

Easy UL

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(A SIMPLIFIED ISSUE UNIVERSAL LIFE INSURANCE POLICY)
(Policy Form No. 09-9817)

All products and riders not available in all states. Please check with the State Approval Grid under **State Approvals** on the company website or check with the Home Office Marketing Sales Team at 800-736-7311 (menu extension 112) for approvals.

AGENT GUIDE FOR AGENT USE ONLY

PLAN DESCRIPTION

Easy UL is a flexible premium adjustable life insurance policy (a simplified issue universal life insurance policy) with two options available: a level death benefit (Option 1) and an increasing death benefit (Option 2).

NO LAPSE GUARANTEE - If the insured pays a specified no-lapse premium, the death benefit will be guaranteed for at least 15 years (assuming no policy loans or withdrawals).

APPLICATION AND REQUIRED FORMS

- ◆ **Application:** Form No. 9818 (with state exceptions)
- ◆ **Life Illustration Acknowledgment (Form No. 9113) OR** a copy of the Illustration completed at point-of-sale. Either the Life Illustration Acknowledgment form or copy of the Illustration signed by the applicant must be submitted to the Home Office with the application.
- ◆ **Disclosure for the Terminal Illness Accelerated Benefit Rider (Form No. 9474):** This form **must be left with** applicant at point of sale.
- ◆ **Disclosure for the Accelerated Benefits Rider-Confined Care (Form No. 9675):** This form **must be left with** applicant at point of sale.
- ◆ **Replacement Form:** Complete all replacement requirements as per individual state insurance replacement regulations.
- ◆ **Authorization for the Release of Medical Records:** Form No. 9526

ISSUE AGES (AGE NEAREST) – Ages 0 –85

MINIMUM ISSUE LIMITS –

ISSUE AGE	MINIMUM	MAXIMUM
0-49	\$25,000	\$200,000
50-85	\$10,000*	\$200,000

(Minimum Premium - \$20 per month (excluding riders))

* In WA the minimum death benefit is \$25,000 regardless of issue age.

UNDERWRITING CLASSES – Male/Female
Tobacco/Non-Tobacco

INTEREST RATE - Guaranteed 3.0% interest rate

MODAL PREMIUMS – Annual, semi-annual, quarterly, and monthly bankdraft are available (no modal factors)

UNDERWRITING – Simplified Issue, underwritten standard through table 4. NOT GUARANTEED ISSUE.

PARTIAL WITHDRAWALS/SURRENDERS

Allowed after the first policy year as long as there is cash surrender value in the policy. There is a partial surrender fee of \$25.

SURRENDER CHARGE

A surrender charge is applied for 19 years and varies by issue age, duration and policy size. This charge is levied against the accumulation value if there is a partial or total surrender of the policy, or if the specified amount is decreased.

POLICY LOAN

Allowed on the cash surrender values of the policy after the first policy year. The interest rate charged on policy loans is 7.4% in advance.

BENEFITS AND RIDERS (not available in all states)

- ◆ **Total Disability Benefit Rider (DIR) (Policy Form No. 9785)**
- ◆ **Waiver of Premium Disability Agreement (up to target premium) (Policy Form No. 7184)**
- ◆ **Children's Insurance Agreement (Policy Form No. 8375)**
- ◆ **Accidental Death Benefit (Policy Form No. 7160)**
- ◆ **Family Insurance Agreement (Policy Form No. 8374)**
- ◆ **Terminal Illness Accelerated Benefit Rider (available at no additional cost) (Policy Form No. 9473)**
- ◆ **Accelerated Benefits Rider-Confined Care (available at no additional cost) (Policy Form No. 9674)**

The premium rates specified below (if paid) will keep the policy in force for a minimum of 15 years. They also represent the minimum premium rate that can be charged for that age as well as the target premium for that age.

