

CRITICAL LIFE BENEFITS

10 Year Level Term Life Insurance with Critical Illness Rider

Policy Form No. 9422 &

Policy Form No. 9459

AGENT GUIDE FOR AGENT USE ONLY

*All products and riders not available in all states.
Please check State Approval Grid on the company website
under "Order Supply" under "Critical Life Benefits" or check with the Home Office
Marketing Sales Team at (800) 736-7311 (menu prompt 1, 1, 2) for other state approvals.*

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UPDATE TOC AFTER FINAL DRAFT COMPLETE

CRITICAL LIFE BENEFITS

PLAN DESCRIPTION

Critical Life Benefits is a simplified issue 10 year level term plan of life insurance (Policy Form No. 9422) that includes a critical illness rider (Policy Form No. 9459). The premiums are level and guaranteed for a period of ten years. The policy is renewable through age 60 and convertible through age 64. Coverage expires at age 70.

APPLICATION AND REQUIRED FORMS

- Application Form No. 3355
- Disclosure for the Accelerated Living Benefit Rider Form No. 9460 – This disclosure statement must be presented to the applicant at point of sale. (The states of MA, and WA require this disclosure form to be signed by the applicant and submitted with the application.)
- Disclosure for the Accelerated Benefits Rider-Confined Care Form No. 9675 – This disclosure statement must be presented to the applicant at point-of-sale.
- Replacement Form – complete all replacement requirements as per individual state insurance replacement regulations.

POLICY SPECIFICATIONS

Issue Ages (age nearest):	Non-Tobacco	Tobacco
	Ages 0-60	Ages 18 – 60

Minimum Issue Limits — \$20,000 face amount or \$20.00 monthly premium, whichever is greater

Maximum Face/Critical Illness Amount — \$100,000

Policy Fee — \$100 Annually (fully commissionable)

Modal Factors — None (Monthly Premium is 1/12 of annual premium)

Underwriting — Simplified Issue, underwritten standard through table 4. **NOT GUARANTEED ISSUE.**

Renewal Privilege

- If all premiums have been paid in full to the renewal date and the insured has not attained age 61 on such date, the policy may be renewed without evidence of insurability.
- If the Critical Illness Rider has not been terminated, it will be renewed with the policy.
- Premium rate for the policy and/or Critical Illness Rider will be based on the attained age of the insured.

Guaranteed Convertible:

- At any time before the insured attains age 65, the policy may be converted, without evidence of insurability, to any level premium permanent plan the company offers.
- The Critical Illness Rider is not convertible.
- The amount of insurance for the new policy will be the same or less than the amount of insurance for the new policy and premium rate will be based on the attained age of the insured.

BENEFITS AND RIDERS (not available in all states)

- Critical Illness Rider*: 100% acceleration of the death benefit automatically included
- Accelerated Benefits Rider - Confined Care - included at no additional premium cost (where applicable)

Benefits and Riders

ACCELERATED LIVING BENEFIT RIDER-CRITICAL ILLNESS - Policy Form No. 9459

Maximum Critical Illness Benefit: \$100,000

An Accelerated Living Benefit Rider is available at 100% acceleration of death benefit. The Critical Illness Rider provides a cash benefit equal to the specified percentage of acceleration which is paid directly to the insured upon the diagnosis of a covered critical illness. Rider coverage expires at age 70. The covered illnesses are as follows:

Heart Attack	Coronary Artery Bypass Graft (pays 10% of death benefit)
Stroke	Cancer
Kidney Failure	Major Organ Transplant Surgery
Paralysis	Blindness
Terminal Illness	HIV contracted performing duties as professional healthcare worker

Covered Conditions*

- **Heart Attack** – The death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries and resulting in a loss of the normal function of the heart.
- **Coronary Artery Bypass Graft** - 10% of the accelerated living benefit will be paid for the first ever open chest surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts.
- **Stroke** – A cerebral vascular incident caused by hemorrhage, embolism, thrombosis producing measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke.
- **Cancer** – Only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. Cancer includes: Leukemia, Malignant Lymphoma, and Hodgkin's Disease.
- **Kidney Failure** – End stage kidney disease presented as chronic irreversible failure of both kidneys to function. The undergoing of regular renal dialysis or undergoing a renal transplant must evidence this.
- **Major Organ Transplant Surgery** – The actual undergoing as a recipient (Human to Human) of a transplant of the heart, lung, liver, pancreas, kidney or bone marrow.
- **Paralysis** – Total and permanent loss of use of two or more limbs due to an injury or sickness. These conditions have to be medically documented by a neurologist for at least 3 months.
- **Blindness** – Total, permanent, and uncorrectable loss of sight in both eyes confirmed by an ophthalmologist.
- **HIV Contracted Performing Occupational Duties As A Medical Professional Healthcare Worker** – A medical professional healthcare worker who in the performance of their occupational duties is exposed to and ultimately acquires positive HIV resulting from an accidental injury.
- **Terminal Illness** – The insured must be suffering from a condition, which in the opinion of a physician will lead to death within twelve (12) months.

