

## Part 2 of Individual Application for Whole Life Insurance – The Protector – Medical Questions

*(If any question is answered yes, the proposed insured is not eligible for Simplified Issue Whole Life. Please proceed to Part 3 to apply for Graded Death Benefit Whole Life)*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1 Have you ever tested positive for exposure to HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Does the proposed insured need any assistance performing any regular activities of daily living (ADLs) such as eating, bathing, dressing, walking, toileting or taking medications?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 During the past 24 months, has the proposed insured been diagnosed as having, or been treated, or taken medication for:  |                          |                          |
| a Alzheimer’s disease, dementia, epilepsy, paralysis, or any disease or disorder of the nervous system; melanoma, leukemia, or other cancer, liver disease including cirrhosis, chronic obstructive pulmonary disease (COPD), connective tissue disease, lupus, kidney failure, kidney dialysis, renal insufficiency or any disorder of the blood? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Heart attack, stroke, congestive heart failure, irregular heart rhythm, pacemaker implant or any procedure to improve circulation to the heart or brain? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Alcohol or drug abuse?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d Diabetes requiring insulin, diabetic complications, diabetic coma or insulin shock? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Has the proposed insured had any type of amputation caused by disease or any type of organ transplant? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 During the past 12 months has the proposed insured used oxygen equipment to assist in breathing, or rejected advice from a licensed member of the medical profession to have any type of medical tests, surgery, or admission to a hospital or nursing facility except those tests related to the Human Immunodeficiency Virus (AIDS Virus)? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 During the past 6 months has the proposed insured been declined for life or health insurance, been a patient in the hospital for two or more days, or been admitted to a nursing facility, extended care or assisted living facility?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

## Part 3 of Individual Application for Whole Life Insurance – The Protector – Additional Medical Questions

*(To be completed if any question in Part 2 was answered YES)*

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1 Is the proposed insured employed on a full time basis, and is now actively at work? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to question #1 is NO, please answer the following questions:  |                          |                          |
| a Is the proposed insured currently hospitalized or confined to a nursing facility?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Is the proposed insured bedridden, confined to a wheelchair, or receiving professional nursing care or services in the home?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Has the proposed insured been diagnosed by a member of the medical profession as having a terminal disease or illness that is expected to result in death within 24 months? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

***If the answer to 1a, 1b or 1c is Yes, the proposed insured is not eligible for coverage.***

## Application Guide: Protector Simplified Issue

### Part Two: Medical Questions #1-6 are required. Questions may vary by state.

If health questions one through five can be answered with a “no,” and the proposed insured fits into the height and weight chart, Simplified Issue will be underwritten.

If any of the health questions one through five are answered with a “yes,” the proposed insured will need to complete Part Three: Additional Medical Questions, and Graded Death Benefit will be underwritten.

The following is intended to provide additional information regarding the health information requested on the application. If you have any additional questions, please contact one of our new business personnel at 1-800-264-4409, x3750.

### Height and Weight

Height and weight are required to evaluate the general health of an applicant. They should be within the ranges of the unisex chart below.

**Q1:** Have you ever tested positive for exposure to HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder?

If this question is answered “yes,” the proposed insured is not eligible for Protector Simplified Issue policy.

**Q2:** Does the proposed insured need any assistance performing any regular activities of daily living (ADLs) such as eating, bathing, dressing, walking, toileting or taking medications?

This would identify individuals whose overall health has deteriorated, but have not been diagnosed with any of the impairments listed in questions 1 and 2.

Under certain conditions, a “yes” answer to this question may still result in Protector Simplified Issue policy being issued. If, for example, a disability is injury related and there are no other health impairments, a policy may be issued. You should consult new business at 1-800-264-4409, x3750, if there are any questions.

**Q3:** During the past 24 months, has the proposed insured been diagnosed as having, or been treated, or taken medication for (below):

If there has been a diagnosis or any form of treatment, including prescribed medication, within the past 24 months for any of the impairments listed in a, b, or c, then the applicable question should be answered “yes,” and coverage would not be available under this plan.

