

## 6. Health Questions

**Part A Questions:** If Proposed Insured answers "YES" to any question in Part A or does not meet the height and weight requirements, he/she is not eligible for coverage. If all questions are answered "NO" in Part A, proceed to Part B and answer questions. If all questions are answered "NO" in Parts A and B and the Proposed Insured meets the height and weight requirements, he/she will be considered for the Level Benefit Whole Life Plan.

YES NO

1.   Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, toileting, eating, dressing, taking medications, or moving without any type of physical assistance, or are you currently hospitalized, confined to a bed or nursing facility, receiving hospice care, or do you require oxygen to assist in breathing?
2. Have you ever:
  - a.   Had, or been medically advised to have, an internal organ transplant, or been diagnosed as having a terminal medical condition that is expected to result in death within the next 12 months?
  - b.   Taken insulin by injection or other method prior to age 45 or been medically diagnosed, taken medication for, been treated or been advised to have treatment for chronic kidney disease, dialysis, kidney or liver failure, cirrhosis, liver disease, congestive heart failure (CHF), cardiomyopathy, organic brain syndrome, Alzheimer's, dementia, or Lou Gehrig's disease (ALS)?
  - c.   Been diagnosed by a medical professional as having, or been medically treated or been advised to have treatment for acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the human immunodeficiency virus (HIV)?
  - d.   Had more than one occurrence of any cancer or any metastasis in your lifetime (excluding Basal or Squamous cell skin cancer), or are you currently being treated or been advised to have treatment for cancer or recurrence of cancer or had an amputation caused by cancer?
  - e.   Been diagnosed with neuromuscular or brain disease (including cerebral palsy, muscular dystrophy, multiple sclerosis, cystic fibrosis), systemic lupus (SLE) or paralysis of two or more extremities?
3. Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, taken medication for or been hospitalized for:
  - a.   Internal cancer, leukemia, lymphoma, melanoma, Hodgkin's disease or Parkinson's disease?
  - b.   Insulin shock, diabetic coma, or diabetic complications (including neuropathy, retinopathy, or amputation)?

**Part B Questions:** If the Proposed Insured answers "YES" to any question in Part B, he/she will be considered for the Modified Benefit Whole Life Plan only.

1.   Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, or been hospitalized for stroke, transient ischemic attack (TIA), angina, coronary artery disease, heart attack, heart or vascular surgery (including coronary artery bypass, pacemaker, heart valve replacement, abdominal aortic aneurysm, angioplasty, stent placement) or any procedure to improve circulation to the legs, heart or brain?
2. Within the past 36 months have you:
  - a.   Been medically diagnosed as having, been treated or been advised to have treatment for, or been hospitalized for schizophrenia, bipolar disorder, or alcohol or drug abuse, chronic obstructive pulmonary or lung disease (COPD), emphysema, or chronic bronchitis?
  - b.   Been confined three or more times to a hospital, nursing facility, convalescent care facility or mental facility?
  - c.   Been declined or postponed for life or health insurance or attempted suicide?

Current Physician and Address: \_\_\_\_\_

Are you taking any medication for any impairments listed in the above Health Questions?  Yes  No

# Premium Rates

## Seen/Traditional Sales Minimum and Maximum Face Amounts:

Level Benefit Whole Life (Age Range: 0 - 85)			Modified Benefit Whole Life - ROP Benefit (Age Range: 40 - 80)		
Ages	Max/Life	Min/Life	Ages	Max/Life	Min/Life
0-60	\$50,000	\$5,000	40-60	\$15,000	\$5,000
61-70	\$25,000	\$3,000	61-70	\$15,000	\$3,000
71-80	\$25,000	\$3,000	71-80	\$10,000	\$3,000
81-85	\$20,000	\$3,000	--	--	--

Non-Seen Face Amount Maximum is \$15,000 (Please refer to page 14 for instructions on non-seen sales)

## Annual rates per \$1,000 plus a \$30 annual policy fee

Age	Level Benefit Whole Life				Modified Benefit Whole Life - ROP Benefit			
	Female		Male		Female		Male	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
0	12.89	--	14.88	--	--	--	--	--
1	12.99	--	14.97	--	--	--	--	--
2	13.08	--	15.07	--	--	--	--	--
3	13.18	--	15.16	--	--	--	--	--
4	13.27	--	15.25	--	--	--	--	--
5	13.37	--	15.35	--	--	--	--	--
6	13.46	--	15.44	--	--	--	--	--
7	13.56	--	15.54	--	--	--	--	--
8	13.65	--	15.63	--	--	--	--	--
9	13.86	--	15.84	--	--	--	--	--
10	14.07	--	16.05	--	--	--	--	--
11	14.27	--	16.25	--	--	--	--	--
12	14.48	--	16.46	--	--	--	--	--
13	14.69	--	16.67	--	--	--	--	--
14	14.86	--	17.03	--	--	--	--	--
15	15.03	--	17.39	--	--	--	--	--
16	15.20	16.98	17.74	20.42	--	--	--	--
17	15.37	17.21	18.10	20.86	--	--	--	--
18	15.54	17.43	18.46	21.30	--	--	--	--
19	15.75	17.69	18.48	21.30	--	--	--	--
20	15.96	17.96	18.50	21.30	--	--	--	--
21	16.16	18.22	18.52	21.30	--	--	--	--
22	16.37	18.49	18.54	21.30	--	--	--	--
23	16.58	18.75	18.56	21.30	--	--	--	--
24	16.90	19.17	18.88	21.66	--	--	--	--
25	17.22	19.58	19.20	22.02	--	--	--	--
26	17.54	20.00	19.52	22.37	--	--	--	--
27	17.86	20.41	19.84	22.73	--	--	--	--
28	18.18	20.83	20.16	23.09	--	--	--	--
29	18.40	21.29	20.50	23.71	--	--	--	--
30	18.62	21.75	20.84	24.33	--	--	--	--
31	18.83	22.20	21.18	24.94	--	--	--	--
32	19.05	22.66	21.52	25.56	--	--	--	--
33	19.27	23.12	21.86	26.18	--	--	--	--
34	19.49	23.58	22.20	26.80	--	--	--	--
35	19.70	24.04	22.54	27.41	--	--	--	--
36	19.92	24.49	22.88	28.03	--	--	--	--
37	20.13	24.95	23.22	28.64	--	--	--	--
38	20.35	25.41	23.56	29.26	--	--	--	--
39	21.16	26.73	24.64	30.69	--	--	--	--

