97	7.29	8.60
2	0.98	1.36	1.74	2.11	2.48	3.21	3.89	4.56	5.88	7.16	8.43
3	0.97	1.35	1.72	2.09	2.46	3.18	3.84	4.50	5.80	7.04	8.28
4	0.97	1.34	1.71	2.08	2.45	3.17	3.82	4.46	5.75	6.96	8.16
5	0.97	1.34	1.71	2.08	2.45	3.18	3.83	4.47	5.76	6.96	8.15
6	0.98	1.36	1.73	2.11	2.48	3.21	3.86	4.51	5.80	6.99	8.18
7	1.00	1.38	1.75	2.14	2.52	3.27	3.93	4.59	5.90	7.11	8.32
8	1.02	1.41	1.79	2.18	2.57	3.34	4.01	4.67	6.01	7.24	8.47
9	1.04	1.44	1.83	2.23	2.63	3.42	4.10	4.77	6.15	7.40	8.65
10	1.06	1.47	1.88	2.30	2.71	3.52	4.22	4.91	6.33	7.62	8.90
11	1.08	1.51	1.93	2.36	2.79	3.63	4.35	5.07	6.52	7.84	9.15
12	1.10	1.54	1.97	2.42	2.87	3.75	4.50	5.24	6.73	8.08	9.42
13	1.12	1.58	2.03	2.50	2.96	3.87	4.65	5.42	6.95	8.33	9.71
14	1.14	1.61	2.08	2.56	3.04	3.99	4.79	5.59	7.18	8.60	10.01
15	1.17	1.66	2.14	2.64	3.13	4.11	4.95	5.78	7.41	8.88	10.34
16	1.20	1.70	2.20	2.71	3.22	4.22	5.09	5.96	7.65	9.17	10.69
17	1.23	1.75	2.27	2.79	3.30	4.32	5.22	6.12	7.88	9.48	11.07
18	1.27	1.81	2.35	2.87	3.39	4.42	5.35	6.28	8.10	9.76	11.42
19	1.31	1.87	2.42	2.95	3.47	4.52	5.48	6.44	8.31	10.03	11.75
20	1.35	1.92	2.49	3.03	3.56	4.62	5.60	6.58	8.50	10.27	12.03
21	1.39	1.98	2.56	3.10	3.64	4.72	5.71	6.70	8.66	10.45	12.24
22	1.43	2.03	2.63	3.18	3.73	4.83	5.83	6.82	8.80	10.60	12.40
23	1.48	2.09	2.70	3.26	3.82	4.94	5.94	6.94	8.93	10.74	12.55
24	1.52	2.15	2.77	3.35	3.92	5.07	6.09	7.10	9.12	10.94	12.76
25	1.57	2.21	2.85	3.44	4.03	5.20	6.23	7.25	9.30	11.14	12.98
26	1.62	2.28	2.93	3.54	4.14	5.35	6.40	7.45	9.53	11.40	13.26
27	1.67	2.35	3.03	3.65	4.27	5.51	6.59	7.66	9.80	11.71	13.61
28	1.73	2.43	3.13	3.77	4.41	5.69	6.80	7.91	10.11	12.07	14.02
29	1.79	2.52	3.24	3.91	4.57	5.89	7.04	8.19	10.46	12.47	14.48
30	1.85	2.61	3.36	4.05	4.74	6.12	7.32	8.51	10.87	12.97	15.06
31	1.92	2.71	3.50	4.23	4.95	6.39	7.64	8.88	11.36	13.57	15.77
32	1.98	2.81	3.63	4.40	5.16	6.68	7.98	9.28	11.88	14.21	16.54
33	2.06	2.93	3.80	4.61	5.41	7.01	8.37	9.73	12.49	14.96	17.43
34	2.13	3.04	3.95	4.80	5.65	7.34	8.78	10.22	13.12	15.73	18.34
35	2.23	3.19	4.14	5.03	5.92	7.69	9.21	10.73	13.79	16.55	19.31
36	2.34	3.34	4.33	5.26	6.19	8.04	9.66	11.28	14.50	17.40	20.29
37	2.46	3.51	4.55	5.52	6.48	8.40	10.13	11.86	15.24	18.28	21.31
38	2.59	3.68	4.76	5.77	6.77	8.77	10.63	12.48	16.02	19.19	22.36
39	2.72	3.86	5.00	6.05	7.09	9.18	11.15	13.11	16.83	20.15	23.47
40	2.85	4.05	5.24	6.34	7.44	9.63	11.71	13.79	17.69	21.19	24.68

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Female Nontobacco

Age	A	AA	B	BB	C	D	E	F	H	J	L
41	2.98	4.24	5.49	6.65	7.81	10.13	12.30	14.47	18.57	22.25	25.93
42	3.11	4.43	5.74	6.98	8.21	10.67	12.93	15.18	19.49	23.38	27.27
43	3.24	4.63	6.02	7.33	8.63	11.24	13.58	15.92	20.45	24.57	28.68
44	3.38	4.85	6.32	7.70	9.08	11.84	14.28	16.71	21.49	25.84	30.19
45	3.53	5.08	6.63	8.09	9.55	12.47	15.02	17.57	22.63	27.22	31.80
46	3.70	5.33	6.95	8.50	10.04	13.12	15.81	18.50	23.87	28.69	33.50
47	3.87	5.59	7.30	8.93	10.55	13.80	16.66	19.51	25.22	30.28	35.33
48	4.06	5.87	7.67	9.38	11.09	14.50	17.54	20.58	26.65	31.97	37.29
49	4.24	6.14	8.03	9.83	11.63	15.22	18.45	21.68	28.14	33.77	39.40
50	4.43	6.43	8.42	10.31	12.20	15.98	19.42	22.86	29.73	35.75	41.76
51	4.61	6.70	8.78	10.77	12.76	16.73	20.38	24.02	31.31	37.79	44.26
52	4.80	6.99	9.17	11.26	13.34	17.51	21.38	25.25	32.98	39.99	47.00
53	4.99	7.28	9.57	11.76	13.95	18.34	22.45	26.55	34.76	42.37	49.97
54	5.20	7.60	10.00	12.31	14.61	19.22	23.59	27.95	36.67	44.91	53.15
55	5.40	7.92	10.44	12.87	15.30	20.15	24.79	29.42	38.69	47.59	56.49
56	5.63	8.28	10.92	13.48	16.04	21.17	26.09	31.01	40.88	50.47	60.05
57	5.86	8.65	11.43	14.14	16.85	22.26	27.50	32.73	43.25	53.55	63.84
58	6.11	9.04	11.96	14.83	17.69	23.41	28.98	34.54	45.76	56.79	67.82
59	6.38	9.46	12.54	15.57	18.60	24.64	30.58	36.52	48.47	60.27	72.06
60	6.68	9.93	13.17	16.37	19.57	25.95	32.31	38.66	51.38	63.97	76.56
61	7.01	10.43	13.84	17.22	20.59	27.34	34.26	41.17	54.73	68.19	81.64
62	7.37	10.97	14.57	18.13	21.69	28.81	36.31	43.80	58.23	72.57	86.90
63	7.75	11.55	15.35	19.11	22.86	30.36	38.43	46.49	61.81	77.03	92.24
64	8.16	12.16	16.16	20.12	24.08	31.99	40.62	49.24	65.44	81.54	97.63
65	8.59	12.81	17.02	21.20	25.37	33.70	42.83	51.96	69.04	86.01	102.98
66	9.03	13.46	17.89	22.28	26.66	35.42	44.82	54.22	72.05	89.75	
67	9.49	14.15	18.81	23.42	28.03	37.24	46.91	56.58	75.17	93.62	
68	9.99	14.89	19.79	24.64	29.49	39.19	49.15	59.10	78.52	97.79	
69	10.52	15.68	20.84	25.95	31.06	41.28	51.56	61.83	82.16		
70	11.11	16.56	22.00	27.39	32.78	43.55	54.22	64.89	86.22		
71											
72											
73											
74											
75											
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80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Female Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
18	1.60	2.29	2.97	3.63	4.28	5.58	6.76	7.93	10.23	12.33	14.42
19	1.65	2.35	3.05	3.71	4.36	5.67	6.88	8.08	10.43	12.59	14.74
20	1.69	2.41	3.12	3.79	4.45	5.77	7.00	8.22	10.62	12.83	15.03
21	1.73	2.47	3.20	3.87	4.54	5.88	7.11	8.34	10.78	13.01	15.23
22	1.78	2.53	3.28	3.97	4.65	6.01	7.26	8.50	10.96	13.20	15.44
23	1.85	2.62	3.38	4.08	4.77	6.16	7.41	8.66	11.14	13.40	15.66
24	1.89	2.68	3.46	4.18	4.89	6.32	7.58	8.84	11.36	13.63	15.90
25	1.96	2.77	3.57	4.31	5.04	6.50	7.78	9.06	11.62	13.92	16.22
26	2.02	2.85	3.67	4.43	5.18	6.69	8.00	9.31	11.91	14.25	16.58
27	2.08	2.94	3.79	4.57	5.34	6.89	8.24	9.59	12.26	14.65	17.03
28	2.16	3.04	3.91	4.71	5.51	7.11	8.50	9.89	12.64	15.09	17.53
29	2.24	3.15	4.05	4.88	5.71	7.36	8.80	10.23	13.07	15.59	18.10
30	2.32	3.27	4.21	5.07	5.93	7.65	9.14	10.63	13.58	16.20	18.82
31	2.39	3.38	4.37	5.28	6.18	7.98	9.53	11.08	14.18	16.93	19.68
32	2.48	3.51	4.54	5.50	6.45	8.35	9.98	11.60	14.85	17.76	20.67
33	2.57	3.66	4.75	5.76	6.76	8.76	10.46	12.16	15.61	18.70	21.79
34	2.66	3.80	4.94	6.01	7.07	9.18	10.98	12.77	16.40	19.67	22.93
35	2.78	3.98	5.17	6.29	7.40	9.61	11.52	13.42	17.24	20.69	24.14
36	2.92	4.17	5.41	6.58	7.74	10.05	12.08	14.10	18.12	21.74	25.36
37	3.07	4.37	5.67	6.88	8.09	10.49	12.65	14.81	19.03	22.82	26.61
38	3.23	4.59	5.95	7.21	8.47	10.97	13.29	15.61	20.03	24.00	27.96
39	3.40	4.82	6.24	7.55	8.86	11.48	13.94	16.40	21.05	25.21	29.36
40	3.56	5.05	6.54	7.92	9.30	12.04	14.64	17.23	22.11	26.48	30.85
41	3.73	5.30	6.86	8.32	9.77	12.66	15.38	18.09	23.21	27.81	32.41
42	3.89	5.54	7.18	8.72	10.26	13.33	16.15	18.97	24.35	29.21	34.07
43	4.05	5.79	7.53	9.16	10.79	14.05	16.98	19.90	25.57	30.72	35.86
44	4.23	6.07	7.90	9.63	11.35	14.80	17.84	20.88	26.86	32.30	37.74
45	4.42	6.36	8.29	10.12	11.94	15.59	18.78	21.97	28.30	34.04	39.77
46	4.63	6.67	8.70	10.63	12.56	16.41	19.78	23.14	29.86	35.88	41.90
47	4.85	7.00	9.15	11.18	13.21	17.27	20.84	24.41	31.56	37.89	44.22
48	5.08	7.34	9.60	11.75	13.89	18.16	21.97	25.78	33.38	40.04	46.70
49	5.31	7.69	10.06	12.32	14.57	19.07	23.12	27.16	35.25	42.30	49.35
50	5.54	8.03	10.52	12.89	15.25	19.98	24.28	28.58	37.17	44.69	52.21
51	5.76	8.36	10.96	13.45	15.93	20.88	25.43	29.98	39.08	47.17	55.25
52	5.97	8.69	11.41	14.01	16.60	21.79	26.61	31.42	41.04	49.77	58.49
53	6.18	9.02	11.86	14.58	17.30	22.74	27.84	32.93	43.10	52.53	61.95
54	6.42	9.39	12.35	15.20	18.05	23.75	29.15	34.54	45.31	55.50	65.68
55	6.67	9.78	12.88	15.88	18.87	24.85	30.57	36.29	47.72	58.70	69.67
56	6.92	10.18	13.43	16.59	19.74	26.05	32.11	38.16	50.31	62.11	73.90
57	7.20	10.62	14.04	17.37	20.70	27.35	33.78	40.21	53.14	65.79	78.44
58	7.50	11.09	14.68	18.20	21.71	28.73	35.56	42.39	56.16	69.70	83.23