Upon receipt of proof of a qualifying event, we will pay an accelerated benefit in a single sum. Should the qualifying event occur prior to the 91st day following the Date of Issue, the benefit paid would be 10% of the policy Face Amount. Should the qualifying event occur on or after the 91st day following the Date of Issue, the benefit would be equal to the full death benefit of the policy. This benefit is payable only one time and once paid the insurance provided under this rider will terminate, except for the 10% acceleration upon occurrence of the Coronary Artery Bypass Graft. If this benefit is paid, future acceleration of any other benefit is reduced proportionally.

** Covered conditions may vary by issue state. For complete details regarding rider benefits and definitions, please consult the policy rider form in the policy contract.*

Occupation Guidelines for Critical Illness Rider

- 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 CIR
 - 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 (except stay at home spouses, significant other, and students)

THE ACCELERATED LIVING BENEFIT RIDER DISCLOSURE - Remember to leave disclosure statement-Form No. 9460 (with state exceptions) with the applicant. (The states of MA and WA require this disclosure form to be signed by the applicant and submitted with the application.) This disclosure provides definition of the covered conditions.

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 face amount per month up to \$5,000. The cash value (if any), the amount available for loans (if any), and the premium for the policy will decrease in proportion to the amount of the benefit paid. This rider (where available) is added to policies issued at no additional premium. The payment of the accelerated benefit will reduce the life insurance proceeds by the amount of the benefit paid. *Remember the disclosure statement Form No. 9675 must be presented to the applicant at point-of-sale.* (Rider not available in DC, IN, MA, VA & WA)

New Business Tips

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the company website and will quickly and easily present the guaranteed death benefit & guaranteed case values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run quotes using your smart phone or tablet, please go to www.insuranceapplication.com (Select option for the "Phone Quoter").

APPLICATION SUBMISSION (If completing a paper application)

New applications may be submitted to the Home Office by scanning, mail or fax. Refer to the Company website for instructions on [AppScan](#), [AppDrop](#) and [AppFax](#) under the link "Transmit Apps". Information on AppDrop can also be found on www.insuranceapplication.com (select the option for "App Drop"). 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 E-Check procedure (please refer to the Bank Draft Procedures section in this guide for the instructions on utilizing the E-Check procedure); 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.

MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants sign the application directly on the tablet device using a stylus or simply their finger. (Requires a face to face sale to be made with the client.)

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.

INSERT CREDIT CARD INFO HERE Please leave as placeholder until information is added.

Bank Draft Procedures

Draft First Premium Once Policy is Approved:

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. (If a client only uses a debit or check card instead of actual checks, locate a bank statement to obtain the actual account number. DO NOT use the number found on the card.)

Immediate Draft for Cash with Application (CWA) using E-Check:

- 1) To bind coverage IMMEDIATELY, you may use the E-Check option. If this option is selected, you must complete the E-Check section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The E-Check section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

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 found later in this guide. Underwriting decisions will be made on an accept/reject basis (no table ratings available). Applications on individuals who are considered above a table 4 risk, will be declined. NOTE: Underwriting reserves the right to request medical records only if or when deemed necessary.

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 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.
- **During the past 12 months have you used tobacco in any form?** – Tobacco in any form includes: cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipe, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. Excludes 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.

- **Replacement of Existing Insurance** – Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the company's "Compliance Guidelines" manual found on our website. Applications involving replacement sales are monitored on a daily basis. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.
- **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.
- All applicants must complete section A.
- **Third Party Payor** – The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third Party Payors". This is defined as a premium payor other than the primary insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Critical Life Benefits applications where a Third Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 18 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.
- 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.
- **Applications in the State of California** - Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- **Applications in the State of Connecticut** - Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.
- **Applications in the State of Kansas:**
 - Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
 - Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.
- **Applications in the State of Kentucky** - Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved
- **Applications in the State of Rhode Island** - Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.
- **Applicants Re-applying for Coverage** – A new application will not be processed if the Proposed Insured has had 2 policies with any of our companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.
- It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the company guidelines to follow:
 - **Re-date and Reinstate Request*:**
 - If the request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our Policyholder Service Department. These requests can be sent to Sherri Hall at shall@aatx.com.
 - There is no additional paperwork necessary.

* A policy can be re-dated ONE time only.