EASY UL									
15 Year No Lapse Guaranteed Annual Premium per \$1,000 Insurance									
ISSUE AGE*	MALE		FEMALE		ISSUE AGE*	MALE		FEMALE	
	NT	T	NT	T		NT	T	NT	T
0-17	3.60	NA	3.20	NA	51	12.76	20.78	10.44	16.24
18	3.60	5.52	3.20	4.43	52	13.58	22.05	11.08	16.92
19	3.60	5.52	3.20	4.43	53	14.45	23.39	11.76	17.64
20	3.87	5.52	3.33	4.43	54	15.38	24.82	12.49	18.37
21	3.95	5.66	3.41	4.56	55	16.36	26.33	13.25	19.15
22	4.03	5.81	3.50	4.70	56	17.58	27.93	14.07	20.40
23	4.12	5.96	3.59	4.85	57	18.90	30.22	14.93	21.73
24	4.20	6.12	3.67	4.99	58	20.31	32.37	15.85	23.13
25	4.29	6.28	3.77	5.15	59	21.82	34.68	16.82	24.61
26	4.38	6.44	3.86	5.30	60	23.45	37.15	17.85	26.17
27	4.47	6.61	3.96	5.47	61	25.03	39.82	18.83	28.20
28	4.56	6.78	4.06	5.63	62	26.72	42.68	19.87	30.38
29	4.65	6.96	4.16	5.80	63	28.51	45.74	20.97	32.71
30	4.75	7.14	4.26	5.98	64	30.43	49.02	22.12	35.20
31	4.94	7.50	4.41	6.22	65	32.69	52.87	23.34	37.28
32	5.14	7.87	4.56	6.46	66	35.72	57.28	24.88	40.11
33	5.35	8.27	4.72	6.71	67	38.89	61.77	27.02	43.14
34	5.56	8.68	4.88	6.98	68	42.31	65.50	29.07	46.39
35	5.79	9.12	5.05	7.25	69	45.99	68.37	31.24	49.85
36	6.02	9.57	5.22	7.54	70	49.96	72.44	33.88	53.57
37	6.26	10.05	5.40	7.84	71	54.59	76.39	37.32	57.73
38	6.51	10.56	5.59	8.15	72	59.64	80.73	40.38	61.52
39	6.78	11.08	5.78	8.47	73	64.65	85.16	44.09	65.56
40	7.05	11.64	5.98	8.80	74	70.61	90.00	48.14	69.87
41	7.43	12.26	6.29	9.30	75	77.10	95.00	53.51	75.02
42	7.84	12.92	6.61	9.83	76	82.95	100.87	58.42	80.55
43	8.27	13.61	6.94	10.38	77	89.26	106.99	62.66	86.49
44	8.72	14.33	7.30	10.97	78	96.02	113.47	68.41	90.94
45	9.19	15.10	7.67	11.60	79	103.33	120.34	74.69	97.07
46	9.70	15.91	8.06	12.37	80	111.00	128.00	80.70	104.00
47	10.22	16.76	8.47	13.21	81	118.74	135.37	87.49	111.49
48	10.78	17.65	8.91	13.95	82	126.82	144.21	93.99	117.84
49	11.37	18.60	9.36	14.75	83	135.43	152.95	100.94	124.51
50	11.99	19.59	9.84	15.59	84	144.62	162.96	108.36	131.54
					85	154.00	173.00	117.00	139.00

* Issue Ages – based on age nearest birthday

SUPPLEMENTAL BENEFITS/RIDERS

ADDITIONAL BENEFITS AT NO ADDITIONAL COST

The Terminal Illness Accelerated Benefit Rider and the Accelerated Benefits Rider-Confined Care (where available) are added to every Easy UL policy with no additional premium.

- ◆ **Terminal Illness Accelerated Benefit Rider (Policy Form No. 9473).** With this benefit you can receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. *Remember to leave disclosure statement (Form 9474) with the applicant.*
- ◆ **Accelerated Benefits Rider-Confined Care (Policy Form No. 9674).** With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the death benefit up to \$5,000. *Remember to leave disclosure statement (Form 9675) with the applicant.*

FAMILY INSURANCE AGREEMENT (FIA) (Policy Form No. 8374)

Issue Ages: To be eligible for coverage under the FIA a child must not have reached his or her 18th birthday on the date the application is taken. Children born after the issue of the policy are automatically covered by the agreement after they become 15 days old. Children already born must be 15 days old on the date the application is taken. Coverage on the spouse may be issued on a spouse ages 15-60.

- ◆ The Family Insurance Agreement provides \$3,000.00 coverage on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- ◆ The FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65.
- ◆ The cost per unit is \$39.00 annually.
- ◆ The maximum number units available is five (5).*
- ◆ Provides a decreasing face amount of term coverage on the spouse as his/her age increases according to the following chart.

