

SECTION G - MEDICAL QUESTIONS

Part 1 - If any question in this Part 1 of Section G is answered yes, or if the proposed insured's height and weight are not within the allowable range, this application will be declined.

1. What is the proposed insured's height and weight?	H ____ W ____
2. Have you had, or been advised to have by a member of the medical profession, an organ transplant, or have you been diagnosed by a member of the medical profession as having a terminal illness (an illness that would reasonably be expected to cause death within 12 months), or have you been diagnosed, treated (including dialysis) or taken medication for chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure, or do you have paralysis of two or more extremities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been treated or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related order, or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you currently: hospitalized, confined to a bed or nursing facility, using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you been diagnosed by a member of the medical profession with diabetes prior to age 30 or have you ever been treated by a member of the medical profession for: insulin shock, diabetic coma, retinopathy, or diabetic neuropathy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been diagnosed by a member of the medical profession, treated or taken medication for: Congestive Heart Failure (CHF) or heart failure, cardiomyopathy, Alzheimer's disease, dementia, schizophrenia, bipolar disorder, organic brain syndrome (acute or chronic mental dysfunction or mental incapacity), Lou Gehrig's disease (ALS), or Huntington's disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Within the past 24 months, have you been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or Hospice Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Within the past 24 months have you been diagnosed or treated by a member of the medical profession for: Internal cancer or melanoma, leukemia, lymphoma, stroke, transient ischemic attack (TIA), or have you had an amputation caused by any disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you been diagnosed or treated by a member of the medical profession for more than one occurrence or any metastasis of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or are you currently being treated by a member of the medical profession for cancer or recurrence of cancer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Within the past 24 months have you:	
a. been medically diagnosed or treated by a member of the medical profession or taken medication for: angina, chronic hepatitis, cystic fibrosis, Pulmonary Fibrosis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, respiratory failure or required oxygen equipment to assist in breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. been medically diagnosed as having or been treated by a member of the medical profession or hospitalized for: heart attack, heart disease, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty or stent implant), uncontrolled high blood pressure or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. been medically diagnosed or treated by a member of the medical profession for: Hodgkin's disease, cirrhosis, liver disease, systemic lupus (SLE), any neuromuscular disease, cerebral palsy, multiple sclerosis or Parkinson's disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Within the past 10 years, have you been convicted of a felony or are you currently on parole or on probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Within the last 5 years have you been treated for, been advised by a medical professional to have treatment for, or excessively used, alcohol or any drugs of abuse, or have you been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver's license suspended or revoked, or attempted suicide?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you been declined or postponed for life or health insurance in the past two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do you currently require human assistance or supervision with any of the following normal activities of daily living: dressing, eating, bathing, toileting, transferring from bed to chair, walking or maintaining continence?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSURANCE

FINAL EXPENSE LIFE INSURANCE™



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to download our Mobile Quote App* ▶



RATE CARD CALCULATOR

Key Features

- No medical exam or blood work required, only a health questionnaire
- Affordable rates will not increase
- Benefits remain level
- Issue ages 50-85
- Immediate death benefit plan \$5,000 - \$30,000 face amounts*
- Benefits paid directly to beneficiary of client's choice
- Benefits NOT subject to federal income tax
- Policy cannot be cancelled as long as premiums are paid
- Point of sale telephone interview

* Benefits for death from suicide during the first two policy years (one year in North Dakota and excluding Missouri) are limited to the total amount of premiums paid. Not available in all states. Exclusions and limitations may vary by state. Refer to Policy OL400 and state specific variations where applicable.

UNDERWRITTEN & ISSUED BY
Oxford Life Insurance Company[®]
2721 North Central Avenue
Phoenix, Arizona 85004-1172

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www.oxfordlife.com

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Thank you for recycling.