SUB-STANDARD EXTRA PREMIUMS

Per \$1,000 – Annual Basis • Whole Life • Above \$30,000 • Female Standard

Age	A	AA	B	BB	C	D	E	F	H	J	L
59	7.82	11.59	15.36	19.07	22.78	30.19	37.47	44.75	59.39	73.85	88.30
60	8.17	12.14	16.10	20.01	23.91	31.71	39.48	47.24	62.78	78.16	93.54
61	8.54	12.70	16.86	20.97	25.07	33.28	41.70	50.11	66.62	83.00	99.38
62	8.94	13.30	17.66	21.98	26.29	34.92	44.01	53.09	70.58	87.96	105.33
63	9.37	13.96	18.55	23.09	27.62	36.69	46.44	56.19	74.70	93.09	111.48
64	9.85	14.67	19.49	24.27	29.04	38.59	48.99	59.39	78.94	98.36	117.77
65	10.37	15.45	20.53	25.57	30.60	40.65	51.66	62.67	83.28	103.75	124.22
66	10.93	16.29	21.65	26.96	32.26	42.87	54.25	65.63	87.21	108.64	
67	11.54	17.21	22.87	28.48	34.08	45.28	57.04	68.79	91.40	113.83	
68	12.21	18.21	24.20	30.13	36.06	47.92	60.09	72.26	96.01	119.57	
69	12.96	19.31	25.66	31.95	38.24	50.82	63.48	76.13	101.15		
70	13.78	20.53	27.28	33.97	40.65	54.01	67.24	80.47	106.93		
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											

Substandard table rated policies at ages below the bold line are only available for Term Conversions.

SECTION B

ACCIDENT & HEALTH

INDEX

Plan Descriptions

Accidental Death Policy	B-1
Accident Policy	B-1
Accident Protector Max	B-1
Cancer	B-2
Hospital Accident Policy	B-4
Hospital Intensive Care	B-4
Intensive Care Protector	B-4
Critical Illness	B-5

Underwriting

I.	Instructions to Agent	B-6
II.	Cancer Applications	B-6
III.	Accident Protector Max Applications	B-6
IV.	Critical Illness Applications	B-6
V.	Collect on Delivery (C.O.D.) or Trial Applications	B-7
VI	Signatures	B-7
VII.	Witness to Signature	B-9
VIII.	Medicaid Recipients	B-9
IX.	Outlines of Coverage	B-10
X.	Replacements	B-12
XI.	Selection of Risks	B-12

ACCIDENT AND HEALTH

CHECK THE PRODUCT PAGE ON THE WEBSITE FOR AVAILABILITY IN YOUR AREA.

Plan	Type	Ages	Coverages / Benefits Limits
ACCIDENTAL DEATH POLICY	ADP	18-68	\$10 premium due and payable at the end of each policy year (\$4 annual premium in Florida). \$3,000 of accidental death coverage for named insured. \$3,000 of accidental death coverage for the named insured's spouse. \$1,000 of accidental death coverage (\$2,000 in Florida) for the named insured's children (as child is defined in the policy) Customers can only apply for one ADP policy annually. If an ADB policy has been issued in the last 10 months, the policy will be declined.
ACCIDENT POLICY	ACB	3-65	Only one benefit will be payable for any multiple loss due to the same accident. The amount payable will be the largest benefit for any loss. No benefit for accidental death will be payable if a benefit is payable for death by auto accident or for death by travel accident. Individuals are not eligible for coverage if existing LNL accident coverage (including ADB on life policies) will exceed \$300,000 for death by automobile accident.
ACCIDENT PROTECTOR MAX	\$500	3-60 15-60 15-60	Not eligible if covered by Medicare. Coverage is renewable until the policy anniversary immediately following the insured's 65th birthday, or eligibility for Medicare. Only one Accident Protector Max policy - as a primary insured, as a spouse, or as a child. Individuals are not eligible for Accident Protector Max if existing LNL accident coverage (including ADB on life policies) will exceed \$300,000 for death by automobile accident.
	Individual HAJ		
	S.Parent HAK		
	Family HAL		
	(FL, OK and TX Bilingual: HAV, HAW, HAX)		
	Montana \$500	3-60	Coverage for newborns and newly adopted children for 31 days. Policyholder must notify Home Office within the 31 day period for coverage to continue.
	Individual HAP		
	S. Parent HAQ	15-60	Coverage is renewable for life. All benefits except Waiver of Premium reduce by 50% at age 65. Only one Accident Protector Max policy - as a primary insured, as a spouse, or as a child. Individuals are not eligible for Accident Protector Max if existing LNL accident coverage (including ADB on life policies) will exceed \$300,000 for death by automobile accident.
	Family HAR	15-60	

ACCIDENT AND HEALTH

CHECK THE PRODUCT PAGE ON THE WEBSITE FOR AVAILABILITY IN YOUR AREA.

Plan	Type	Ages	Coverages / Benefits Limits		
CANCER ENDURANCE	Cancer Endurance Plan		No Reduction in Benefits at Age 65; Can be covered by Liberty National Critical Illness Policy that includes Cancer* and/or Cash Cancer. Not available to existing Cancer Care/Cancer Care Plus policyholders. <i>*Critical Illness with Cancer is not available for new issues</i>		
	Plans				
	Individual	5KS		0-69 0-64 (NC)	
	Family	5KT		15-69 15-64 (NC)	
	S. Parent	5KU		15-69 15-64 (NC)	
	(OK and TX Bilingual: 5K1, 5K2, 5K3)				
	Cancer Endurance Plan (Florida Bilingual)			No Reduction in Benefits at Age 65; Can be covered by Liberty National Critical Illness Policy that includes Cancer* and/or Cash Cancer. Not available to existing Cancer Care/Cancer Care Plus policyholders. <i>*Critical Illness with Cancer is not available for new issues</i>	
	Plans				
	Individual	5K1			0-64
	Family	5K2			15-64
	S. Parent	5K3		15-64	
	Cancer Endurance Plan (Kansas)			No Reduction in Benefits at Age 65; Can be covered by Liberty National Critical Illness Policy that includes Cancer* and/or Cash Cancer. Not available to existing Cancer Care/Cancer Care Plus policyholders. <i>*Critical Illness with Cancer is not available for new issues</i>	
Plans					
Individual	5LM	0-69			
Family	5LN	15-69			
S. Parent	5LO	15-69			
Cancer Endurance Plan (Michigan)		No Reduction in Benefits at Age 65; Can be covered by Liberty National Critical Illness Policy that includes Cancer* and/or Cash Cancer. Not available to existing Cancer Care/Cancer Care Plus policyholders. Plans with Mammography Benefit provide One Low-Dose Mammography age 35 to 39, and a Yearly Low-Dose Mammography age 40 and over <i>*Critical Illness with Cancer is not available for new issues</i>			
Plans					
Plans (Mammography Benefit)					
Individual	5KS 5KV		0-69		
Family	5KT 5KW		15-69		
S. Parent	5KU 5KX	15-69			

ACCIDENT AND HEALTH

CHECK THE PRODUCT PAGE ON THE WEBSITE FOR AVAILABILITY IN YOUR AREA.

Plan	Type	Ages	Coverages / Benefits Limits
CANCER ENDURANCE	Cancer Endurance Plan (Montana)		
	Plans		
	Individual	5KS	0-69
	Family	5KT	15-69
	S. Parent	5KU	15-69
			<p>No Reduction in Benefits at Age 65; Can be covered by Liberty National Critical Illness Policy that includes Cancer* and/or Cash Cancer.</p> <p>Not available to existing Cancer Care/Cancer Care Plus policyholders.</p> <p>Mammography Benefit: \$70 or actual charge if less than \$70, for one baseline mammogram for covered woman age 35 to 39; one mammogram every two years for a covered woman age 40 to 49; a mammogram each year for a covered woman 50 years of age or older</p> <p>Postmastectomy and Reconstructive Surgery Benefit. (See Policy for details)</p> <p><i>*Critical Illness with Cancer is not available for new issues</i></p>
CASH CANCER	Cash Cancer		
	Plans		
	Individual	LS2	0-69
	Family	LS3	15-69
	S. Parent	LS4	15-69
	(OK and TX Bilingual: LS6, LS7, LS8)		
	Cash Cancer (Florida Bilingual)		
	Plans		
	Individual	LS6	0-64
	Family	LS7	15-64
	S. Parent	LS8	15-64
	Individual (Breast Cancer History)	LS9	0-64
			<p>\$50,000 Max Lump Sum between Cash Cancer and Critical Illness with Cancer*; No benefit is payable if Cancer first manifests before the policy has been in force for 30 days from the effective date shown in the policy schedule.</p> <p><i>*Critical Illness with Cancer is not available for new issues</i></p> <p>\$10,000 (1 unit) lump sum benefit for applicants with a history of breast cancer provided there has been no recurrence or treatment in the two years preceding the date of application. Subject to underwriting.</p>
Cash Cancer (Montana)			
Plans			
Individual	LS2	0-69	
Family	LS3	15-69	
S. Parent	LS4	15-69	
			<p>\$50,000 Max Lump Sum between Cash Cancer and Critical Illness with Cancer*; No benefit is payable if Cancer first manifests before the policy has been in force for 30 days from the effective date shown in the policy schedule.</p> <p>Mammography Benefit: \$70 or actual charge if less than \$70, for one baseline mammogram for covered woman age 35 to 39; one mammogram every two years for a covered woman age 40 to 49; a mammogram each year for a covered woman 50 years of age or older</p> <p><i>*Critical Illness with Cancer is not available for new issues</i></p>

ACCIDENT AND HEALTH

CHECK THE PRODUCT PAGE ON THE WEBSITE FOR AVAILABILITY IN YOUR AREA.

Plan	Type	Ages	Coverages / Benefits Limits	
	First Diagnosis Cancer Lump Sum Limited Benefit Policy (Georgia Only)		\$30,000 Max Lump Sum on all combined cancer policies, including Critical Illness with Cancer*; No benefit is payable if Cancer is diagnosed before the policy has been in force for 30 days from the effective date shown in the policy schedule. *Critical Illness with Cancer is not available for new issues	
	Plans			
	Individual	LS2		0-69
	Family	LS3		15-69
	S. Parent	LS4	15-69	
Plan	Type	Ages	Coverages / Benefits Limits	
HOSPITAL ACCIDENT POLICY	HAC	3-60	Not eligible if covered by Medicare. Coverage is renewable until the policy anniversary immediately following the insured's 65th birthday, or eligibility for Medicare. Cannot be covered under more than 2 of the following plans: 610, 611, 613, 627, 885, 990, 995, or 996 or one of the following: HAA, HAB, HAC, HAD, HAE, HAF, CAP, 524, 525	
HOSPITAL INTENSIVE CARE	\$300 \$600		Not eligible if covered by Medicare. Coverage is renewable until the policy anniversary immediately following the insured's 65th birthday, or eligibility for Medicare. Not available for new issues (except in Virginia). Not available to existing Intensive Care Protector policyholders. One Policy Per Individual.	
	Ind.	5JD 5JG		0-60
	S. Parent	5JE 5JH		15-60
	Family	5JF 5JI		15-60
	South Carolina Only			
	\$250 \$500			
Ind.	5JJ 5JM	0-60		
S. Parent	5JK 5JN	15-60		
Family	5JL 5JO	15-60		
INTENSIVE CARE PROTECTOR™	\$500/\$1,000		Not eligible if covered by Medicare. Coverage is renewable until the policy anniversary immediately following the insured's 65th birthday, or eligibility for Medicare. Not available to existing Hospital Intensive Care policyholders. One Policy Per Individual.	
	Individual	5JP		0-60
	Single Parent	5JQ		15-60
	Family	5JR		15-60
	FL, OK and TX (Bilingual) \$500/\$1,000			
	Individual	5J1		0-60
Single Parent	5J2	15-60		
Family	5J3	15-60		

ACCIDENT AND HEALTH

CHECK THE PRODUCT PAGE ON THE WEBSITE FOR AVAILABILITY IN YOUR AREA.