- a.) Alzheimer’s disease, dementia, epilepsy, paralysis, or any disease or disorder of the nervous system; melanoma, leukemia, or other cancer, liver disease including cirrhosis, chronic obstructive pulmonary disease (COPD), connective tissue disease, lupus, kidney failure, kidney dialysis, renal insufficiency, or any disorder of the blood?

### Height and Weight Chart

Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight
4-10	198	5-3	236	5-8	272	6-1	312	6-6	352
4-11	205	5-4	242	5-9	280	6-2	320	6-7	359
5-0	213	5-5	249	5-10	287	6-3	328	6-8	367
5-1	219	5-6	257	5-11	295	6-4	336	6-9	374
5-2	228	5-7	264	6-0	304	6-5	342		

# Simplified Issue • Level-Pay for Life

(see page 14 for rates)

## MALE, Level-Pay For Life • \$3,000 minimum

## Monthly Calculator

Age	\$ 5,000		\$ 10,000		\$ 15,000		\$ 20,000		\$ 25,000		\$ 50,000	
	NT	T	NT	T	NT	T	NT	T	NT	T	NT	T
40	12.28	17.25	22.01	31.94	31.73	46.64	41.46	61.34	51.19	76.03	99.83	149.52
41	12.55	17.66	22.55	32.77	32.55	47.88	42.55	62.99	52.55	78.09	102.55	153.64
42	12.83	18.08	23.11	33.62	33.39	49.15	43.67	64.69	53.95	80.22	105.36	157.89
43	13.12	18.52	23.69	34.48	34.26	50.45	44.83	66.42	55.40	82.39	108.25	162.22
44	13.42	18.97	24.28	35.39	35.15	51.80	46.02	68.22	56.89	84.64	111.22	166.73
45	13.72	19.43	24.90	36.30	36.07	53.18	47.24	70.06	58.42	86.93	114.28	171.32
46	14.15	20.09	25.76	37.64	37.36	55.18	48.96	72.73	60.56	90.27	118.58	177.99
47	14.60	20.79	26.65	39.02	38.70	57.26	50.75	75.50	62.79	93.73	123.04	184.92
48	15.07	21.51	27.58	40.46	40.10	59.42	52.62	78.37	65.13	97.33	127.71	192.10
49	15.55	22.25	28.54	41.96	41.54	61.66	54.54	81.36	67.53	101.07	132.52	199.58
50	16.05	23.03	29.55	43.51	43.04	63.99	56.54	84.47	70.04	104.95	137.53	207.36
51	16.57	23.84	30.58	45.13	44.60	66.41	58.62	87.70	72.63	108.99	142.72	215.43
52	17.11	24.68	31.66	46.81	46.22	68.94	60.78	91.07	75.33	113.20	148.11	223.85
53	17.67	25.55	32.78	48.55	47.90	71.55	63.02	94.55	78.14	117.56	153.72	232.56
54	18.25	26.46	33.95	50.37	49.65	74.28	65.35	98.19	81.05	122.10	159.55	241.66
55	18.85	27.40	35.16	52.26	51.46	77.11	67.76	101.97	84.07	126.82	165.58	251.09
56	19.65	28.83	36.75	55.11	53.86	81.38	70.96	107.66	88.06	133.94	173.57	265.33