♀ Female EFT Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000		\$30,000	
	PREF	STD	PREF	STD	PREF	STD	PREF	STD	PREF	STD	PREF	STD
50	\$11.60	\$19.03	\$20.59	\$35.45	\$29.59	\$51.88	\$38.59	\$68.31	\$47.59	\$84.73	\$56.58	\$101.16
51	\$12.10	\$19.49	\$21.61	\$36.38	\$31.11	\$53.27	\$40.61	\$70.16	\$50.12	\$87.05	\$59.62	\$103.94
52	\$12.61	\$19.96	\$22.62	\$37.31	\$32.63	\$54.67	\$42.64	\$72.03	\$52.64	\$89.39	\$62.65	\$106.74
53	\$13.11	\$20.53	\$23.63	\$38.46	\$34.14	\$56.39	\$44.66	\$74.32	\$55.17	\$92.25	\$65.69	\$110.18
54	\$13.62	\$21.10	\$24.64	\$39.59	\$35.66	\$58.09	\$46.68	\$76.58	\$57.70	\$95.08	\$68.72	\$113.58
55	\$14.13	\$21.70	\$25.65	\$40.79	\$37.18	\$59.89	\$48.70	\$78.98	\$60.23	\$98.08	\$71.76	\$117.17
56	\$14.63	\$22.29	\$26.66	\$41.99	\$38.70	\$61.68	\$50.73	\$81.38	\$62.76	\$101.07	\$74.79	\$120.77
57	\$15.14	\$22.96	\$27.68	\$43.32	\$40.21	\$63.69	\$52.75	\$84.05	\$65.29	\$104.41	\$77.83	\$124.77
58	\$15.92	\$23.65	\$29.24	\$44.70	\$42.56	\$65.75	\$55.88	\$86.80	\$69.20	\$107.85	\$82.52	\$128.90
59	\$16.70	\$24.38	\$30.80	\$46.16	\$44.90	\$67.94	\$59.01	\$89.73	\$73.11	\$111.51	\$87.21	\$133.29
60	\$17.48	\$25.15	\$32.37	\$47.71	\$47.25	\$70.26	\$62.13	\$92.82	\$77.02	\$115.37	\$91.90	\$137.93
61	\$18.27	\$26.19	\$33.93	\$49.78	\$49.60	\$73.36	\$65.26	\$96.95	\$80.93	\$120.54	\$96.59	\$144.13
62	\$19.05	\$27.17	\$35.50	\$51.75	\$51.94	\$76.32	\$68.39	\$100.89	\$84.84	\$125.47	\$101.29	\$150.04
63	\$20.05	\$28.27	\$37.51	\$53.93	\$54.96	\$79.60	\$72.42	\$105.26	\$89.87	\$130.93	\$107.33	\$156.59
64	\$21.06	\$29.38	\$39.52	\$56.17	\$57.99	\$82.95	\$76.45	\$109.73	\$94.91	\$136.52	\$113.37	\$163.30
65	\$22.07	\$30.63	\$41.54	\$58.67	\$61.01	\$86.70	\$80.48	\$114.73	\$99.95	\$142.77	\$119.42	\$170.80
66	\$23.08	\$31.90	\$43.55	\$61.19	\$64.03	\$90.49	\$84.51	\$119.78	\$104.98	\$149.08	\$125.46	\$178.37
67	\$24.08	\$33.16	\$45.57	\$63.72	\$67.05	\$94.27	\$88.54	\$124.83	\$110.02	\$155.39	\$131.50	\$185.95
68	\$25.18	\$34.55	\$47.77	\$66.49	\$70.35	\$98.44	\$92.94	\$130.39	\$115.52	\$162.34	\$138.11	\$194.28
69	\$26.29	\$36.03	\$49.97	\$69.45	\$73.66	\$102.88	\$97.34	\$136.31	\$121.03	\$169.73	\$144.71	\$203.16
70	\$27.39	\$37.58	\$52.17	\$72.56	\$76.96	\$107.53	\$101.74	\$142.51	\$126.53	\$177.49	\$151.32	\$212.47
71	\$28.49	\$39.86	\$54.37	\$77.11	\$80.26	\$114.37	\$106.15	\$151.62	\$132.03	\$188.88	\$157.92	\$226.13
72	\$29.59	\$42.49	\$56.58	\$82.39	\$83.56	\$122.28	\$110.55	\$162.18	\$137.54	\$202.07	\$164.53	\$241.97
73	\$32.07	\$44.93	\$61.55	\$87.25	\$91.02	\$129.58	\$120.50	\$171.90	\$149.97	\$214.23	\$179.44	\$256.55
74	\$34.56	\$47.68	\$66.52	\$92.76	\$98.48	\$137.84	\$130.44	\$182.92	\$162.40	\$228.00	\$194.36	\$273.08
75	\$37.05	\$50.68	\$71.49	\$98.75	\$105.94	\$146.83	\$140.39	\$194.90	\$174.83	\$242.98	\$209.28	\$291.06
76	\$39.53	\$54.34	\$76.47	\$106.08	\$113.40	\$157.82	\$150.33	\$209.56	\$187.26	\$261.30	\$224.20	\$313.04
77	\$42.02	\$58.45	\$81.44	\$114.29	\$120.86	\$170.14	\$160.28	\$225.98	\$199.69	\$281.83	\$239.11	\$337.67
78	\$45.70	\$62.83	\$88.81	\$123.06	\$131.91	\$183.29	\$175.01	\$243.52	\$218.12	\$303.76	\$261.22	\$363.99
79	\$49.39	\$67.41	\$96.18	\$132.22	\$142.96	\$197.02	\$189.75	\$261.83	\$236.54	\$326.64	\$283.33	\$391.45
80	\$53.07	\$72.25	\$103.55	\$141.91	\$154.02	\$211.56	\$204.49	\$281.21	\$254.97	\$350.87	\$305.44	\$420.52
81	\$57.11	\$77.51	\$111.61	\$152.42	\$166.12	\$227.33	\$220.63	\$302.24	\$275.13	\$377.15	\$329.64	\$452.06
82	\$62.32	\$84.80	\$122.03	\$167.01	\$181.75	\$249.21	\$241.47	\$331.41	\$301.18	\$413.62	\$360.90	\$495.82
83	\$67.16	\$91.20	\$131.72	\$179.81	\$196.29	\$268.41	\$260.85	\$357.02	\$325.41	\$445.62	\$389.97	\$534.22
84	\$72.38	\$98.70	\$142.16	\$194.79	\$211.94	\$290.89	\$281.72	\$386.99	\$351.50	\$483.08	\$421.28	\$579.18
85	\$77.60	\$106.19	\$152.60	\$209.77	\$227.60	\$313.36	\$302.60	\$416.94	\$377.60	\$520.53	\$452.60	\$624.11