CRITICAL ILLNESS PROTECTOR	5MB		18-60	\$50,000 Maximum per individual
	5MV	Oklahoma and Texas (Bilingual)	18-60	\$50,000 Maximum per individual
	5M6	Colorado Only	18-60	\$50,000 Maximum per individual
	5MD	Georgia Only	18-60	Includes Coronary Artery Surgery benefit of 25% of the benefit amount. \$25,000 Maximum per individual
	5M7	Florida Only (Bilingual)	18-60	\$55,000 maximum per individual. This includes the policy benefit plus an additional 10% (up to \$5,000) endorsement rider R3719. (Florida only)
SINGLE PAYMENT LUMP SUM CRITICAL ILLNESS POLICY (CIP)	5MB	California Only	18-60	\$50,000 Maximum per individual

UNDERWRITING ACCIDENT AND HEALTH

I. Instructions to Agent

The Agent must follow underwriting instructions carefully by furnishing complete and accurate information on each submitted application. While an Agent cannot determine a proposed insured's insurability, the Agent must ask all questions listed on the application and record the answers on the application. The Agent's signature on the application warrants the fulfillment of the responsibilities stated above and that the Agent has actually seen the applicant sign the application.

When any change is made on an application, the applicant, in the presence of the Agent, must signify the applicant's approval by initialing the change. Use of opaquing fluid ("white-out" or "liquid paper") is not permitted. Any alteration, erasure, correction or addition must be initialed by the applicant. However, it is preferable in such cases to complete a new application. Applications with numerous errors or corrections will be returned to the Agency Office and a new application will be required.

II. Cancer and Hospital Intensive Care Applications

When completing an application for family cancer or hospital intensive care coverage, the oldest spouse must be listed as the proposed insured. Premiums will be calculated based on the age of the oldest spouse. For Cash Cancer applications, the Duplication of Medicare Benefits Notice (LMSNOT-1) must be provided to applicants ages 65-69 at the time of application. For Cancer Endurance applications, the Duplication of Medicare Benefits Notice (LMSNOT-5) must be provided to applicants ages 65-69 at the time of application. LMSNOT-1 and LMSNOT-5 can be downloaded and printed from Agent Services on the Cash Cancer and Cancer Endurance product pages.

III. Accident Protector Max Applications — Montana Only

When completing an application for Accident Protector Max in Montana, the duplication of Medicare Benefits Notice (LMSNOT-8) must be provided to all applicants at the time of application. LMSNOT-8 can be downloaded and printed from the Agent website on the Accident Protector Max product page.

IV. Critical Illness and Hospital Income Applications

Applicants exceeding the following maximum height/weight indicated are not eligible for the Critical Illness or Hospital Income policies.

Height in Feet - Inches	Weight in Pounds
4 - 8	174
4 - 9	180
4 - 10	187
4 - 11	193
5 - 0	200
5 - 1	206
5 - 2	213

Height in Feet - Inches	Weight in Pounds
5 - 3	220
5 - 4	227
5 - 5	234
5 - 6	242
5 - 7	249
5 - 8	256
5 - 9	264

Height in Feet - Inches	Weight in Pounds
5 - 10	272
5 - 11	280
6 - 0	288
6 - 1	296
6 - 2	304
6 - 3	312
6 - 4	320

Height in Feet - Inches	Weight in Pounds
6 - 5	329
6 - 6	337
6 - 7	346
6 - 8	355
6 - 9	364

V. C.O.D. or Trial Applications

Not available on Accident and Health policies.

VI. Signatures

A. The following rules apply when using forms A272, A273, A-363, A-372, A-378, A-600 and R-2800 for applications written in Alabama, Arkansas, Colorado, Florida, Georgia, Idaho, Indiana, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Oklahoma, Ohio, Texas, Utah, Virginia, West Virginia, and Wyoming:

1. If the proposed insured is age 16 (age 18 in Colorado, Michigan, and Texas) or over, the proposed insured must sign all applications, except in the following cases:
 - a. A spouse may sign an application for insurance on the other spouse. In such cases, the proposed insured should be aware of insurance. No application is to be written without the knowledge and consent of the proposed insured. When the proposed insured, if age 16 (age 18 in Colorado, Michigan, and Texas) or over, does not sign the application, the Agent should determine if the proposed insured is aware of the application. If not, the application should not be made.
 - b. A parent may sign an application for insurance on a child through age 20 if the child is single and lives in the household of the applicant, or is single and attends college.
 - c. A grandparent may apply and sign for coverage on a natural born grandchild through age 20 provided the grandchild resides in the parent's or grandparent's household. Parents must be notified.
 The Agent must be licensed to sell in the state where the grandparent and grandchild live. The address and phone number of the applicant, not the grandchild will be recorded on the application.
2. Proposed insured is under age 16.

- a. If the proposed insured is under age 16, the parent must sign their own name using their regular signature, in the presence of the Agent.
- b. If the proposed insured is married and under age 16, the application must be cosigned by his/her spouse if the spouse is age 16 or over. If the spouse is under age 16, the applicant's parent should cosign the application (regardless of whether or not the applicant lives in the parent's household).
- c. A grandparent may apply and sign for coverage on a natural born grandchild through age 20 provided the grandchild resides in the parent's or grandparent's household. Parents must be notified.

The Agent must be licensed to sell in the state where the grandparent and grandchild live. The address and phone number of the applicant, not the grandchild will be recorded on the application.

Generally, when a person other than the proposed insured signs an application, he/she must sign his/her own name using his/her regular signature in the presence of the Agent and, except in item 2b above, must regularly reside with the proposed insured at the address shown on the application. As an example: A married woman should sign her legal married name as "Mrs. Jane S. Doe," not "Mrs. John R. Doe."

B. The following rules apply when using forms A272, A273, A-363, A-372, A-378, A-600 and R-2800 for applications written in Louisiana, Mississippi, South Carolina and Tennessee:

1. Proposed insured is age 16 or over.
 - a. Generally, if the proposed insured is age 16 or over, he/she must sign the application. However, a parent may sign an application for insurance on a child age 16 through age 20 if the child is single and lives in the household of the applicant or is single and attends college. Any individual age 21 or over must sign their own application.
 - b. A grandparent may apply and sign for coverage on a natural born grandchild through age 20 provided the grandchild resides in the parent's or grandparent's household. Parents must be notified.

The Agent must be licensed to sell in the state where the grandparent and grandchild live. The address and phone number of the applicant, not the grandchild will be recorded on the application.

No application is to be written without the knowledge and consent of the proposed insured. When the proposed insured, if age 16 or over, does not sign the application, the Agent should determine if the proposed insured is aware of the application. If not, the application should not be made.

2. Proposed insured is under age 16.

- a. If the proposed insured is under age 16, the parent must, in the presence of the Agent, sign his/her own name using his/her regular signature.
- b. If the proposed insured is married and under age 16, the application must be cosigned by his/her spouse if the spouse is age 16 or over. If the spouse is under age 16, the applicant's parent should cosign the application (regardless of whether or not the applicant lives in the parent's household).
- c. A grandparent may apply and sign for life coverage on a natural born grandchild through age 20 provided the grandchild resides in the parent's or grandparent's household. Parents must be notified.

The Agent must be licensed to sell in the state where the grandparent and grandchild live. The address and phone number of the applicant, not the grandchild will be recorded on the application.

3. Applicant cannot write.

If the applicant cannot write, the applicant should place their mark on the application and the Agent should sign below as witness.

Example: John J. Doe's mark.

Witness: Bill Agent.

VII. Witness to Signature

1. A person who does not actually see an application or supplementary form signed should not sign as witness to the signature under any circumstances.
2. A Manager who sees the application being signed may witness the signature on an application completed by a new Agent. In other instances the signature should be witnessed by the Agent who completes the application or supplementary form.
3. If the person whose signature is required is totally blind, the signature should be witnessed by two persons.
4. If an application or supplementary form is signed with the hand other than that with which the person normally writes, the signature should be witnessed by two persons.

VIII. Medicaid Recipients


As you know, applicants for health insurance are asked whether they are participants in Medicaid or a similar program. If the answer is yes, the Company will communicate with the applicant. There are a number of reasons a Medicaid-eligible applicant may or may not desire health insurance. If an applicant seeks your advice on this subject you should refer them to the appropriate Medicaid agency for guidance since individual circumstances will vary.

OUTLINES OF COVERAGE

	Lump Sum Cancer	Cash Cancer	Cancer Endurance Plan	Hospital Intensive Care	Intensive Care Protector	Hospital Accident
ALABAMA	—	DS-LCANLS-2	H172A		H173	R-2160
ALASKA	—	DS-LCANLS-2	H172AK		H173AK	
ARIZONA	—	DS-LCANLS-2(02)				
ARKANSAS	—	DS-LCANLS-2(03)	H172AR		H173AR	R-2160
CALIFORNIA	—				H173CA	
COLORADO	—	DS-LCANLS-2			—	
CONNECTICUT	—					
DELAWARE	—	DS-LCANLS-2	H172A		H173	
DISTRICT OF COLUMBIA	—	DS-LCANLS-2				
FLORIDA	—	S-LCANLS-2(09)	S172FL		S173FL	
GEORGIA	DS-LCANLS-2(10)		H172GA		H173GA	R-2160
HAWAII	—	DS-LCANLS-2	H172		H173	
IDAHO	—	DS-LCANLS-2(11)	H172ID			
ILLINOIS	—	DS-LCANLS-2(12)	H172IL		H173IL	
INDIANA	—	DS-LCANLS-2(13)				
IOWA	—	DS-LCANLS-2	H172		H173	
KANSAS	—	DS-LCANLS-2(15)	H172KS		H173KS	
KENTUCKY	—		H172KY		H173KY	
LOUISIANA	—	DS-LCANLS-2(17)	H172LA		H173LA	R-2160
MAINE	—					
MARYLAND	—					
MASSACHUSETTS	—					
MICHIGAN	—	DS-LCANLS-2				
MINNESOTA	—					
MISSISSIPPI	—	DS-LCANLS-2	H172MS		H173MS	R-2160
MISSOURI	—	DS-LCANLS-2(24)	H172MO		H173MO	R-2160
MONTANA	—	DS-LCANLS-2(25)	H172MT		H173MT	
NEBRASKA	—					
NEVADA	—	DS-LCANLS-2	H172NV		H173NV	
NEW HAMPSHIRE	—					
NEW JERSEY	—					
NEW MEXICO	—	DS-LCANLS-2				
NORTH CAROLINA	—	DS-LCANLS-2(32)	H172NC		H173NC	R-2160
NORTH DAKOTA	—	DS-LCANLS-2	H172ND		H173ND	
OHIO	—	DS-LCANLS-2	H172A		H173OH	
OKLAHOMA	—	S-LCANLS-2(35)	S172OK		S173OK	
OREGON	—	DS-LCANLS-2(36)	H172OR			
PENNSYLVANIA	—	DS-LCANLS-2(37)	H172PA			
RHODE ISLAND	—	DS-LCANLS-2	H172A			
SOUTH CAROLINA	—	DS-LCANLS-2	H172SC		H173SC	R-2160
SOUTH DAKOTA	—		H172SD		H173SD	
TENNESSEE	—	DS-LCANLS-2(41)	H172TN		H173TN	R-2160
TEXAS	—	S-LCANLS-2	S172TX		S173TX	
UTAH	—	DS-LCANLS-2(43)	H172UT		H173UT	
VERMONT	—					
VIRGINIA	—	DS-LCANLS-2(45)				
WASHINGTON	—	LCANLS-2-DS(46)				
WEST VIRGINIA	—	DS-LCANLS-2(47)	H172WV		H173WV	
WISCONSIN	—	DS-LCANLS-2(48)	H172A		H173	
WYOMING	—					