57	20.49	30.33	38.42	58.11	56.36	85.88	74.29	113.66	92.23	141.44	181.90	280.33
58	21.36	31.92	40.18	61.29	58.99	90.65	77.81	120.02	96.62	149.39	190.70	296.23
59	22.28	33.60	42.02	64.64	61.75	95.69	81.48	126.74	101.21	157.78	199.88	313.01
60	23.25	35.37	43.95	68.20	64.64	101.02	85.34	133.84	106.04	166.66	209.53	330.78
61	24.26	37.25	45.97	71.95	67.68	106.65	89.39	141.36	111.10	176.06	219.64	349.56
62	25.32	39.24	48.09	75.92	70.86	112.61	93.64	149.29	116.41	185.98	230.27	369.41
63	26.44	41.34	50.32	80.12	74.21	118.91	98.09	157.69	121.98	196.48	241.40	390.41
64	27.60	43.55	52.66	84.56	77.71	125.56	102.77	166.57	127.82	207.57	253.09	412.59
65	28.83	45.90	55.11	89.25	81.38	132.60	107.66	175.95	133.94	219.30	265.33	436.05
66	30.29	48.15	58.03	93.76	85.77	139.36	113.51	184.96	141.25	230.56	279.95	458.58
67	31.83	50.52	61.12	98.49	90.40	146.46	119.68	194.43	148.96	242.40	295.38	482.25
68	33.46	53.01	64.38	103.48	95.29	153.94	126.21	204.41	157.12	254.87	311.70	507.20
69	35.19	55.64	67.82	108.72	100.46	161.81	133.09	214.90	165.73	267.98	328.91	533.42
70	37.00	58.39	71.45	114.23	105.90	170.07	140.35	225.91	174.80	281.75	347.06	560.96
71	38.92	61.29	75.29	120.04	111.66	178.78	148.04	237.52	184.41	296.27	366.27	589.99
72	40.94	64.35	79.34	126.14	117.73	187.94	156.13	249.73	194.52	311.53	386.50	620.50
73	43.08	67.55	83.61	132.56	124.15	197.56	164.68	262.57	205.21	327.57	407.87	652.59
74	45.34	70.93	88.13	139.32	130.92	207.70	173.71	276.08	216.50	344.46	430.44	686.38
75	47.72	74.49	92.89	146.42	138.06	218.36	183.23	290.29	228.40	362.23	454.24	721.91
76	50.92	79.66	99.30	156.77	147.67	233.89	196.04	311.00	244.42	388.11	486.29	773.67
77	54.35	85.21	106.15	167.87	157.95	250.52	209.75	333.18	261.55	415.84	520.54	829.13
78	58.03	91.15	113.50	179.76	168.98	268.36	224.45	356.97	279.93	445.57	557.30	888.59
79	61.96	97.53	121.36	192.51	180.77	287.49	240.18	382.47	299.58	477.45	596.62	952.34
80	66.17	104.36	129.79	206.18	193.40	307.99	257.02	409.80	320.64	511.62	638.73	1,020.68
81	70.68	111.69	138.81	220.83								
82	75.51	119.54	148.47	236.53								
83	80.68	127.95	158.81	253.36								
84	86.22	136.98	169.89	271.41								
85	92.15	146.65	181.76	290.75								