STD = TOBACCO
PREF = NON-TOBACCO


Male EFT Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000		\$30,000	
	PREF	STD	PREF	STD	PREF	STD	PREF	STD	PREF	STD	PREF	STD
50	\$13.58	\$22.28	\$24.56	\$41.96	\$35.55	\$61.63	\$46.53	\$81.31	\$57.51	\$100.99	\$68.49	\$120.67
51	\$14.10	\$22.97	\$25.61	\$43.35	\$37.11	\$63.72	\$48.62	\$84.10	\$60.12	\$104.47	\$71.63	\$124.85
52	\$14.63	\$23.69	\$26.66	\$44.79	\$38.68	\$65.88	\$50.71	\$86.97	\$62.74	\$108.06	\$74.77	\$129.16
53	\$15.34	\$24.55	\$28.07	\$46.49	\$40.81	\$68.44	\$53.55	\$90.39	\$66.29	\$112.34	\$79.02	\$134.28
54	\$16.05	\$25.40	\$29.49	\$48.20	\$42.94	\$71.00	\$56.39	\$93.81	\$69.84	\$116.61	\$83.28	\$139.41
55	\$16.76	\$26.31	\$30.91	\$50.01	\$45.07	\$73.72	\$59.23	\$97.43	\$73.38	\$121.13	\$87.54	\$144.84
56	\$17.47	\$27.28	\$32.33	\$51.96	\$47.20	\$76.64	\$62.07	\$101.32	\$76.93	\$126.00	\$91.80	\$150.68
57	\$18.18	\$28.50	\$33.75	\$54.41	\$49.33	\$80.31	\$64.91	\$106.22	\$80.48	\$132.12	\$96.06	\$158.02
58	\$19.21	\$29.60	\$35.82	\$56.60	\$52.43	\$83.60	\$69.04	\$110.60	\$85.65	\$137.60	\$102.25	\$164.60
59	\$20.24	\$30.79	\$37.88	\$58.98	\$55.53	\$87.17	\$73.17	\$115.36	\$90.81	\$143.55	\$108.45	\$171.74
60	\$21.27	\$32.09	\$39.95	\$61.57	\$58.62	\$91.06	\$77.30	\$120.55	\$95.97	\$150.03	\$114.65	\$179.52
61	\$22.31	\$33.65	\$42.01	\$64.71	\$61.72	\$95.76	\$81.43	\$126.82	\$101.14	\$157.87	\$120.84	\$188.93
62	\$23.34	\$35.31	\$44.08	\$68.02	\$64.82	\$100.74	\$85.56	\$133.45	\$106.30	\$166.16	\$127.04	\$198.87
63	\$24.87	\$37.06	\$47.15	\$71.53	\$69.42	\$105.99	\$91.70	\$140.45	\$113.97	\$174.92	\$136.25	\$209.38
64	\$26.41	\$39.23	\$50.22	\$75.85	\$74.03	\$112.48	\$97.83	\$149.11	\$121.64	\$185.73	\$145.45	\$222.36
65	\$27.94	\$41.73	\$53.29	\$80.86	\$78.63	\$119.99	\$103.97	\$159.12	\$129.31	\$198.25	\$154.66	\$237.38
66	\$29.48	\$44.23	\$56.35	\$85.87	\$83.23	\$127.50	\$110.11	\$169.13	\$136.99	\$210.77	\$163.86	\$252.40
67	\$31.01	\$46.74	\$59.42	\$90.87	\$87.83	\$135.01	\$116.25	\$179.15	\$144.66	\$223.28	\$173.07	\$267.42