 No Outline Required

 Product Not Available

 NA

B-10

Continued >>
LNL0427 0419

OUTLINES OF COVERAGE

	Accident Protector Max	Accident (ACB)	\$3,000 ADP	Critical Illness	
ALABAMA	H174		H-155		
ALASKA	H174AK		H-155	H-159AK	
ARIZONA	H174			H-159	
ARKANSAS	H174AR	H-157	H-155	H-159	
CALIFORNIA	H174CA		H155CA	H159CA	
COLORADO	H174				
CONNECTICUT					
DELAWARE	H174		H-155	H-159	
DISTRICT OF COLUMBIA	H174DC				
FLORIDA	S174FL	H-157-FL	S-155-2	S-159-2	
GEORGIA	H174GA	H-157			H-161-6
HAWAII	H174		H-155HI	H-159	
IDAHO	H174ID		H-155	H159ID	
ILLINOIS	H174IL		H-155	H159IL	
INDIANA	H174			H-159	
IOWA	H174		H-155	H-159	
KANSAS	H174KS		H-155	H-159KS	
KENTUCKY	H174				
LOUISIANA	H174LA		H-155		
MAINE					
MARYLAND					
MASSACHUSETTS					
MICHIGAN	H174MI			H-159	
MINNESOTA					
MISSISSIPPI	H174MS			H-159	
MISSOURI	H174MO			H159MO	
MONTANA	H174MT		H-155	H159MT	
NEBRASKA	H174NE			H159NE	
NEVADA	H174NV	H-157	H-155	H-159	
NEW HAMPSHIRE					
NEW MEXICO	H174			H159NM	
NORTH CAROLINA	H174NC				
NORTH DAKOTA	H174		H-155ND	H159ND	
OHIO	H174	H-157	H-155		
OKLAHOMA	S174OK	H-157-K	S-155-K	S159OK	
OREGON					
PENNSYLVANIA			H-155-P		
RHODE ISLAND	H174RI		H-155	H-159	
SOUTH CAROLINA	H174SC	H-157-S	H-155-4	H-159-4	
SOUTH DAKOTA	H174		H155SD		
TENNESSEE	H174TN				
TEXAS	S174TX	H-157-8	S-155-8	S-159-8	
UTAH	H174UT		H-155-U	H159UT	
VERMONT					
VIRGINIA					
WASHINGTON			H-155-A		
WEST VIRGINIA	H174		H-155-W	H159	
WISCONSIN	H174		H-155	H159	
WYOMING				H159	

 No Outline Required

 Product Not Available

IX. Outlines of Coverage

An outline of coverage must be delivered to all applicants for health insurance as outlined in the Outlines of Coverage chart on pages B-11 and B-12. In Florida, the H-100-Z certificate must be completed, attached to the application and submitted to the Home Office.

X. Replacements

A replacement occurs when new accident or health insurance is purchased and existing accident or health insurance is

1. terminated (lapsed, surrendered, etc.); or
2. amended to reduce benefits or shorten the term of coverage.

When a replacement occurs, the replacement question must be answered, "Yes." The number of the policy you are replacing must be written in next to the replacement question.

If accident or health replacement forms are required in your state (refer to Policy Replacement Form Chart), the appropriate form should be completed and attached to the application.

XI. Selection of Risks

A. Speculators

Accident and Health claims speculators prey on companies selling individual hospital indemnity coverage. Speculators frequently amass policies with total daily benefits of several thousand dollars. This makes hospital confinement tremendously profitable for the speculators. The Agent is the best defense the Company has in combatting this problem. As we have seen, speculators can cause entire products to be withdrawn and rates to be increased.

Do not take an application on anyone that you suspect as a speculator. The following information can help to identify possible speculators.

Things to watch for:

Before the sale

- a. Phone calls and walk-ins asking to purchase Accident and Health policies (often they know the plan they want and ask for "101").
- b. Applications for certain combinations of A & H plans, especially Accident Protector Max and Intensive Care Protector.
- c. Spontaneous referrals—"I want some of that insurance like you sold my mother, brother, sister, neighbor, etc."
- d. Lack of concern about cost. (The premium isn't really important when you can pay a couple of months' premium and collect several thousand dollars.)

- e. Self-employed or unemployed.
- f. Requests for a Quarterly Premium Notice mode.
- g. Hesitance to use the U.S. Postal Service (for fear of postal fraud investigations).

After the Sale

- a. Quick claims (within 2-3 months of the effective date), usually for back strain or contusions from a fall.
- b. Monitor health claims pending report for unusual claims activity.
- c. Use of smaller hospitals and/or hospital-clinics.
- d. Insistence on rapid claim payment.
- e. Anything else that does not look right to you.

If you detect a potential, speculation situation, report it to your Manager so that he can contact the Claims Department.

B. Screening of Prospects

Simply because an applicant has qualified for life insurance, he or she is not necessarily a satisfactory risk for health insurance. Certain physical conditions, as well as questionable reputation and morals, may have little bearing on the length of a person's life but may vitally affect the health insurance risk. The Agent should assume the responsibility for writing good quality and high persistency business.

1. Solicit insurance only from persons who are in apparent good health, do not use intoxicants to excess and have a good reputation regarding morals and character.
2. Avoid speculative cases that might occur when a proposed insured already has an abundance of similar coverage with the Company or other companies.

The Company considers a person to be an unacceptable risk in the following cases:

- a. In military service;
- b. Addicted to drugs or alcohol;
- c. Not of good reputation due to morals, character, illegal drug use, or drinking habits;
- d. Mentally incompetent and/or unable to understand the nature of the transaction;
- e. Confined to an institution for treatment or care; (i.e., nursing homes and similar institutions); or
- f. Currently hospitalized

SECTION C

CLAIMS

INDEX

I. Accident and Health Claims

A.	Accident	C-1
B.	Disability Benefits	C-2
C.	Refunds of premium for Social Security Disability or Active Military Duty	C-3
D.	Cancer	C-3
E.	Critical illness	C-7
F.	Hospital and Surgical Claims (including Intensive Care Policies)	C-11
G.	Medicare Supplement	C-14

II. Life Claims

A.	Policies Less than 2 Years Old (Contestable)	C-15
B.	Policies More than 2 Years Old (Incontestable)	C-15
C.	Merchandise Claims	C-16
D.	Beneficiary Designations	C-17
E.	Payor Benefit - Death	C-18
G.	Loss of Eyesight or Limb	C-19
I.	Terminal Illness Accelerated Benefit	C-19
J.	Annuity Claims for Deceased Annuitant	C-19

I. Accident and Health Claims

When submitting Accident, Cancer, Hospital and Surgical, or Medicare Supplement claims, we cannot accept balance due statements, explanation of Medicare benefit forms or bills marked “not for insurance purposes.” These forms do not provide all the necessary information needed to process a claim. The Agent should never express an opinion as to whether a claim should be paid or to whom payment should be made. The following explanation of how to file a claim is separated by type of business. Always make sure the policy number and the patient’s name are included on all claims submitted. Submit new Cancer and Accident and Health claims to custserv@libnat.com.

A. Accident

Definition of Accident:

Injury sustained by the insured, which is the direct result of an accident, occurring independently of disease, bodily infirmity, or any other cause while this policy is in force.

If emergency treatment is necessary, it must be received from: an emergency room, a hospital as an outpatient or as an inpatient for a period of twelve hours or less, a clinic, an ambulatory surgical center, or the office of a physician or surgeon. Such treatments must be received within **48 HOURS** of the injury. (The State of Georgia allows **72 HOURS**.)

Instructions for submitting an Accident claim are as follows:

1. Complete the [Claimant Statement \(R3810\)](#)

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).
3. Please mail the completed documentation to the following address:

Liberty National Life Insurance Company

Attn: Policy Benefits

P.O. Box 8080

McKinney, Texas 75070

Please note: When filing for hospital confinement benefits or emergency treatment benefits for emergency treatment received at a hospital, we must have the hospital's bill for the charges. We cannot accept doctor's bills or statements showing hospital confinement or emergency room treatment at the hospital. If, at any time during the review of the claim, we find we need additional information via medical narratives or a police report etc., we will notify you in writing.

If the insured has questions or needs assistance filing the claim, please contact our Customer Service Department:

Email – custserv@libnat.com

Phone – 1-800-333-0637 or 1-205-325-4979

Hours of Operation:

7:30 a.m. – 5:00 p.m. CST

Monday – Friday

B. Disability Benefits

Instructions for submitting an Accident claim are as follows:

Initial Disability Claim

If the insured suffers from a disability that prevents him/her from maintaining employment, and this is the first time he/she is applying for Disability, please print and fill out the claim form and send it to the following address:

Liberty National Life Insurance Company

Attn: Policy Benefits

P.O. Box 8080

McKinney, Texas 75070

Printable [Disability Claim Form \(R3809\)](#)

Once we receive documentation, a Claims Analyst reviews it and follows up with him/her regarding any potential assistance for which he/she qualifies.

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

Continuance of Disability Benefits

If filing a request for the **continuance** of Disability benefits, he/she needs to complete the Disability Form. Remember to have the employer fill out Part A and the physician fill out Part B on the Disability Claim Form. Please submit completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

Printable [Disability Claim Form \(R3809\)](#)

Once we receive the documentation, a Claims Analyst reviews and follows up with him/her regarding the continuance of the Premium Waiver benefits.

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

C. Refunds of Premium for Social Security Disability or Active Military Duty

1. We require a copy of the entitlement for Social Security disability providing the reason for the entitlement.
2. We require a copy of the documentation providing dates of active military duty.
3. We require a written request from the policyholder requesting the refund.

D. Cancer

Definition of Cancer:

Leukemia, Hodgkin's disease, or any form of malignant growth positively diagnosed as cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist other than yourself or a member of your immediate family or household. **Such diagnosis must be based on a bioptic examination. The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology.** Premalignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting this policy.

The following are not considered cancer for purposes of this policy:

1. Carcinoma in Situ
2. Stage 1 Hodgkin's disease
3. Stage A Prostate Cancer
4. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

Note: For First Occurrence benefits, skin cancer is **NOT** covered unless it is considered a Melanoma.

Instructions for submitting a Cancer claim are as follows:

Policies Less than 2 Years Old

1. Complete the [Claimant Statement \(R3810\)](#), [HIPAA Release \(R3590C\)](#), [Medical Provider History \(R3808\)](#) and provide a Pathology Report ([Pathology Report Examples](#)).

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

1. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

Please note: We examine each covered person(s) for our consideration of each person(s) pending claim. This is done at the Company's expense. If at any time during the review of the claim, we find we need additional information, we notify him/her in writing.