\$30.00 Policy fee included. Ages 40-80 = \$50,000 maximum; Ages 81-85 = \$10,000 maximum face amounts.  
 MT - Please use male rates to comply with your unisex state requirements. All rates are effective as of 2015.

## FEMALE, Level-Pay For Life • \$3,000 minimum

## Monthly Calculator

Age	\$ 5,000		\$ 10,000		\$ 15,000		\$ 20,000		\$ 25,000		\$ 50,000	
	NT	T	NT	T	NT	T	NT	T	NT	T	NT	T
40	11.79	15.45	21.03	28.35	30.27	41.25	39.51	54.15	48.75	67.04	94.95	131.54
41	12.03	15.78	21.51	29.02	30.98	42.25	40.46	55.49	49.94	68.72	97.33	134.90
42	12.27	16.12	22.00	29.70	31.72	43.27	41.45	56.85	51.17	70.42	99.79	138.30
43	12.53	16.48	22.51	30.40	32.49	44.33	42.47	58.26	52.45	72.19	102.34	141.82
44	12.79	16.84	23.03	31.13	33.26	45.42	43.50	59.70	53.74	73.99	104.93	145.44
45	13.05	17.21	23.55	31.87	34.06	46.52	44.56	61.18	55.06	75.84	107.57	149.13
46	13.38	17.74	24.22	32.93	35.05	48.12	45.88	63.31	56.72	78.50	110.88	154.45
47	13.72	18.29	24.90	34.03	36.07	49.76	47.24	65.50	58.42	81.24	114.28	159.93
48	14.08	18.86	25.60	35.16	37.13	51.47	48.65	67.78	60.18	84.09	117.81	165.62
49	14.44	19.45	26.33	36.35	38.22	53.24	50.12	70.14	62.01	87.04	121.47	171.53
50	14.82	20.06	27.08	37.56	39.35	55.07	51.61	72.57	63.88	90.08	125.21	177.61
51	15.20	20.69	27.85	38.83	40.51	56.97	53.16	75.11	65.81	93.25	129.07	183.94
52	15.60	21.35	28.65	40.15	41.69	58.94	54.74	77.74	67.79	96.54	133.03	190.53
53	16.01	22.03	29.47	41.51	42.93	60.98	56.39	80.46	69.85	99.94	137.15	197.33
54	16.43	22.73	30.32	42.91	44.20	63.09	58.09	83.27	71.97	103.45	141.40	204.34
55	16.87	23.46	31.20	44.37	45.52	65.28	59.84	86.19	74.16	107.10	145.78	211.65
56	17.48	24.51	32.41	46.47	47.34	68.43	62.27	90.39	77.20	112.35	151.85	222.15
57	18.11	25.61	33.67	48.67	49.23	71.73	64.79	94.79	80.35	117.85	158.14	233.16
58	18.77	26.77	34.99	50.99	51.20	75.21	67.42	99.43	83.64	123.65	164.73	244.76
59	19.46	27.99	36.36	53.42	53.27	78.86	70.18	104.30	87.08	129.73	171.62	256.91
60	20.17	29.27	37.80	55.98	55.42	82.70	73.05	109.41	90.67	136.13	178.80	269.71
61	20.92	30.60	39.29	58.66	57.66	86.71	76.02	114.77	94.39	142.82	186.24	283.09
62	21.70	32.02	40.84	61.48	59.99	90.95	79.14	120.41	98.28	149.88	194.01	297.20
63	22.51	33.49	42.47	64.44	62.42	95.38	82.38	126.33	102.34	157.27	202.13	311.99
64	23.35	35.05	44.16	67.54	64.96	100.04	85.77	132.53	106.57	165.03	210.59	327.51
65	24.23	36.68	45.92	70.81	67.60	104.93	89.28	139.06	110.97	173.19	219.39	343.83
66	25.16	38.59	48.68	74.62	71.74	110.66	94.81	146.69	117.87	182.73	233.20	362.91
67	27.08	40.60	51.61	78.65	76.14	116.70	100.67	154.75	125.21	192.80	247.86	383.05
68	28.65	42.73	54.74	82.91	80.84	123.09	106.93	163.27	133.03	203.45	263.50	404.35
69	30.30	44.97	58.06	87.40	85.81	129.82	113.56	172.24	141.31	214.67	280.08	426.79
70	32.07	47.35	61.59	92.15	91.11	136.95	120.63	181.75	150.15	226.55	297.76	450.54
71	33.95	49.85	65.35	97.16	96.75	144.46	128.15	191.76	159.55	239.06	316.54	475.58
72	35.95	52.50	69.35	102.44	102.75	152.39	136.15	202.33	169.55	252.28	336.56	502.01
73	38.08	55.29	73.60	108.03	109.13	160.76	144.65	213.50	180.18	266.24	357.81	529.93
74	40.34	58.24	78.12	113.93	115.91	169.61	153.70	225.30	191.48	280.99	380.42	559.43
75	42.74	61.35	82.93	120.16	123.13	178.96	163.32	237.76	203.51	296.57	404.47	590.58
76	45.41	65.21	88.26	127.87	131.12	190.52	173.98	253.18	216.84	315.84	431.12	629.13
77	48.25	69.31	93.94	136.08	139.64	202.84	185.33	269.60	231.03	336.37	459.51	670.18
78	51.28	73.69	100.00	144.82	148.73	215.96	197.46	287.10	246.18	358.23	489.81	713.92
79	54.51	78.35	106.46	154.15	158.42	229.95	210.38	305.75	262.33	381.54	522.11	760.54
80	57.95	83.31	113.35	164.08	168.75	244.84	224.15	325.60	279.54	406.36	556.54	810.18
81	61.63	88.60	120.70	174.66								
82	65.54	94.24	128.53	185.94								
83	69.71	100.25	136.88	197.96								
84	74.17	106.65	145.78	210.76								
85	78.91	113.48	155.28	224.40								

\$30.00 Policy fee included. Ages 40-80 = \$50,000 maximum; Ages 81-85 = \$10,000 maximum face amounts.  
 MT - Please use male rates to comply with your unisex state requirements. All rates are effective as of 2015.