— **Reinstatement Requests Only**:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a "Statement of Health" (Form No. 1110) & HIPPA (Form No. 9526) be to completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to Policyholder Service at (254) 297-2105.
 - As an alternative a new application can be completed and submitted with "Reinstate" and the policy number indicated at the top. These should also be faxed to Policyholder Service at (254) 297-2105.
- If the policy lapse occurred more than one year after the policy date:
 - We require a new application to be completed and submitted to the New Business Department at **fax # (254) 297-2101**.
 - Make sure to send a note with the application indicating this is a "Reinstatement" & indicate the original policy number.

** Upon request we will review these on a case by case basis to see if they can be considered for a re-date & reinstate.

TELEPHONE INTERVIEW

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

Non-Med Limits		
	0-45	46-60
\$20,000 - \$50,000		
\$50,001 - \$100,000		Phone Interview Required

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 interview company will contact the Proposed Insured after receipt of the application by the Home Office.

Point-of-sale telephone interviews can be completed by calling at the toll free number below. When calling the vendor be sure to identify yourself, Company and product being applied for "Critical Life Benefits". The applicant must always complete the telephone interview without assistance from the agent or another person. If the interview is completed at point-of-sale, mark the "Telephone interview done" question "Yes" in the upper, right hand corner of the application. If the sale is made outside of the vendor's hours of operation or if the interview is not completed at point-of-sale, mark the question "NO", and the interview company will initiate the call after receipt of the application. Be sure to provide a phone number on the application for the applicant.

EMSI: 1-866-719-2024
EMSI (Spanish Line): 1-866-901-1776
8am – 9pm Monday thru Friday CST
10am – 2pm Saturdays CST

APPTICAL: 877-351-1773
7:30am-1:00am Monday thru Friday CST
9:00am-9:00pm Saturday & Sunday CST

BUILD CHART			
HEIGHT	MINIMUM WEIGHT MUST BE AT LEAST	MAXIMUM WEIGHT WITHIN TABLE 2	MAXIMUM WEIGHT WITHIN TABLE 4
4'10'	86	182	199
4'11"	88	188	205
5'	90	195	212
5'1"	93	201	220
5'2"	95	208	227
5'3"	99	215	234
5'4"	101	221	242
5'5"	104	228	249
5'6"	106	235	257
5'7"	110	243	265
5'8"	113	250	273
5'9"	117	257	281
5'10"	120	265	289
5'11"	125	272	298
6'	129	280	306
6'1"	133	288	315
6'2"	136	296	323
6'3"	140	304	332
6'4"	143	312	341
6'5"	146	320	350
6'6"	149	329	359
6'7"	153	337	368
6'8"	157	346	378
6'9"	160	355	387

Applicants that are below the minimum weight or above the maximum weight on the above chart are not eligible for coverage. If the applicant has a medical condition combined with build that exceeds table 2, the applicant is not eligible for coverage.

SPEED UP YOUR TURNAROUND TIME!

Practice these simple guidelines

The Critical Life Benefits 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 issue time!

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.

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.

Critical Life Benefits Medical Impairment Guide

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.

CRITICAL LIFE BENEFITS MEDICAL IMPAIRMENT GUIDE			
IMPAIRMENT	CRITERIA	ELIGIBILITY	QUESTION ON APP
Abscess	Present	Decline	1f
	Removed, with full recovery and confirmed to be benign	Standard	1f
Addison's Disease	Acute Single Episode	Standard	1f
	Others	Decline	1f
AIDS / ARC		Decline	3a
Alcoholism	Within 4 years since abstained from use	Decline	3c
	After 4 years since abstained from use	Standard	3c
Alzheimer's		Decline	1c
Amputation	Caused by injury	Standard	1f
	Caused by disease	Decline	1e
Anemia	Iron Deficiency on vitamins only	Standard	1e
	Others	Decline	1e
Aneurysm		Decline	1a
Angina		Decline	1a
Angioplasty		Decline	1a
Ankylosis		Decline	1e
Anxiety/Depression	Anxiety, 1 medication, situational in nature	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	1c
Aortic Insufficiency		Decline	1a
Aortic Stenosis		Decline	1a
Appendectomy		Standard	1f
Arteriosclerosis		Decline	1a
Arthritis	Rheumatoid - minimal, slight impairment	Standard	1e
	Rheumatoid - all others	Decline	1e
Asthma	Mild, occasional, brief episodes, allergic, seasonal	Standard	1c
	Moderate, more than 1 episode a month	Standard	1c
	Severe, hospitalization or ER visit in past 12 months	Decline	1c
	Maintenance steroid use	Decline	1c
	Combined with Tobacco Use - Smoker	Decline	1c
Back Injury	Within the past 12 months	Standard	1e & 1f
Bi-Polar Disorder		Decline	1c
Blindness	Caused by diabetes, circulatory disorder, or other illness or cause	Decline	1c
Bronchitis	Acute- Recovered	Standard	1c
	Chronic	Decline	1c
Buerger's Disease		Decline	1a
By-Pass Surgery (CABG or Stent)		Decline	1a
Cancer / Melanoma	Basal or Squamous cell skin carcinoma, isolated occurrence	Standard	1c
	All others	Decline	1c
Cardiomyopathy		Decline	1a
Cerebral Palsy		Decline	1e
Chronic Obstructive Pulmonary Disease (COPD)		Decline	1c
Connective Tissue Disease		Decline	1e
Concussion – Cerebral	Full recovery with no residual effects	Standard	1f
Congestive Heart Failure (CHF)		Decline	1a
Criminal History	Convicted of Misdemeanor or Felony with the past 5 years	Decline	3b
	Probation or Parole within the past 6 months	Decline	3b
Crohn's Disease	Diagnosed prior to age 20 or within past 12 months	Decline	1b