Policies More than 2 Years Old

1. Complete the [Claimant Statement \(R3810\)](#) and provide a Pathology Report (Pathology Report Examples).

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

3. Please mail completed documentation to the following address:

Liberty National Life Insurance Company

Attn: Policy Benefits

P.O. Box 8080

McKinney, Texas 75070

If the insured has questions or needs assistance filing the claim, please contact our Customer Service Department:

Email – custserv@libnat.com

Phone – 1-800-333-0637 or 1-205-325-4979

Hours of Operation:

7:30 a.m. – 5:00 p.m. CST

Monday – Friday

Prescription chemotherapy drug benefits:

- A pharmacist receipt for the drug providing the date, type of drug, and the actual cost is required.
- The retail price of the drug will not be accepted unless it is the actual cost of the drug with insurance.
- Please be sure to include the policy number when submitting the receipts. (Not applicable to Cash Cancer or Lump-Sum Policy)

Private duty nursing benefits:

- Services must be performed by a graduate RN or a licensed practical nurse recommended by the attending physician.
- We require a Statement for Private Duty Nursing (form R-1748) completed by the nurse, RN or LPN and/or an itemized bill from the provider of service showing dates of service, shift or hours worked, and charges. (Not applicable to Cash Cancer or Lump-Sum Policy)
- This benefit does not cover:
 - General nursing care provided by hospitals, nursing homes, rehabilitation centers
 - Nursing provided by hospice
 - Nurses who are members of the patient's family or who customarily live with the patient

Transportation benefits:

- We require a Transportation Statement (form R-1748) completed in full
- We require a copy of the ticket or bill for such transportation expenses attached to the statement
- We also require a copy of the bill for medical expense incurred at the destination of travel. (Not applicable to Cash Cancer or Lump Sum Policy)

Please note: We examine each covered person(s) for our consideration of each person(s) pending claim. This is done at the Company's expense. If at any time during the review of the claim, we find we need additional information, we notify him/her in writing.

E. Critical Illness (Heart Attack, Stroke, ESRD, Organ Transplant, Etc.)

Definition of Heart Attack

An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is **not** considered a heart attack for purposes of this policy, nor is any other disease or injury involving the cardiovascular system.

The diagnosis must include **ALL** of the following:

1. Chest pain; **and**
2. Associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; **and**
3. Elevation of cardiac enzymes above standard laboratory levels; **and**
4. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Instructions for submitting a Heart Attack claim are as follows:

Policies Less than 2 Years Old

1. Complete [Claimant Statement \(R3810\)](#), [HIPAA Release \(R3590C\)](#), and [Medical Provider History \(R3808\)](#)

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

1. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

Please note: We examine each covered person(s) for our consideration of each person(s) pending claim. This is done at the Company's expense. If at any time during the review of the claim, we find we need additional information, we notify him/her in writing.

Policies More than 2 Years Old

1. Complete the [Claimant Statement \(R3810\)](#).

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

3. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

If the insured has questions or needs assistance filing the claim, please contact our Customer Service Department:

Email – custserv@libnat.com

Phone – 1-800-333-0637 or 1-205-325-4979

Hours of Operation:

7:30 a.m. – 5:00 p.m. CST

Monday – Friday

Definition of a Stroke

A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies.

The following conditions are not covered:

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia
3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

Instructions for submitting a Stroke claim are as follows:

Policies Less than 2 Years Old

1. Complete [Claimant Statement \(R3810\)](#), [HIPAA Release \(R3590C\)](#), and [Medical Provider History \(R3808\)](#)

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in

accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

1. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

Please note: We examine each covered person(s) for our consideration of each person(s) pending claim. This is done at the Company's expense. If at any time during the review of the claim, we find we need additional information, we notify him/her in writing.

Policies More than 2 Years Old

1. Complete the [Claimant Statement \(R3810\)](#).

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).

Please note: If the insured qualifies for Disability benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. Disability benefits are processed up to the earlier of the date of the doctor's statement or employer's statement in accordance with policy benefits and provisions. Also, if the policy provides premium waiver benefits, the policy is automatically placed on premium waiver in accordance with policy provisions. *IT IS THE RESPONSIBILITY OF THE INSURED TO NOTIFY US WHEN THE DOCTOR RELEASES THE PATIENT TO RETURN TO WORK. PREMIUM PAYMENTS ARE PAYABLE AT THAT TIME AND MUST BE RESUMED IN ORDER TO KEEP THE POLICY IN FORCE. OTHERWISE, THE POLICY TERMINATES.*

3. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

If the insured has questions or needs assistance with filing the claim, please contact our Customer Service Department:

Email – custserv@libnat.com

Phone – 1-800-333-0637 or 1-205-325-4979

Hours of Operation:

7:30 a.m. – 5:00 p.m. CST

Monday – Friday

End Stage Renal Failure:

- Diagnosis showing end stage renal failure (chronic irreversible failure of both kidneys), requiring transplantation or regular renal dialysis at least weekly for a minimum period of 6 consecutive weeks
- Letter from dialysis unit required showing dates of dialysis treatment

Major Organ Transplant:

- Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.

Total Loss of Eyesight:

- Total and permanent loss of sight in both eyes.
- Diagnosis must be made by a board certified ophthalmologist.

Total Loss of Hearing:

- Total and permanent loss of hearing in both ears.
- Diagnosis must be made by a board certified otolaryngologist.

F. Hospital and Surgical Claims (including Intensive Care Policies)

Definition of Hospital Intensive Care (ICU)

Those special intensive care areas of a hospital that at the time of your admission to the hospital are also separate and apart from the surgical recovery room and from the rooms, beds, and wards customarily used for patient confinement.

The term “intensive care unit” does **NOT** include lesser treatment units such as:

- Progressive or intermediate care units,
- Private monitored rooms,
- Isolation units, observation or
- Telemetry units

These units are classified on the [UB04 Example](#) in the ‘Revenue Code’ column and are not covered. Revenue Codes for lesser treatment units include, but are not limited to, the following: 0204, 0205, 0206, 0209, and 0214.

Instructions for submitting a Hospital Intensive Care claim are as follows:

Policies Less than 2 Years Old

1. Complete [Claimant Statement \(R3810\)](#), [HIPAA Release \(R3590C\)](#), and [Medical Provider History \(R3808\)](#)

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).
3. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

Please note: We examine each covered person(s) for our consideration of each person(s) pending claim. This is done at the Company's expense. If at any time during the review of the claim, we find we need additional information, we notify him/her in writing.

Policies More than 2 Years Old

1. Complete the [Claimant Statement \(R3810\)](#).

Include a copy of the CMS 1500 or UB-04 form (only associated with hospital stays) and any itemized medical bills the insured wants considered for payment. Examples:

[CMS1500 Example](#)

[UB04 Example](#)

[Itemized Medical Billing Example](#)

2. If disability is claimed, in addition to the documentation above, please have the employer fill out Part A and the physician fill out Part B on the [Disability Claim Form \(R3809\)](#).
3. Please mail completed documentation to the following address:

Liberty National Life Insurance Company
Attn: Policy Benefits
P.O. Box 8080
McKinney, Texas 75070

If the insured has questions or needs assistance with filing the claim, please contact our Customer Service Department:

Email – custserv@libnat.com

Phone – 1-800-333-0637 or 1-205-325-4979

Hours of Operation:

7:30 a.m. – 5:00 p.m. CST

Monday – Friday

Hospital Confinement:

- Continuous confinement after the effective date of the policy, in a hospital for more than 12 hours upon the advice of a licensed practicing physician.

Emergency Treatment Benefit:

- Necessary medical treatment that is received from: an emergency room, a hospital as an outpatient, or as an inpatient for a period of twelve hours or less, a clinic, an ambulatory surgical center, or the office of a physician or surgeon.

Surgery and Anesthesia Benefits:

- To file for surgery benefits, we need an itemized bill from the surgeon showing the date of surgery, diagnosis, and charge for the surgery, and the surgical procedure code used for the surgery performed.
- To file for anesthesia benefits, we need an itemized bill from the anesthesiologist showing the date of service and charges. We cannot process anesthesia benefits from the hospital bill as these charges are customarily for the use of supplies only. However, in some of the small facilities, there may not be a separate anesthesia facility. In this case, we would need verification of such in order to process benefits from the hospital bill. The anesthesiologist's bill must confirm the same date of service and procedure code of the surgeon's bill submitted. We must have a surgeon's bill showing the surgery before anesthesia benefits can be paid.

Attending Physician Benefits (Hospital and Surgical Policies):

- Attending physician benefits are only payable if the patient was confined to a hospital and would be payable for the dates seen by the doctor while confined to the hospital. Therefore, please submit the hospital bill as indicated under the section for filing hospital confinement benefits along with an itemized statement from the attending physician showing dates of visits. This information is necessary before benefits are payable for attending physician benefits.

Ambulance benefits (Intensive Care Policies):

- This benefit is payable if a professional ambulance or air ambulance is used to transport a covered person.
- Submit a copy of the ambulance bill for transportation charges to the hospital.
- Submit the hospital bill showing confinement to an intensive care unit of the hospital. If there was no confinement to intensive care in accordance with the terms and conditions of the policy, no transportation benefits are payable.
- Check the policy for possible limitations on mileage criteria and number of trips allowed.

G. Medicare Supplement

1. Part A Benefits - A UB-04 standardized billing from the hospital along with the explanation of Medicare benefits (EOB). NOTE: Some EOBs are more than one page long. We need all pages of the EOB to obtain all necessary information needed to process the claim.
2. Part B Benefits - Complete Explanation of Medicare Benefits (EOB) (All pages).

II. Life Claims

A. Policies Less than 2 Years Old (Contestable)

1. Complete the Claimant's Statement (Page 2), the Statement of Physician (Page 3) and the HIPAA Release form (Page 4) on the [Life Claim Forms \(R3813\)](#). All forms need to be filled out as completely and accurately as possible.
2. Mail completed forms, along with the Certified Death Certificate (including cause and manner of death), the obituary (if available), and any other supporting documentation to the following address:

Liberty National Life Insurance Company
Insurance Services Division
PO Box 8066
McKinney, TX 75070

Please note: For policies with face amounts less than \$10,000, a **copy** of a death certificate including cause of death is sufficient.

3. For accidental death claims and claims where the manner of death is homicide, also include the following:
 - Autopsy, toxicology, and police reports
 - A certified copy of the coroner's report

Please note: All claims, where the manner of death is homicide, will be investigated. Suicide claims may also require additional information.

4. Once all required documents are received, they are reviewed and the claim processed. If the claim requires further investigation, additional documents may be requested and the claim will be processed after the investigation is concluded.

B. Policies More than 2 Years Old (Incontestable)

1. Complete the Claimant's Statement (Page 2) of the [Life Claim Forms \(R3813\)](#).
2. Mail the completed Claimant's Statement, along with the Certified Death Certificate (including cause and manner of death), and a copy of the obituary (if available) to the following address:

Liberty National Life Insurance Company
Insurance Services Division
PO Box 8066
McKinney, TX 75070

Please note: For policies with face amounts less than \$10,000, a **copy** of a death certificate including cause of death is sufficient.

3. For accidental death claims and claims where the manner of death is homicide, also include the following:
 - Autopsy, toxicology, and police reports
 - A certified copy of the coroner's report

Please note: All claims, where the manner of death is homicide, will be investigated. Suicide claims may also require additional information.

4. Once all required documents are received, they are reviewed and the claim processed. If the claim requires further investigation, additional documents may be requested and the claim will be processed after the investigation is concluded.