SPOUSE'S INSURANCE PER UNIT OF FIA									
AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	\$16,750	25	\$13,250	35	\$9,750	45	\$6,250	55	\$2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

- ◆ If the amount of coverage desired on the spouse exceeds the coverage available under this rider or if a permanent plan of coverage is preferred, the spouse may apply for his or her separate policy.

CHILDREN'S INSURANCE AGREEMENT (CIA) (Policy Form No. 8375)

- ◆ **Issue Ages of Children:** 15 days - 17 years
- ◆ **Issue Ages of Primary Insured:** 15 - 50
- ◆ **Maximum Rider Units:** 5 Units*
- ◆ **Premium:** \$8.52 Annually Per Unit

The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the children's coverage. Each unit provides \$3,000.00 insurance on each child. Benefit expires at the earlier of primary insured's age 65, or the child's age 25.

* The combination of FIA units and CIA units applied for cannot exceed a maximum of 5.

DISABILITY INCOME RIDER (Policy Form No. 9785)

- ◆ **Issue Ages:** 18 – 55
- ◆ **Minimum Disability Income Benefit:** \$500 monthly
- ◆ **Maximum Disability Income Benefit:** 2% of the life insurance specified amount up to \$1,500 monthly benefit, whichever is less. For persons earning less than \$25,000 annually the maximum DIR benefit is 2% of the life insurance specified amount up to \$900 monthly benefit, whichever is less.

If elected, the Disability income Rider will pay a monthly benefit up to 2% of specified amount (up to a maximum monthly benefit as described above) if the insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period (180 days in Maryland) and the benefits are not retroactive. The maximum benefit period is 2 years and disability must begin before age 65.

DISABILITY INCOME RIDER									
Annual Premiums Per \$100 Of Monthly Benefit									
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
18	\$9.78	26	\$12.70	34	\$17.00	42	\$24.78	50	\$36.62
19	\$10.12	27	\$13.14	35	\$17.76	43	\$25.92	51	\$38.66
20	\$10.46	28	\$13.60	36	\$18.58	44	\$27.12	52	\$40.92
21	\$10.80	29	\$14.08	37	\$19.50	45	\$28.42	53	\$43.42
22	\$11.16	30	\$14.58	38	\$20.52	46	\$29.80	54	\$45.98
23	\$11.52	31	\$15.14	39	\$21.50	47	\$31.32	55	\$48.62
24	\$11.90	32	\$15.70	40	\$22.60	48	\$32.98		
25	\$12.28	33	\$16.32	41	\$23.68	49	\$34.74		

ACCIDENTAL DEATH BENEFIT ADB (Policy Form No. 7160)

- ◆ **Issue Ages:** 0 – 64
- ◆ **Minimum Amount:** \$1,000
- ◆ **Maximum Amount:** The lesser of: \$200,000 or 5 times the specified amount of the policy. If elected, if the insured dies as the result of an accident, an additional amount will be paid to his or her beneficiaries.
- ◆ **Benefit Terminates:** At Age 65

ACCIDENTAL DEATH BENEFIT									
Annual Premium Per \$1,000 of Benefit Face Amount									
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
0	\$0.96	13	\$0.96	26	\$0.96	39	\$1.08	52	\$1.32
1	\$0.96	14	\$0.96	27	\$0.96	40	\$1.08	53	\$1.32
2	\$0.96	15	\$0.96	28	\$0.96	41	\$1.08	54	\$1.32
3	\$0.96	16	\$0.96	29	\$0.96	42	\$1.08	55	\$1.44
4	\$0.96	17	\$0.96	30	\$0.96	43	\$1.20	56	\$1.44
5	\$0.96	18	\$0.96	31	\$0.96	44	\$1.20	57	\$1.44
6	\$0.96	19	\$0.96	32	\$0.96	45	\$1.20	58	\$1.56
7	\$0.96	20	\$0.96	33	\$0.96	46	\$1.20	59	\$1.56
8	\$0.96	21	\$0.96	34	\$0.96	47	\$1.20	60	\$1.56
9	\$0.96	22	\$0.96	35	\$0.96	48	\$1.20	61	\$1.56
10	\$0.96	23	\$0.96	36	\$0.96	49	\$1.32	62	\$1.68
11	\$0.96	24	\$0.96	37	\$1.08	50	\$1.32	63	\$1.68
12	\$0.96	25	\$0.96	38	\$1.08	51	\$1.32	64	\$1.68

WAIVER OF PREMIUM DISABILITY AGREEMENT (WP) (Policy Form No. 7184)

Issue Ages: 0-55

The company will waive the payment of each planned premium, up to the target premium, of the policy in the event of total and permanent disability of the Insured as defined and specified in the agreement. The principal points in the agreement are:

1. Total disability has existed continuously for at least six consecutive months.
2. For policies issued prior to age 15, premiums will be waived after the policy anniversary nearest the Insured's attained age 15.
3. Rider coverage expires at age 60 (unless rider is in effect).