68	\$32.52	\$48.56	\$62.44	\$94.53	\$92.36	\$140.49	\$122.28	\$186.46	\$152.20	\$232.42	\$182.12	\$278.38
69	\$34.03	\$50.60	\$65.46	\$98.59	\$96.89	\$146.59	\$128.32	\$194.58	\$159.74	\$242.58	\$191.17	\$290.57
70	\$35.54	\$53.48	\$68.48	\$104.35	\$101.41	\$155.23	\$134.35	\$206.11	\$167.29	\$256.98	\$200.23	\$307.86
71	\$37.05	\$57.48	\$71.49	\$112.36	\$105.94	\$167.24	\$140.39	\$222.12	\$174.83	\$277.00	\$209.28	\$331.88
72	\$38.56	\$61.71	\$74.51	\$120.82	\$110.47	\$179.93	\$146.42	\$239.04	\$182.38	\$298.15	\$218.33	\$357.25
73	\$41.71	\$65.84	\$80.82	\$129.09	\$119.93	\$192.33	\$159.03	\$255.58	\$198.14	\$318.82	\$237.25	\$382.07
74	\$44.86	\$70.19	\$87.12	\$137.78	\$129.39	\$205.38	\$171.65	\$272.97	\$213.91	\$340.56	\$256.17	\$408.15
75	\$48.02	\$74.77	\$93.43	\$146.94	\$138.85	\$219.11	\$184.26	\$291.28	\$229.68	\$363.45	\$275.09	\$435.62
76	\$51.17	\$80.13	\$99.74	\$157.67	\$148.31	\$235.20	\$196.88	\$312.73	\$245.45	\$390.26	\$294.01	\$467.80
77	\$54.32	\$86.01	\$106.05	\$169.43	\$157.77	\$252.84	\$209.49	\$336.26	\$261.21	\$419.67	\$312.94	\$503.09
78	\$59.31	\$91.92	\$116.02	\$181.24	\$172.74	\$270.57	\$229.45	\$359.89	\$286.16	\$449.21	\$342.87	\$538.53
79	\$64.30	\$98.09	\$126.00	\$193.58	\$187.70	\$289.07	\$249.41	\$384.56	\$311.11	\$480.05	\$372.81	\$575.53
80	\$69.29	\$104.52	\$135.98	\$206.43	\$202.67	\$308.35	\$269.36	\$410.26	\$336.06	\$512.18	\$402.75	\$614.09
81	\$74.28	\$111.51	\$145.96	\$220.42	\$217.64	\$329.33	\$289.32	\$438.24	\$361.00	\$547.15	\$432.68	\$656.06
82	\$79.27	\$118.51	\$155.94	\$234.42	\$232.61	\$350.33	\$309.28	\$466.24	\$385.95	\$582.15	\$462.62	\$698.06
83	\$84.57	\$125.43	\$166.55	\$248.25	\$248.52	\$371.08	\$330.50	\$493.90	\$412.47	\$616.73	\$494.44	\$739.55
84	\$89.88	\$132.34	\$177.16	\$262.07	\$264.45	\$391.81	\$351.73	\$521.54	\$439.01	\$651.28	\$526.29	\$781.01
85	\$95.19	\$139.25	\$187.77	\$275.90	\$280.36	\$412.55	\$372.95	\$549.20	\$465.53	\$685.85	\$558.12	\$822.50