C. Merchandise Claims

1. Death occurring in Alabama and using an authorized funeral home
 - a. If claim filed within 30 days or less from death - refer to authorized funeral home for processing
 - b. If death occurred more than 30 days ago - send claim to Home Office for payment of cash settlement.
 - (1) Claim form signed by beneficiary
 - (2) Proof of death with cause
 - (3) If beneficiary deceased - attach proof of payment of funeral expenses by claimant
 - (4) Policy
2. Death occurring in Alabama and using a nonauthorized funeral home - send to Home Office
 - a. Claim form signed by beneficiary
 - b. Proof of death with cause, page 1, R-425
 - c. If beneficiary deceased - attach proof of payment of funeral expenses by claimant
 - d. Policy

3. Death occurring outside of Alabama - (out-of-state benefit)

- a. Same requirements as #2

D. Beneficiary Designations

1. The application includes a section where the beneficiary is designated. Also, throughout the life of the policy, the insured may elect to change the beneficiary. These changes are recorded in our computer system. If no beneficiary is chosen, we issue the proceeds to the estate of the insured, unless a Last Will and Testament is provided that identifies a recipient to the insurance proceeds. Should there not be an estate in place, we require a document from the courts stating as such. Depending on your state, it might be called a 'No Estate Affidavit', 'Small Estate Affidavit', 'Summary of Estate', or something similar. If unsure how to obtain this document, contact your local County Court Clerk.
2. If the beneficiary is a minor, a certified copy of the court order appointing Legal Guardian for the minor's estate is needed and the Legal Guardian may sign the Claimant's Statement.
 - a. If no Legal Guardian and the claim is \$5,000 or less, we may be able to pay natural guardians – send birth certificate of minor and have the Claimant's Statement signed by mother and father of minor.
 - b. If the claim is \$10,000 or less, we may be able to pay any adult member of the child's family, depending on state law.
3. If the claim is on a dependent (not primary insured), refer to policy beneficiary of dependent's coverage.
4. If the beneficiary is the 'Estate of'
 - a. If probated, send certified copy of court order appointing the Executor.
 - b. We will make the check payable to the 'Estate of (insured's name)'.
5. If the beneficiary is deceased
 - a. Copy of beneficiary's death certificate (or any proof of death).
 - b. Benefit goes to any contingent beneficiary first, then to the estate of the owner, insured, or beneficiary, depending on the wording in the policy contract and the beneficiary designation.
 - c. Proof of payment of funeral expenses for policies with facility of payment only.

- d. If the policy benefits are paid to an Estate, and there is no Estate being probated, in order for us to reissue the check payable to another party we accept a Release and Indemnity Agreement — if the policy face amount is \$10,000 or less.
- e. If the policy benefits are paid to an Estate and there is no Estate being probated, in order for us to reissue the check payable to another party, either a Small Estate or No Estate Affidavit is typically required — if the policy face amount is \$10,000 or more. The claimant would need to check their own state specific statutes for further clarification.

E. Payor Benefit - Death

1. Death certificate of payor or original beneficiary

- a. Statement from the person requesting waiver of premium due to death of payor

(l) Claimant's Statement may be used if note is written at top in red 'For Payor Death'

F. Premium Waiver Disability

1. Initial Premium Waiver Claim

If the insured suffers a disability that prevents him/her from maintaining employment, and this is the **first** time he/she is applying for premium waiver, please print and fill out the **entire** claim form and send it along with the disability declaration letter from the Social Security office to the following address:

Liberty National Life Insurance Company
Insurance Services Division
PO Box 8066
McKinney, TX 75070

Printable claim form: [Premium Waiver Claim Form \(R3811\)](#)

When we receive documentation, a Claims Analyst reviews it and follows up with him/her regarding any potential assistance for which he/she qualifies.

Please note: If he/she qualifies for Premium Waiver benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing.

2. Continuance of Premium Waiver Benefits

If filing a request for the **continuance** of Premium Waiver benefits, he/she needs to complete the '**Insured Information**' section of the claim form and have the **Physician** complete the '**Attending Physician's Statement of Disability**' (page 3). Please submit completed documentation to the following address:

Liberty National Life Insurance Company
Insurance Services Division
PO Box 8066
McKinney, TX 75070

Printable claim form: [Premium Waiver Claim Form \(R3811\)](#)

Once we receive documentation, a Claims Analyst reviews it and follows up with him/her regarding any potential assistance for which he/she qualifies.

Please note: If he/she qualifies for Premium Waiver benefits, he/she is required to provide continued proof of disability at regular intervals, which we request in writing. After two years of continued disability, we do not require such proof more than once a year.

G. Loss of Eyesight or Limb

1. Form 179-I
 - a. Insured - Completes first page
 - b. Doctor - Completes second page

H. Terminal Illness Accelerated Benefit

1. R-3606 signed by owner and insured.
2. R-3607 completed and signed by physician.

I. Annuity Claims for Deceased Annuitant

1. Claimant's Statement signed by beneficiary
2. Proof of death with cause
3. Tax letter, R-3424

SECTION D

POLICY CHANGE OR CUSTOMER SERVICE

INDEX

A.	Age Corrections	D-1
B.	Assignments	D-1
C.	Beneficiary Changes	D-1
D.	Duplicate Policies	D-1
E.	Name Changes	D-2
F.	Ownership	D-2
G.	Conversion or Reissue	D-2
H.	Policy Change Forms	D-4
I.	Completing the Request for Policy Change, R-868	D-7
J.	Payroll Deduction Conservation Procedures	D-9
K.	Reinstatements	D-10
L.	Cancer Reinstatements	D-11
M.	IRA Transfers	D-11
N.	Returned Mail / Address Changes	D-11
O.	E-mail Status / Inquiries	D-13
P.	Settlement Provisions/Monthly Income Factors	D-14

A. Age Corrections

To correct an age, the Agent should send a message to customer service stating the correct date of birth and attach a copy of the document used to verify the correct date of birth.

B. Assignments

1. To assign a policy, forward a completed form A-215 to the Home Office. The original assignment form will be returned to the assignee with the notation "assignment has been recorded." A copy will be retained by the Home Office.

2. Release of Assignment

To release the assignment, the assignee should complete the reverse side of the original assignment form and forward it to the Title Change Section, Issue/Reissue Department.

3. Corporation Assignee and Release

When a collateral assignment will be released by a corporation that is named as assignee, the release must be executed by an officer of the corporation in his corporate capacity.

C. Beneficiary Changes

To change the beneficiary, the owner must complete form M-895. It is not necessary to send the policy to the Home Office. A letter will be sent to the owner of the policy to indicate the change.

If you are changing the beneficiary on a policy that currently has a monthly income arrangement, you must complete a new Application for Monthly Income, R-3392. Using the M-895 to change the beneficiary will delete current monthly income arrangements.

In extreme circumstance, a policyholder may petition the Company for an exception to be made for the first year beneficiary designations. This request should be in the form of a letter written by the insured explaining why an exception is sought. The letter should be addressed to: Liberty National Life Insurance Company, P.O. Box 8080, McKinney, TX 75070. The legal department will review each request before any change is made. The Company reserves the right during the first policy year to review and restrict any beneficiaries to designations acceptable to the Company.

The Company will consider a change of beneficiary submitted with a power of attorney document if the Power specifies that a life insurance beneficiary may be changed.

D. Duplicate Policies

Duplicate policies may be requested on form M-895. The insured's policy number, complete name, current address and name of current beneficiary must be provided.

E. Name Changes

Name changes may be requested on form M-895.

F. Ownership

The owner of a policy may designate a new owner by completing form M-895. Changing ownership of a policy may result in tax consequences to the owner. Therefore, the owner should consult his/her tax advisor prior to such a change.

If the owner is deceased and there is no contingent owner, then on the majority of policy forms, ownership transfers to the owner's estate. To transfer ownership from an estate, submit the following:

1. If the face amount of the policy is more than \$50,000, provide letters testamentary naming executor/executrix including address or letters of administration naming administrator/executor/executrix including address.
2. If the face amount is \$50,000 or less, Transfer of Ownership and Indemnity Agreement Form R-3581, should be completed and signed by the heirs of the deceased owner. Also complete Form M-895 naming new owner. A list of names, relationships, birthdates and addresses of all living heirs (generally spouse and children) and the name and address of the person desiring to be owner must be submitted.
3. Copy of death certificate. **Do not send a copy of the will.**

G. Conversion or Reissue

1. Review the Policy Information screen on the mainframe system **before** converting a Term Life policy to a Whole Life policy to determine if the original policy is rated.

When a Term Life policy is rated, the rating carries over to the Whole Life policy. Agents should calculate the premium for the Whole Life policy based on the original rating. If the rate is not calculated correctly prior to conversion, the customer will not be quoted an accurate premium.

If the customer wishes to convert, **the Term policy will be canceled** and the new policy will be issued with an unsettled status. If the initial premium for the new policy is not received within 45 days, the system will automatically cancel the Whole Life policy with a 'not taken' status.

This procedure is for straight conversions and evidence of insurability is required to consider the removal or reduction of ratings.

2. Reissues of Group Term 100 to Group Term 65 Adding ADB and PW to Existing Plans
Reissues will be allowed based on the following guidelines:
 1. Agents should never replace or reduce the amount of coverage.

2. If a customer asks to change a GT100 plan to a GT65, the change request must be submitted on an R-868.
Obtain the appropriate signature(s), and write in the Agent Remarks on Page 4 "Wants to pay higher premium so that no premium is due after age 65". The R-868 should be mailed to the Home Office. See attached for a sample of how the R-868 should be filled out.
3. The policy must be paid current to be changed.
4. We will follow the current R-868 reissue process and change the plan to be effective on the paid to date.
5. The agent must deliver a new authorization to the bookkeeper and explain the change.
6. The bookkeeper will remit the GT100 premium she is currently deducting to pay the next bill. (See example below)
7. Liberty National will waive any difference in premium for the next bill. (See example below)
8. The new GT65 premium will be due the following month. (See example below)
9. Reissue requests may only be completed during a scheduled PD annual enrollment.

Example:

The annual enrollment date for XYZ Company is October 1 - 31. The current policies on the billing are paid to 10/1. New business written will have a December effective date.

During the October re-enrollment, Employee John Doe wants to change his existing Group Term 100 plan to a Group Term 65 plan.

Employee John Doe's current 50,000 Group Term 100 premium is \$35.19 per month.

If he changes this plan to a 50,000 Group Term 65 plan, the premium will be \$43.16 per month.

The 43.16 premium will be reflected on the November bill.

The difference of 7.97 will be waived for November.

The bookkeeper will begin the new deductions in November to pay the increased premium of \$43.16 in December.

As with all reissues, the new Group Term Paid Up at 65 policy will have the same policy number as the original policy but a new issue date. The contestability period starts from the date of the original policy issue.

If the customer adds benefits, the application will be underwritten. When the customer is adding ADB and/or PW benefits, Part 3 of the R-868 will need to be completed. Please see the attached R-868 example. Liberty National will waive any difference in premium for the next bill as shown in the example above.