RATES PER \$100 TO BE WAIVED							
AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0	1.39	14	1.80	28	2.93	42	5.55
1	1.39	15	1.86	29	3.05	43	5.86
2	1.39	16	1.92	30	3.17	44	6.21
3	1.39	17	1.99	31	3.31	45	6.59
4	1.39	18	2.06	32	3.45	46	7.15
5	1.39	19	2.14	33	3.60	47	7.78
6	1.43	20	2.21	34	3.76	48	8.50
7	1.47	21	2.29	35	3.94	49	9.31
8	1.51	22	2.36	36	4.12	50	10.23
9	1.55	23	2.45	37	4.31	51	11.27
10	1.60	24	2.53	38	4.52	52	12.46
11	1.64	25	2.62	39	4.75	53	13.79
12	1.69	26	2.72	40	5.00	54	15.30
13	1.75	27	2.82	41	5.26	55	16.98

NEW BUSINESS TIPS

Product Software

A NAIC Illustration is required for the sale. Presentation software is available on the EASY UL CD and on the company websites.

Application Submission

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Please refer to the Marketing Sales section of Company website for instructions on AppScan & AppFax under the "[Transmit Apps](#)" tab. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Marketing Sales section of Company website for instructions on eCheck under the "[eCheck Procedures](#)" tab); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

Important

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.

UNDERWRITING

Simplified Underwriting

Eligibility for coverage is based on a simplified application, liberal height and weight chart, a check with the Medical Information Bureau (MIB) and pharmaceutical related facility, and a telephone interview (if applicable). The build chart is on the following page.

Application Completion

- Full Name of Proposed Insured – List full legal name.
- Age – **Calculate age based upon nearest birthday.**
- Height and Weight – Record the Proposed Insured's current height and weight. Refer to the Build Chart on the following page to assist in determining if the applicant is eligible for coverage.
- Signature – Power of Attorney (POA) signatures are not acceptable.
- Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- Beneficiary – Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or insured's estate.
- Plan Applied For – After the plan, write "Easy UL" or use the abbreviation "EU".
- During the past 12 months have you used tobacco in any form? - This includes the use of cigarettes, chewing tobacco, snuff or other tobacco products (excluding occasional cigar or pipe use).
- Will you replace an existing life insurance policy or an annuity? - Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement Forms.
- Application Date / Requested Policy Date - The application date should always be the date the Proposed Insured answered all the medical questions and signed the application. The Requested Policy Date cannot be more than 30 days out from the date the application was signed.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Telephone Interview – check box YES or NO (if applicable) as to whether or not a telephone interview was completed at point-of-sale. Please provide Proposed Insured's telephone number even if interview is not required.
- If the Proposed Insured answers YES to any questions, the applicable condition should be circled, personal physician information should always be completed and list current prescription medications.
- Indicate death benefit option (If option is not selected, Option 1 will be elected).
- If the Proposed Insured has a condition which is listed in the "Medical Impairment Guide" as a "Decline" or if he or she exceeds either the maximum or minimum weight in the "Build Chart" provided in this guide, the application should not be submitted to the Home Office.

Telephone Interview

A telephone interview conducted with the Proposed Insured may be required based on the Non-Med Limit Chart on the following page. If an interview is required, it may be completed at point-of-sale.

After fully completing the application you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

- 1) at point-of-sale, or
- 2) the Company will contact the Proposed Insured upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling at the toll free number below. When calling EMSI be sure to identify yourself, Company and product being applied for "Easy UL". The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made on the weekend or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

US Only

EMSI: 1-866-719-2024

8am – 9pm Monday thru Friday CST

10am – 2pm Saturdays CST

Puerto Rico Only

Source Access: 866-910-6539

8am – 5pm Monday thru Friday CST

EMSI: 1-800-766-4605

8am – 9pm Monday thru Friday CST

10am – 2pm Saturdays CST

BUILD CHART		
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT TO BE CONSIDERED TABLE 4
4'10"	86	199
4'11"	88	205
5'	90	212
5'1"	93	220
5'2"	95	227
5'3"	99	234
5'4"	101	242
5'5"	104	249
5'6"	106	257
5'7"	110	265
5'8"	113	273
5'9"	117	281
5'10"	120	289
5'11"	125	298
6'	129	306
6'1"	133	315
6'2"	136	323
6'3"	140	332
6'4"	143	341
6'5"	146	350
6'6"	149	359
6'7"	153	368
6'8"	157	378
6'9"	160	387

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. Medical impairments combined with build may be considered greater than table 4 and applicants would not be eligible for coverage.