STD = TOBACCO

PREF = NON-TOBACCO

Policy fee is non-commissionable.

Rates effective January 11, 2016

Oxford Life Insurance Company®

FINAL EXPENSE ANNUAL PREMIUM RATES PER \$1,000

Age	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
50	\$25.84	\$46.30	\$21.17	\$38.65
51	\$27.07	\$47.94	\$22.36	\$39.74
52	\$28.30	\$49.63	\$23.55	\$40.84
53	\$29.97	\$51.64	\$24.74	\$42.19
54	\$31.64	\$53.65	\$25.93	\$43.52
55	\$33.31	\$55.78	\$27.12	\$44.93
56	\$34.98	\$58.07	\$28.31	\$46.34
57	\$36.65	\$60.95	\$29.50	\$47.91
58	\$39.08	\$63.53	\$31.34	\$49.53
59	\$41.51	\$66.33	\$33.18	\$51.25
60	\$43.94	\$69.38	\$35.02	\$53.07
61	\$46.37	\$73.07	\$36.86	\$55.50
62	\$48.80	\$76.97	\$38.70	\$57.82
63	\$52.41	\$81.09	\$41.07	\$60.39
64	\$56.02	\$86.18	\$43.44	\$63.02
65	\$59.63	\$92.07	\$45.81	\$65.96
66	\$63.24	\$97.96	\$48.18	\$68.93
67	\$66.85	\$103.85	\$50.55	\$71.90
68	\$70.40	\$108.15	\$53.14	\$75.17
69	\$73.95	\$112.93	\$55.73	\$78.65
70	\$77.50	\$119.71	\$58.32	\$82.30
71	\$81.05	\$129.13	\$60.91	\$87.66
72	\$84.60	\$139.08	\$63.50	\$93.87
73	\$92.02	\$148.81	\$69.35	\$99.59
74	\$99.44	\$159.04	\$75.20	\$106.07
75	\$106.86	\$169.81	\$81.05	\$113.12
76	\$114.28	\$182.43	\$86.90	\$121.74
77	\$121.70	\$196.27	\$92.75	\$131.40
78	\$133.44	\$210.17	\$101.42	\$141.72
79	\$145.18	\$224.68	\$110.09	\$152.49
80	\$156.92	\$239.80	\$118.76	\$163.89
81	\$168.66	\$256.26	\$128.25	\$176.26
82	\$180.40	\$272.73	\$140.51	\$193.42
83	\$192.88	\$289.00	\$151.91	\$208.48
84	\$205.37	\$305.26	\$164.19	\$226.11
85	\$217.85	\$321.53	\$176.47	\$243.73

Preferred =
NON-TOBACCO

Standard =
TOBACCO

Assurance Premium Calculation

$$(R \times C/1000) \times MF + PF = \text{Modal Premium Amount}$$

R = Rate per thousand for given Gender, Age, Rate Class

C = Desired Coverage

MF = Mode Factor

PF = Policy Fee

Example: 65 year old Male, Preferred Rates, \$5000.00 Coverage, Monthly Premium pay

R = Age 65, Male, Preferred = \$59.63; **C** = \$5000.00;

MF = .085 and **PF** = \$2.60

$$(\$59.63 \times 5000/1000) \times .085 + 2.60 = \$27.94 \text{ Monthly Premium}$$

- **Mode Factors** = Annual (1.0); Semi-Annual (.52); Quarterly (.265); and Monthly PAC (.085)

- **Policy Fee** = Annual (\$30.00); Semi-Annual (\$15.60); Quarterly (\$8.00); and Monthly PAC (\$2.60)