Annual rates per \$1,000 plus a \$30 annual policy fee

Age	Level Benefit Whole Life				Modified Benefit Whole Life - ROP Benefit			
	Female		Male		Female		Male	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
40	21.97	28.05	25.72	32.12	30.15	36.29	36.01	42.62
41	22.79	29.36	26.79	33.55	30.79	36.93	36.65	43.26
42	23.60	30.68	27.87	34.98	31.42	37.56	37.28	43.89
43	24.41	32.00	28.95	36.41	32.06	38.20	37.92	44.53
44	24.77	33.86	29.44	38.21	33.21	39.83	39.92	47.00
45	25.13	35.72	29.93	40.01	34.37	41.46	41.92	49.48
46	25.48	37.58	30.42	41.80	35.52	43.08	43.93	51.95
47	25.84	39.44	30.91	43.60	36.68	44.71	45.93	54.43
48	26.20	41.30	31.40	45.40	37.83	46.34	47.93	56.90
49	27.09	43.11	32.63	47.71	39.25	48.48	50.20	59.55
50	27.98	44.92	33.85	50.02	40.66	50.62	52.46	62.19
51	28.78	45.59	34.63	51.36	42.04	52.24	54.73	64.80
52	29.58	46.25	35.41	52.69	43.43	53.87	56.99	67.42
53	30.38	46.92	36.19	54.03	44.81	55.49	59.26	70.03
54	31.58	47.29	37.36	55.03	45.38	57.17	60.45	72.21
55	32.77	47.65	38.52	56.02	45.95	58.85	61.63	74.38
56	34.64	49.21	41.32	58.51	46.48	61.43	62.82	76.55
57	36.50	50.77	44.11	61.00	47.02	64.00	64.02	78.72
58	38.37	52.33	46.91	63.49	47.55	66.58	65.21	80.89
59	39.18	54.06	48.53	66.37	49.35	69.60	67.06	85.80
60	39.99	55.79	50.14	69.24	51.14	72.62	68.90	90.70
61	42.25	57.96	52.83	73.41	53.57	76.04	70.76	96.75
62	44.50	60.12	55.51	77.58	56.01	79.45	72.61	102.80
63	46.76	62.29	58.20	81.75	58.44	82.87	74.47	108.85
64	47.73	65.35	60.21	87.06	61.25	86.77	80.47	117.10
65	48.70	68.40	62.22	92.37	64.06	90.67	86.46	125.35
66	51.85	70.90	67.05	98.26	67.43	94.44	92.47	134.03
67	54.99	73.40	71.89	104.16	70.81	98.20	98.49	142.72
68	58.14	75.90	76.72	110.05	74.18	101.97	104.50	151.40
69	59.70	79.27	79.52	116.76	78.66	107.05	113.00	164.98
70	61.25	82.63	82.32	123.46	83.13	112.13	121.50	178.55
71	66.74	87.45	89.83	133.80	89.21	119.06	130.03	193.50
72	72.24	92.26	97.34	144.14	95.28	125.98	138.57	208.46
73	77.73	97.08	104.85	154.48	101.36	132.91	147.10	223.41
74	79.79	102.23	107.30	166.27	109.45	141.65	158.53	244.85
75	81.85	107.37	109.74	178.06	117.53	150.38	169.95	266.29
76	90.27	114.62	119.81	186.20	126.59	161.78	178.35	279.33
77	98.68	121.88	129.88	194.33	135.66	173.19	186.74	292.36
78	107.10	129.13	139.95	202.47	144.72	184.59	195.14	305.40
79	113.66	133.56	148.94	207.12	156.52	200.05	211.06	333.18
80	120.22	137.99	157.92	211.77	168.31	215.51	226.98	360.96
81	125.13	140.95	161.38	214.87	--	--	--	--
82	130.03	143.90	164.83	217.98	--	--	--	--
83	134.94	146.86	168.29	221.08	--	--	--	--
84	144.61	164.44	183.69	249.71	--	--	--	--
85	154.27	182.01	199.08	278.34	--	--	--	--

Payment Frequency Factor

Monthly	0.09
Quarterly	0.26
Semi-Annual	0.51

Age is age on last birthday (current age).

*Example:* \$10,000, Female, Level Benefit - Preferred, Non-smoker, Age 65

Annual Rate per \$1,000	\$48.70
Amount of insurance	\$10,000
Policy fee	\$30.00
Annual premium	\$517.00 (rate (amt ins/1000)) + \$30 Pol fee
Monthly premium	\$46.53 Annual x Factor
Quarterly premium	\$134.42 (517.00 x 0.26)
Semi-annual premium	\$263.67 (517.00 x 0.51)