

How to Complete the Application



APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Agent Number: _____

Great Western Insurance Company

Mail policies to: P.O. Box 9160 Ogden, Utah 84409-9160 • Phone: 801-689-1929

Email: fepolicies@gwic.com

• Fax: 801-689-1929

A. Proposed Insured (Full legal name)				
First Name		Middle Initial	Last Name	
Street Address		City	ST	Zip
Phone #		Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address			
B. Owner (Complete only if other than the proposed insured)				
First Name		Middle Initial	Last Name	
Street Address		City	ST	Zip
Phone #		Date of Birth (mm/dd/yyyy)	Social Security #	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address		Relationship to Insured	
C. Health Questions				
1) In the last two years, has the applicant been a patient in hospice, a hospital, or nursing home for five or more days?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC), any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System or Liver? Maintenance medications are not considered treatment if the prescription has remained the same (or generic equivalent) at the same or decreased dosage for the past two years.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If all health questions are answered "NO," the proposed insured is eligible for Level Death Benefit. If any of the health questions are answered "YES," or is not answered, the policy will be issued with a two-year Graded Death Benefit.</p>				
Primary Care Physician (Required for Level Death Benefit)			Phone #	
D. Policy Information				
Face Amount: \$		Ultimate Death Benefit: \$ <i>For Level Death Benefit policies, multiply Face Amount by 120%</i>		
Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually			Base Premium Amount: \$	
<input type="checkbox"/> Dependent Child/Grandchild Rider <i>\$5,000 Face Amount and separate application required</i>			Rider Premium Amount: \$ <i>\$1.00 per month</i>	
			Total Premium Amount: \$	
Spousal Bonus Rider - Full Name and Date of Birth: <i>\$10,000 Face Amount required</i>				

Enter your agent number for faster processing

Include e-mail address if the Insured / Owner elects to receive electronic communication on the policy.

Confirm Owner has insurable interest in Insured.

See the following Underwriting Guidance section for information on answering the health questions.

Physician information must be provided or the policy will be issued with a limited death benefit.

Ultimate Death Benefit is face amount if graded, otherwise 1.2 x Face.

Face of \$1,000 to 40,000

If both spouses are applying for policies with at least \$10,000 in face amount, include the name and DOB of the other spouse here so that we can link the policies when issued.

Products at a Glance

Plan	Guaranteed Assurance	Assurance Plus
Underwriting	Guaranteed Issue – no questions	3 medical questions; physician name and contact info
Minimum Face	\$1,000	\$1,000
Maximum Face	\$40,000	\$40,000
Issue Ages	40–80	40–80
Death Benefit Months 1–24	110% of cumulative premiums paid; full face amount for Accidental Death	120% of Face Amount
Death Benefit Months 25+	100% of Face Amount	120% of Face Amount
Premiums	Guaranteed Level for life of Insured	Guaranteed Level for life of Insured
Riders Available		
Spousal Bonus	Included at no charge when both spouses apply for policies and both face amounts exceed \$10,000.	
Accelerated Death Benefit	Not available	Included at no charge
Child / Grandchild	Available for an extra \$1 per month on policies with a minimum \$5,000 face amount.	

Product features are described in detail on the following pages.



Guaranteed Assurance Rate Chart

Per Unit Face Annual Premiums			Per Unit Face Annual Premiums		
Age	Male	Female	Age	Male	Female
40	56	45	60	87	76
41	57	46	61	91	79
42	59	48	62	94	82
43	61	50	63	98	86
44	62	51	64	102	90
45	63	52	65	107	93
46	64	53	66	113	97
47	65	54	67	119	101
48	67	55	68	125	105
49	67	56	69	132	111
50	68	56	70	140	119
51	69	57	71	149	128
52	69	59	72	159	139
53	70	60	73	170	150
54	72	62	74	178	156
55	74	64	75	187	163
56	76	67	76	197	171
57	79	69	77	208	180
58	81	71	78	220	190
59	84	73	79	242	207
			80	270	225

Take Face Amount, divide by \$1,000;
 Multiply by Annual Premium;
 Add \$35.00 Policy Fee;
 Divide by:
 2 for Semi-Annual Premium
 4 for Quarterly Premium
 12 for Monthly Premium

Example:
46 Year Old Female;
Face Amount \$15,000; Monthly

$\$15,000/1,000 = \15.00
 $\$15.00 \times 53 = \795.00
 $\$795.00 + \$35.00 = \$830.00$
 $\$830.00/12 = \69.17 Monthly Premium