POLICY CHANGE FORMS

FOR:	TO:	YOU NEED:
HEALTH CHANGES	1. Add Family Member	* L-347 (<i>Part 1 and 2</i>) and Policy
	2. Delete Family Member	* L-347 (<i>Part 1 only</i>)
	3. Change Age	Policy Number Submitted on a Speed Message and Proof of Date of Birth
	4. Change Name	M-895
	5. Change Plan	* L-347 and Policy
	6. Continue Coverage on Spouse and Children	* L-347 and Policy
	7. Request Duplicate Policy	M-895
	8. Reinstatements	Refer to Field Procedures
CANCER (ONLY)	1. Any Change Involving Family Status or Level of Coverage	* L-347 and Policy
	2. Revivals	Refer to Field Procedures
	3. Reinstatements	Refer to Field Procedures

* L-347-1 (North Carolina), L-347-4 (South Carolina), L-347-T (Tennessee)

FOR:	TO:	YOU NEED:
LIFE CHANGES: REISSUE	1. Add or Delete Benefits or Riders	* R-868 and Policy
	2. Change Joint Whole Life	* R-868 and Policy
	3. Change Plan	* R-868 and Policy
	4. Reduce or Increase Face Amount	* R-868 and Policy
	5. Remove or Reduce Rating	* R-868 and Policy
	6. Remove Tobacco Rating <i>(The insured must be tobacco-free for twelve consecutive months.)</i>	* R-868 & CRL Oral Fluid Swab Test <i>(See #6 on page D-9)</i>
	7. Add MDT Rider	* R-868, list 15 or 30 years
	8. Change Incorrect Plan (<i>Batch</i>)	R-2488 & New Application <i>(application fee money will be credited, new application will be processed in normal manner).</i>
CONVERSIONS	1. Automatic Conversion of Survivor Coverage	* R-868 and Policy
	2. Term Conversion	* R-868 and Policy
	3. Expiring Portion only of Term or Children's Rider	* R-868
MISCELLANEOUS	1. Change Age (<i>Industrial</i>)	M-895, Proof of Date of Birth and Policy
	2. Change Age (<i>Ordinary</i>)	Policy Number Submitted on a Speed Message and Proof of Date of Birth

Refer to Instructions for completing R-868 on pages D-7 through D-9

Refer to Instructions for completing R-868 on pages D-7 through D-9

POLICY CHANGE FORMS

State	Form
Alabama	R-868, Ed. 3-06
Alaska	
Arizona	R-868-3, Ed. 4-07
Arkansas	R-868, Ed. 3-06
California	R-868-C, Ed. 3-07
Colorado	R-868, Ed. 3-06
Connecticut	R868CT (1208)
Delaware	
Dist of Columbia	R-868, Ed. 3-06
Florida	R-868-2, Ed. 3-06
Georgia	R-868-6, Ed. 3-06
Hawaii	
Idaho	R-868, Ed. 3-06
Illinois	R868IL (0709)
Indiana	R868IN (0808)
Iowa	R-868, Ed. 3-06
Kansas	R-868, Ed. 3-06
Kentucky	R-868, Ed. 3-06
Louisiana	R-868, Ed. 3-06
Maine	
Maryland	R868MD (1107)
Massachusetts	
Michigan	R-868, Ed. 3-06
Minnesota	
Mississippi	R-868, Ed. 3-06
Missouri	R-868-7, Ed. 3-06
Montana	R868MT (1208)
Nebraska	R-868, Ed. 3-06
Nevada	R-868, Ed. 3-06
New Hampshire	R868NH (1208)
New Jersey	
New Mexico	R-868, Ed. 3-06
North Carolina	R-868-1, Ed. 3-06
North Dakota	R868ND (1208)
Ohio	R-868, Ed. 3-06
Oklahoma	R-868-K, Ed. 3-06
Oregon	R868OR (1208)
Pennsylvania	R-868-P, Ed. 3-06
Rhode Island	R-868, Ed. 3-06
South Carolina	R-868, Ed. 3-06
South Dakota	R-868, Ed. 3-06
Tennessee	R-868, Ed. 3-06
Texas	R-868, Ed. 3-06
Utah	R-868, Ed. 3-06
Vermont	
Virginia	R-868-5, Ed. 10-06
Washington	
West Virginia	R868WV (0808)
Wisconsin	R868WI (1208)
Wyoming	R-868, Ed. 3-06

POLICY CHANGE FORMS

FOR:	TO:	YOU NEED:
	3. Change Beneficiary	M-895
	4. Change Mode of Payment	R-1777
	5. Change Name	M-895
	6. Refund Unearned Premiums	Form 70 and Policy
	7. Request Duplicate Policy	M-895
	8. Transfer Ownership	M-895
ACCIDENT (ONLY)	1. Revivals	Refer to Field Procedures
	2. Reinstatements	Refer to Field Procedures
LOAN AND SURRENDERS	1. Cash Surrender	R-260
	2. Extended Term	R-260
	3. Policy Loan	R-260
	4. Reduced Paid Up (<i>Industrial</i>)	R-261
	5. Reduced Paid Up (<i>Ordinary</i>)	R-260

The company will not process any attempt to convert a Group Term Paid Up at 65 to a Group Term to 100.

3. **Application for Simple Term Conversion, Form R-3630 Simple Term Conversion**

This form must be used when the face amount of the new policy is equal to the existing policy and the existing policy does not include any riders and benefits.

4. **Form R-868 Policy Change Request**

This form must be used to request any addition, deletion or change in any policy benefit or rider, or in the basic policy itself, or to request the removal or reduction of any rating or exclusion or for the reinstatement and redating of a policy.

The policy or Request for Duplicate Policy (M-895) must be submitted with the R-868 for all changes except reduction or deletion of ratings. **On conversions provide requested effective date.**

Note: A term policy on premium waiver status cannot be converted to an interest sensitive product unless the premium waiver provision allows conversion based on underwriting.

H. Policy Change Forms

See tables on pages D-4 through D-6.

I. Completing the Request for Policy Change, R-868

The policy, if available, should be submitted with the R-868 for all changes except reduction or deletion of ratings.

An Authorization for Release of Health Related Information (R-3590) signed by the proposed insured must be submitted if the request for policy change has to be underwritten. Complete the appropriate R-868 Policy Change Form (See Policy Change Form Chart - Pages D-5 and D-6) as follows:

1. When adding ADB or PW coverage on the primary insured, complete Part 1 and 2 and the Authorization and Acknowledgement from Part 3.
2. When adding spouse coverage, complete Parts 1 and 3 and the Authorization and Acknowledgement. Also, complete Part 2 on the primary insured when PW benefits are included in the base policy. PW is available only on the primary insured, not on a spouse rider.

You cannot add a Primary Insured or Spouse Term rider to existing term policies. The only way to add a term rider to a term policy is at the time of the application for the base policy.

3. When adding or increasing a Children's Insurance Rider on a policy that does not include PW, complete Parts 1 and 3 and the Authorization and Acknowledgement. If the policy has PW, Part 2 must also be completed.

The following rules apply to requests for increases in the amount of coverage on an **existing** Children's Insurance Rider.

Since all children must be under the age of 19 at the time of application, an **existing** CIR cannot be increased if any of the children are age 19 or older. Also, an **existing** CIR cannot be increased if any of the children currently insured have health problems that would make them uninsurable.

If the base plan has premium waiver, and the primary insured can no longer qualify for premium waiver, the **existing** CIR cannot be increased.

If coverage on an **existing** CIR is increased, the rider will be issued with the original rider effective date. Therefore, conversion requests received after the policy has been in force 5 years from the original rider effective date, may be up to five times the face amount, not to exceed \$50,000.

4. Signatures: Spouses may not sign for each other on R-868.
 - a. Part 1 must be signed by the owner.
 - b. Part 2 must be signed by the proposed insured if age 16 or above, as form indicates. Parents may also sign Part 2 of the R-868 on the life of a child age 16 - 20 if that child is single and lives in the household of the applicant or is single and attends college. If under age 16, the parent must sign.
 - c. Proposed insured must sign Part 2 on self, spouses cannot sign for each other on R-868 application. On applicants age 16 and above the name shown on #1 (Part 2) should be the same name as signature.
5. Reissue to delete or remove insured from Joint Whole life, complete Part 2 (question 4.i.) on the insured remaining on original coverage. Include phone number(s) on the last page.

6. Remove tobacco rating:

Submit Form R-868. Be sure to write the policy number on Form R-868. Complete CRL Oral Fluid Swab Test. Write policy number below Policy Amount on the CRL Oral Fluid Authorization Form. Remove sticker from the CRL form and attach it to Form-868 in the "Other Requests" section. Write in "Remove Tobacco Rating" as a special change.

7. Conversion on Joint Whole life (prior to age 65 - old Plan - prior to age 80 - new Plan) complete Part 2 in full on the insured converting off at attained age.
8. On term conversions, complete Part 2 if the insured is applying for additional coverage, ADB, PW, or if a tobacco rate removal can be considered on the new policy. Also be sure

to furnish the phone number. The Authorization and Acknowledgement section should also be completed and signed by the insured and the spouse if proposed for insurance.

9. Height and weight must always be included on Part 2, even if there was no weight loss.

J. Payroll Deduction Conservation Procedures

1. A Payroll Deduction Conservation Form must be completed for each policy being conserved, including bank draft information, and submitted to the Home Office. For multiple policies with the same payor that will be drafted from the same bank account, have the payor sign a blank form, make copies of the form, and complete one form for each policy number to be drafted from that account.
2. All Payroll Deduction Conservation Forms must be listed on a Home Office Verification Form. Please list payroll Deduction Conservation Forms on Home Office Verification Form separately from regular applications.
3. Under these new procedures, as long as the policy is on the list you receive, underwriting is not required in order to reinstate the policy, therefore no health questions are needed.
4. On any permanent cash value plans denoted on the list (these plans are identified by an Asterisk "*" on your weekly list), the Agent must collect all past due premiums and submit to the Home Office along with the Payroll Deduction Conservation Form.
5. On all other plans, the Agent must collect one bank draft premium and submit the premium to the Home Office along with the Payroll Deduction Conservation Form.
6. If the Payroll Deduction Conservation Form is received on or before the 15th of the month, the first bank draft will occur on the Requested Draft Date in the month following receipt of the conservation form. If the Payroll Deduction Conservation form is received after the 15th of the month, the first bank draft will occur on the Requested Draft Date in the second month following receipt of the Conservation Form.

Example 1: The Payroll Deduction Conservation Form is received on 6-14-07 and the requested draft date is the 1st of the month. The first draft will occur in 07-01-07.

Example 2: The Payroll Deduction Conservation Form is received on 6-20-07 and the requested draft date is the first of the month. The first draft will occur on 8-01-07.

Note - You may select a Requested Draft Date from the 1st through the 10th only.

7. You will have 15 days from the date you receive the list to conserve the policies.

If the Payroll Deduction Conservation Form is received without items, 2, 4, or 5 above, the form will be returned to the Agency Office.

K. Reinstatements

Listed below are the correct reinstatement form numbers:

State	Life Form #	Accident / Health Form #
Alabama	R-3572	R-3572H
Arizona	R-3572	R-3572H
Arkansas	R-3572-L	H-3572-L
California	R-3572	NOT REQUIRED
Colorado	R-3572	R-3572H
Connecticut	R-3572	NOT AVAILABLE
Delaware	R-3572	R-3572H
Dist of Columbia	R-3572D	NOT AVAILABLE
Florida	S-3572-F	SH-357-2
Georgia	R-3572	H-3572-6
Idaho	R-3572	NOT AVAILABLE
Illinois	R-3572	R-3572H
Indiana	R-3572	R-3572H
Iowa	R-3572	R-3572H
Kansas	R3572A	R-3572H
Kentucky	R-3572-Y	H-3572-L
Louisiana	R-3572-L	H-3572-L
Maryland	R-3572-3	NOT AVAILABLE
Michigan	R-3572	R-3572H
Mississippi	R-3572	R-3572H
Missouri	R-3572	R-3572H
Montana	R-3572	R-3572H
Nebraska	R-3572N	R-3572H
Nevada	R-3572	R-3572H
New Hampshire	R-3572	NOT AVAILABLE
New Mexico	R-3572A	R-3572H
North Carolina	R-3572-1	H-3572-1
North Dakota	R-3572A	NOT AVAILABLE
Ohio	R-3572-9	H-3572-9
Oklahoma	S-3572-K	SH-357-K
Oregon	R-3572	NOT AVAILABLE
Pennsylvania	R-3572-P	NOT AVAILABLE
Rhode Island	R-3572	NOT AVAILABLE
South Carolina	R-3572	R-3572H
South Dakota	R-3572	NOT AVAILABLE
Tennessee	R-3572-T	H-3572-T
Texas	S-3572-8	SH-357-8
Utah	R-3572	R-3572H
Virginia	R-3572-5	H-3572-5
Washington	R3572W	NOT AVAILABLE
West Virginia	R-3572	R-3572H
Wisconsin	R-3572	NOT AVAILABLE
Wyoming	R-3572A	NOT AVAILABLE

Complete the life reinstatement form for all life reinstatements, regardless of face amount. Complete the first section of the accident and health reinstatement form for all plans plus the applicable section for the specific plan you are reinstating.