EASY UL NON-MED LIMITS				
Age & Amount	18-45	46-55	56-65	66-85
25,000 - 75,000				T
75,001 - 100,000			T	T
100,001 - 200,000	T	T	T	T

T = Telephone Interview

NOTE: Underwriting reserves the right to request medical records or interview only if or when deemed necessary.

A Motor Vehicle Report (MVR) will be ordered when applying for Accidental Death Benefit (ADB).

EASY UL MEDICAL IMPAIRMENT GUIDE

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all of the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete and thorough answers to the questions are necessary. Please stress this and prepare the Proposed Insured for an interview, if required based on age and face amount. The interview will be brief, pleasant, and professionally handled.

The Medical Impairment Guide has been developed to assist you in determining a Proposed Insured's insurability. This Guide is not all-inclusive. Underwriting reserves the right to make a final decision based on all factors of the risk. If you have any questions about medical conditions not listed here, please call or email (underwriting@aatx.com) the Underwriting Department.

Disability Income Guidelines

- **The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months**
- **The following Proposed Insured occupations are not eligible for DIR**
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High Risk Avocations within past 12 months
 - Police
 - Professional Athletes
 - Structural Workers / Iron Workers
 - Underground Miners and Workers
 - Unemployed
 - Casino Workers
 - Housekeepers
 - Janitors
 - Migrant laborers
 - Retired
 - Self-employed
 - Students

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

The EASY UL plan is issued Standard for applicants who would normally be considered up to table 4 by most underwriting standards today. Applicants who are considered high risk or declinable should not be sent to our Company for consideration.

BEFORE asking any health questions stress the importance for 'truthful and complete' answers, including tobacco usage that will 'match' information already in the applicant's medical records, national prescription database, MIB, etc.

If applicant answers "YES" to any health question, such as High Blood Pressure, Cholesterol or Diabetes get full details. Ask the following information: age at onset, name all medications, applicant's last reading and how often is the problem checked, name of doctor treating condition, date last seen, etc. THE MORE COMPLETE INFORMATION you can provide on the application significantly REDUCES the need to order medical records or an interview ...and speeds up issues!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of submitting applications with Non-Admitted medical information will likely receive special attention when their applications are reviewed by the Underwriting Department. That agent's applicants will receive a phone interview and/or medical records will be requested until the underwriters believe that agent has corrected their field underwriting problems.

Agents need to stress to the Proposed Insured the necessity for complete and truthful answers to all questions on the application before asking the health questions, including tobacco use.

EASY UL MEDICAL IMPAIRMENT GUIDE			
Condition	Criteria	LIFE	DIR
AIDS		Decline	
Alcoholism	Within 4 years since abstained from use	Decline	
	After 4 years since abstained from use	Standard	Decline
Alzheimer's		Decline	
Amputation	Caused by injury	Standard	Decline *
	Caused by disease	Decline	
Aneurysm		Decline	
Angina	See Heart Disease		
Angioplasty	See Heart Disease		
Aortic Stenosis		Decline	
Arthritis	Rheumatoid - minimal, slight impairment	Standard	Decline
	Rheumatoid - all others	Decline	
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	Standard
	Moderate, more than 1 episode a month	Standard	Decline
	Severe, hospitalization or ER visit in past 12 months, Maintenance steroid use	Decline	
	Combined with Tobacco Use - Smoker	Decline	
Back injury	Within the past 6 months	Standard	Decline *
Blindness	Caused by diabetes, circulatory disorder, or other illness	Decline	
	Other causes	Standard	Decline
By-pass Surgery	See Heart Disease		
Cancer	Basal or Squamous cell skin carcinoma	Standard	Standard
	8 years since surgery, diagnosis, or last treatment, no recurrence or additional occurrence	Standard	Standard
	All others	Decline	
Cardiomyopathy		Decline	
Cerebral Palsy		Decline	
Chronic Obstructive Pulmonary Disease (COPD)		Decline	
Cirrhosis of Liver		Decline	
Congestive Heart Failure (CHF)		Decline	
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline	
Cystic Fibrosis		Decline	
Diabetes*	Combined with overweight, heart disease, gout, peripheral vascular disease, retinopathy, or protein in urine	Decline	
	Diagnosed prior to age 35	Decline	
	Currently Smokes or Uses Insulin	Decline	
Down's Syndrome		Decline	
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	
	License currently suspended	Decline	
Drug Abuse	Illegal drug use within the past 4 years	Decline	
	Treatment within past 4 years	Decline	
	Treatment 4 years or more, non-usage since	Standard	Decline
Emphysema		Decline	
Epilepsy	Petit Mal	Standard	Decline*
	All others	Decline	
Eye Disorder		Standard	Decline*
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	
Heart Arrhythmia		Decline	
Heart Disease	Includes heart attack, coronary artery disease, angina	Decline	
Heart Murmur	History of treatment or surgery	Decline	