# Simplified Issue • Single Premium

## Single Premium – Rates per 1,000 of Face Amount/Death Benefit

Age	Male		Female	
	NT	T	NT	T
40	364.81	432.52	313.80	369.55
41	374.57	441.71	322.89	378.45
42	384.58	451.10	332.24	387.57
43	394.87	460.68	341.87	396.91
44	405.43	470.47	351.77	406.48
45	416.27	480.47	361.96	416.27
46	426.87	492.30	371.76	427.18
47	437.74	504.42	381.82	438.38
48	448.89	516.83	392.16	449.87
49	460.32	529.56	402.78	461.66
50	472.05	542.59	413.68	473.76
51	484.07	555.95	424.88	486.18
52	496.40	569.64	436.38	498.92
53	509.04	583.66	448.19	512.00
54	522.01	598.03	460.33	525.42
55	535.30	612.75	472.79	539.19
56	547.67	627.28	485.32	553.48
57	560.32	642.15	498.19	568.14
58	573.27	657.37	511.40	583.19
59	586.51	672.95	524.95	598.64
60	600.06	688.91	538.87	614.50
61	613.93	705.24	553.15	630.79
62	628.11	721.96	567.82	647.50

Age	Male		Female	
	NT	T	NT	T
63	642.62	739.07	582.87	664.65
64	657.47	756.59	598.32	682.26
65	672.66	774.53	614.18	700.34
66	685.61	789.18	628.76	716.36
67	698.82	804.11	643.69	732.74
68	712.27	819.31	658.98	749.50
69	725.99	834.81	674.62	766.64
70	739.97	850.60	690.64	784.17
71	754.22	866.69	707.04	802.11
72	768.74	883.08	723.83	820.45
73	783.54	899.78	741.01	839.21
74	798.63	916.80	758.61	858.41
75	814.01	934.14	776.62	878.04
76	825.88	950.00	789.74	950.00
77	837.92	950.00	803.09	950.00
78	850.14	950.00	816.66	950.00
79	862.54	950.00	830.46	950.00
80	875.12	950.00	844.50	950.00
81	887.88	950.00	858.77	950.00
82	900.82	950.00	873.28	950.00
83	913.96	950.00	888.04	950.00
84	927.29	950.00	903.05	950.00
85	940.81	950.00	918.31	950.00

Use this table if you know the **Face Amount/Death Benefit** and want to calculate the **Premium**.

- For example:*
- Female, age 51, No-Tobacco, desires a \$100,000 Policy.
  - The premium for this coverage would be:  $(424.88 \times 100) + \$50$  policy fee = \$42,538

**Policy Limitation:** Policy may only be issued at the lessor of: **Maximum Premium of \$100,000 or Maximum Face Amount of \$250,000**

- For example:*
- Female, age 65, No-Tobacco
  - Face Amount: **\$250,000**

The Premium for **\$250,000** Face Amount is: **\$153,595**.

$(250 \times 614.18) + \$50$  policy fee = **\$153,595**, which exceeds the **Maximum Premium of \$100,000**.

A \$100,000 Premium would purchase  $(\$100,000 - \$50 \text{ policy fee}) \times 1.6282 = \$162,739$  in Death Benefit.

The Face Amount would be adjusted to **\$162,739** to comply with policy limitations.

### Formula:

$(\text{Single Premium} - \$50.00^*) \times \text{Factor} = \text{Face Amount}$

$(\text{Face Amount} / \text{Factor}) + \$50.00^* = \text{Single Premium}$

\* denotes policy fee.

Face amounts purchased by Single Premium: Ages 81–85 = \$25,000 maximum premium.  
 MT – Please use male rates to comply with your unisex state requirements. All rates are effective as of 2015.