L. Cancer Reinstatements

Past due premiums can be remitted to reinstate cancer policies that have been lapsed 90 days or less. Cancer policies may be reinstated after 91 days, using Health Reinstatement Application H-3572 (state specials may apply). At this time, Cash Cancer and Lump Sum Cancer cannot be reinstated after 90 days.

M. IRA Transfers

1. Request to transfer from like plans (example IRA to IRA, TSA to TSA) complete form R-3220.
2. Request to transfer from unlike plans (example: 401K to IRA, Pension to IRA) complete form R-3230.

N. Returned Mail / Address Changes

When Address Change receives return mail from the post office, we check all available screens for a better or corrected address.

If one is not available, we will begin a process to obtain a better address. We will generate to the Agency Office three separate letters requesting their assistance in obtaining a corrected address. Each letter will have attached a computer generated listing of those client numbers where a better address is needed.

The first will ask the Agency Owner to have the Agent hand-deliver the enclosed mail and obtain a better address and return this information to the Address Change Unit on the listing. If after 30 days the computer finds no change on the client number it generates a second listing. This again is sent to the Agency Office with a second reminder letting the Agency Owner know a corrected address still has not been received. The third and final letter goes out approximately 30 days later letting the Agency Owner know there has been no change on the file.

An important reminder about the listings generated is the name shown is the PREMIUM PAYOR ONLY. If the policy has a different insured or owner you may need to check all the addresses on each policy. Another list produced monthly lists those policies being disallowed due to a bad address or out of benefit.

To enhance our service to the Agency Offices, we respond as quickly as possible for all address changes. We also attempt outside sources when we cannot locate a better address. For example, we developed a letter to the policyholder's bank requesting their assistance locating our mutual customer. We also maintain our source documents for changes when requested from other departments.

If the information has been verified for all policies in the family group for all three fields (insured, payor and owner), and you are still having difficulty, please check some of the following:

1. Are your changes being returned, on the computer generated listing to the Address Change Unit? Are they legible with complete information including apartment or lot numbers?

2. Directions, last contact dates, and telephone numbers are not considered “address changes” and our system does not recognize these to stop a disallowance. You may need to contact the Address Change Unit.
3. Have you checked all policies on the client file? Are there policies listed which are not being paid by that premium payor? Could there be policyholders with different owners or payors with different addresses? Could there be family members with different last names where an “in care of” should be added to the file?
4. Is the address listed on the client number or policy the actual MAILING address for the premium payor, not their residence? Could they have a post office box?
5. When you write an application, is the address the PREMIUM PAYOR’S? If not, form R-3185 (Request for a separate premium payor) should be completed to guarantee that the policy issues correctly. If this is not done, when the QAC is made it could cause a change of address to occur.
6. When you receive a request for an address correction from the Home Office, the correspondence involved will be attached to our request. The attached correspondence should be reviewed to determine the possible problems that caused the correspondence to be returned. You may then advise the Home Office of any additional information you may receive.
7. If an address appears to flip-flop, this can indicate multiple payors on the client file. If this is the case, policies may need to be separated and transferred from the client number.

O. E-mail Status / Inquiries

Please do not email Home Office employees, Supervisors or Department Managers directly to answer routine questions or to check on the status of pending cases.

Email custserv@libnat.com or gmbxcshealthservices@torchmarkcorp.com with routine questions on:

- Pending application status, C.O.D.s, illustrations, reissues, conversions, reinstatements, title changes, duplicate policies, cancellations, or not-takens
- Inforce policies such as paid-to dates, values, policy status, etc.
- Claims or premium accounting inquiries

Also, please do not email more than one area or person about the same inquiry or policy. It is counterproductive to have multiple people researching the same case rather than handling their normal work.

P. Settlement Provisions/Monthly Income Factors

Option 1 – Deposit at Interest

- General Description** Proceeds, in whole or in part, may be left with the Company for any period agreed upon up to 30 years. Interest only does not defer taxes. Taxes are reported annually.
- Payment Frequency** Interest may be paid monthly, quarterly, semiannually, or annually. Also may be left to accumulate.
- Minimum Amount** • Minimum proceeds applied to this option, or that may remain after a withdrawal, are \$2,500. Proceeds less than \$2,500 will be paid in one sum to the payee.
•Minimum periodic payment is \$25.
- Withdrawals** Payee has the right to withdraw proceeds unless restricted in the election of the payment option.
- Interest Rate** The interest rate fluctuates.
- Death of Payee** Proceeds will be paid in a lump sum to the executor or administrator of the payee unless otherwise provided in the election of the payment option.

Option 1 – Deposit at Interest

Projected Payments				
Interest paid per \$1,000 Deposited				
PAYMENT FREQUENCY	5% Interest	5.5% Interest	6% Interest	7% Interest
Annually	\$50.00	\$55.00	\$60.00	\$70.00
Semiannually	24.70	27.13	29.56	34.41
Quarterly	12.27	13.48	14.67	17.06
Monthly	4.07	4.47	4.87	5.65

Option 2 – Payments of a Fixed Amount

General Description	Proceeds, in whole or in part, may be paid in equal installments of any fixed amount. Payments continue until proceeds and interest are exhausted.
Payment Frequency	Monthly, quarterly, semiannually, or annually.
Minimum Amount	<ul style="list-style-type: none">• Minimum proceeds applied to this option are \$2,500. Proceeds less than \$2,500 will be paid in one sum to the payee.• Minimum periodic payment is \$25.
Withdrawals	Payee has the right to a full withdrawal unless restricted in the election of the payment option.
Interest Rate	The interest rate fluctuates. As interest rates fluctuate the length of payments will adjust.
Death of Payee	Proceeds will be paid in a lump sum to the executor or administrator of the payee unless otherwise provided in the election of the payment option.

Option 2 – Payments of a Fixed Amount

	Projected Amounts										
Monthly Income	Amount Deposited										

	5% Interest						5.5% Interest					
	\$ 5,000		\$ 10,000		\$ 25,000		\$ 5,000		\$ 10,000		\$ 25,000	
	Years	Months	Years	Months	Years	Months	Years	Months	Years	Months	Years	Months
\$ 50	10	8	—	—	—	—	11	0	—	—	—	—
\$ 100	4	7	10	8	—	—	4	8	11	0	—	—
\$ 200	2	2	4	7	14	6	2	2	4	8	15	2
\$ 300	1	5	2	11	8	5	1	5	3	0	8	7
\$ 400	1	0	2	2	5	11	1	0	2	2	6	1

	6% Interest						7% Interest					
	\$ 5,000		\$ 10,000		\$ 25,000		\$ 5,000		\$ 10,000		\$ 25,000	
	Years	Months	Years	Months	Years	Months	Years	Months	Years	Months	Years	Months
\$ 50	11	4	—	—	—	—	12	2	—	—	—	—
\$ 100	4	9	11	4	—	—	4	10	12	2	—	—
\$ 200	2	2	4	9	15	11	2	2	4	10	17	11
\$ 300	1	5	3	0	8	10	1	5	3	0	9	4
\$ 400	1	0	2	2	6	2	1	0	2	2	6	4

Option 3 – Payments for a Fixed Period

General Description	Proceeds, in whole or in part, may be paid in equal installments for any period agreed upon up to 30 years.
Payment Frequency	Monthly, quarterly, semiannually, or annually.
Minimum Amount	<ul style="list-style-type: none">• Minimum proceeds applied to this option are \$2,500. Proceeds less than \$2,500 will be paid in one sum to the payee.• Minimum periodic payment is \$25.
Withdrawals	Two choices are available: <ul style="list-style-type: none">• Payment amount is not subject to change. Interest rate is guaranteed, therefore early withdrawal is not permitted.• Payment amount is subject to change. Interest rate fluctuates. Payment amount reflects the interest rate change and is based on the current interest rate. Full withdrawal is permitted.
Death of Payee	Proceeds will be paid in a lump sum to the executor or administrator of the payee unless otherwise provided in the election of the payment option.
Example	\$25,000 to be paid in monthly payments over 10 years at 6% interest.

	10.97	(Factor)
x	25	(# of thousands)
<hr/>		
\$	274.25	Monthly income payments

Option 3 – Payments for a Fixed Period

General Description	Proceeds, in whole or in part, may be paid in equal installments for a number of years certain and for as long thereafter as the payee may live. The 10 years certain (or 15 years certain) feature guarantees that if the person receiving benefits should die prior to receiving 10 years of payments (or 15 years if that option is selected), their beneficiary will receive the payments for the remainder of the 10 year (or 15 year) period.
Withdrawals	Due to the lifetime guarantee of the payment amount, withdrawals are not permitted.
Interest Rate	The interest rate is guaranteed. It will not change.

Example \$25,000 to be paid as a Life Income to a man age 65, 10 years certain at 6% interest.

$$\begin{array}{r} 7.74 \text{ (Factor)} \\ \times \quad 25 \text{ (\# of thousands)} \\ \hline \$ \quad 193.50 \text{ Monthly income payments} \end{array}$$

Option 4 – Life Income

Monthly Income per \$1,000 for 10 Years Certain, 15 Years Certain, and Life Thereafter					
<i>(For optional settlements for life insurance and deferred annuities)</i>					
		10 Years Certain		15 Years Certain	
		Age 60	Age 65	Age 60	Age 65
\$ 5.00	Male	\$ 6.53	\$ 7.17	\$ 6.24	\$ 6.69
	Female	6.02	6.53	5.84	6.24
5.25	Male	6.68	7.31	6.38	6.83
	Female	6.17	6.68	5.99	6.38
5.50	Male	6.82	7.45	6.53	6.96
	Female	6.32	6.82	6.14	6.53
5.75	Male	6.97	7.60	6.67	7.10
	Female	6.47	6.97	6.29	6.67
6.00	Male	7.11	7.74	6.81	7.24
	Female	6.62	7.11	6.43	6.81
6.25	Male	7.26	7.88	6.96	7.37
	Female	6.78	7.26	6.58	6.96
6.50	Male	7.41	8.02	7.10	7.51
	Female	6.93	7.41	6.74	7.10
6.75	Male	7.56	8.17	7.25	7.65
	Female	7.08	7.56	6.89	7.25
7.00	Male	7.71	8.31	7.39	7.80
	Female	7.24	7.71	7.04	7.39
7.25	Male	7.86	8.45	7.54	7.94
	Female	7.40	7.86	7.19	7.54
7.50	Male	8.01	8.60	7.69	8.08
	Female	7.55	8.01	7.35	7.69
7.75	Male	8.16	8.75	7.84	8.22
	Female	7.71	8.16	7.50	7.84
8.00	Male	8.32	8.89	7.99	8.37
	Female	7.87	8.32	7.66	7.99
8.25	Male	8.47	9.04	8.14	8.51
	Female	8.03	8.47	7.81	8.14
8.50	Male	8.62	9.18	8.29	8.65
	Female	8.18	8.62	7.97	8.29
8.75	Male	8.78	9.33	8.44	8.80
	Female	8.34	8.78	8.13	8.44

Other settlement options are available such as life only or 20 years certain.