EASY UL MEDICAL IMPAIRMENT GUIDE (continued)			
Condition	Criteria	LIFE	DIR
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	
High Blood Pressure	Controlled with 2 or less medications, provide current BP reading history	Standard	Standard
	Uncontrolled or using 3 or more medications to control	Decline	
Hodgkin's Disease		Decline	
Kidney Disease	Dialysis	Decline	
	Insufficiency or Failure	Decline	
	Nephrectomy	Decline	
	Polycystic Kidney Disease	Decline	
	Transplant recipient	Decline	
Knee Injury	Within the past 6 months	Standard	Decline*
Leukemia		Decline	
Liver Impairments		Decline	
Lupus Erythematosus (SLE)	Systemic	Decline	
Marfan's Syndrome		Decline	
Melanoma		Decline	
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	Standard
	Major depression, bipolar disorder, schizophrenia	Decline	
Multiple Sclerosis		Decline	
Muscular Dystrophy		Decline	
Pacemaker		Decline	
Pancreatitis	Chronic or multiple episodes	Decline	
Paralysis	Includes paraplegia and quadriplegia	Decline	
Parkinson's Disease		Decline	
Peripheral Vascular Disease		Decline	
Pulmonary Embolism		Standard	Standard
Retardation	Mild to moderate	Standard	Decline
	Severe	Decline	
Sarcoidosis	Pulmonary	Decline	
Shoulder Injury	Within the past 6 months	Standard	Decline*
Sleep Apnea	Combined with history of overweight, high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	
Stroke, CVA		Decline	
Subarachnoid Hemorrhage		Decline	
Suicide Attempt		Decline	
Transient Ischemic Attack (TIA)	After 6 months, no residuals	Standard	Decline
	Combined with Tobacco Use -Smoker	Decline	
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	
	Over 2 years with no residuals	Standard	Standard
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	Standard
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	
Weight Reduction Surgery	Surgery within past 1 year	Decline	
	After 1 year since surgery with no complications	Standard	Decline
	History of complications such as Dumping Syndrome	Decline	

NOTE: * Underwriting will consider issuing the Disability Income Rider with an exclusion rider. Contact Underwriting Department for details at Underwriting@aatx.com

If the medical condition is a decline for LIFE, Disability Income Rider is not available.

COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll free number **800-736-7311**. The following is a list of extensions that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

Department	Phone Menu Extension:	Email	Fax
Agent Contracting	1 1 3	mktadmin@aatx.com	254-297-2110
Advanced Commissions	1 1 4	swatson@aatx.com	254-297-2166
Customer Service	1 1 7	pos@americanamicable.com	254-297-2105
Earned Commissions	1 1 5	awilliams@aatx.com	254-297-2110
Marketing Sales Agent Hotline	1 1 2	marketingassistants@aatx.com	254-297-2709
Policy Issue	1 1 1	policyissue@aatx.com	254-297-2101
Supplies	1 1 6	supplies@aatx.com	254-297-2791
Underwriting	1 1 1	underwriting@aatx.com	254-297-2102

New Business Application Fax Number: (254) 297-2100. Be sure to include Fax Application Cover Page.

New Agent Contract Fax Number: (254) 297-2110.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701

Online Services:

www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, agent e-file, and other valuable information at the Company websites.