CRITICAL LIFE BENEFITS MEDICAL IMPAIRMENT GUIDE (continued)			
IMPAIRMENT	CRITERIA	ELIGIBILITY	QUESTION ON APP
Cystic Fibrosis		Decline	1c
Deep Vein Thrombosis (DVT)	Single episode, full recovery, no current medication	Standard	1a
	2 or more episodes, continuing anticoagulant treatment	Decline	1a
Dementia		Decline	1c
Diabetes	Combined with overweight, gout, retinopathy, or protein in urine	Decline	1b
	Diagnosed prior to age 35	Decline	1b
	Tobacco Use in past 12 months or Uses Insulin	Decline	1b
	Controlled with oral medications	Standard	1b
Diagnostic Testing, Surgery or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Decline	3f
Disabled	Receiving SSI benefits for disability and/or currently not employed due to medical reasons	Decline	3d
Diverticulitis / Diverticulosis	Acute, with full recovery	Standard	1b
Down's Syndrome		Decline	1c
Driving Record	Within the past 3 years a DWI, or 2 or more accidents, or 3 or more driving violations or combination thereof	Decline	3b
	License currently suspended or revoked	Decline	3b
Drug Abuse	Illegal drug use within the past 4 years	Decline	3c
	Treatment within past 4 years	Decline	3c
	Treatment 4 years or more, non-usage since	Standard	3c
Duodenitis		Standard	1b
Emphysema		Decline	1c
Epilepsy	Petit Mal	Standard	1c
	All others	Decline	1c
Fibrillation		Decline	1a
Fibromyalgia		Standard	1f
Gallbladder disorder		Standard	1b
Gastritis	Acute	Standard	1b
Glomerulosclerosis		Decline	1d
Gout	Combined with history of diabetes, kidney stones, or protein in urine	Decline	1e
Hazardous Avocations	Participated in within the past 2 years	Standard	2
Headaches	Migraine, fully investigated, controlled with medication	Standard	1c & 1f
	Migraine, severe or not investigated	Decline	1c & 1f
Heart Arrhythmia		Decline	1a
Heart Disease / Disorder	Includes heart attack, coronary artery disease, angina	Decline	1a
Heart Murmur	History of treatment or surgery	Decline	1a
Hemophilia		Decline	1a
Hepatitis	History of or diagnosis of or treatment for Hep B or C	Decline	1b
Hepatomegaly		Decline	1b
HIV	Tested Positive	Decline	3a
Hodgkin's Disease		Decline	1c
Hypertension (High Blood Pressure)	Controlled with 2 or less medications, provide current BP reading history	Standard	1a
	Uncontrolled or using 3 or more medications to control	Decline	1a
Hysterectomy	No cancer	Standard	1d
Kidney Disease	Dialysis	Decline	1d
	Insufficiency or Failure	Decline	1d
	Nephrectomy	Decline	1d
	Polycystic Kidney Disease	Decline	1d
	Transplant recipient	Decline	1d

CRITICAL LIFE BENEFITS MEDICAL IMPAIRMENT GUIDE (continued)

IMPAIRMENT	CRITERIA	ELIGIBILITY	QUESTION ON APP
Knee Injury	Within the past 12 months	Standard	1e
Leukemia		Decline	1c
Liver Impairments		Decline	1b
Lung Disease / Disorder		Decline	1c
Lupus Erythematosus	Systemic (SLE)	Decline	1e
Marfan's Syndrome		Decline	1e
Melanoma	See Cancer/Melanoma		1c
Meniere's Disease		Standard	1f
Mental or Nervous Disorder	Anxiety, 1 medication, situational in nature	Standard	1c
	Major depression, bipolar disorder, schizophrenia	Decline	1c
Mitral Insufficiency		Decline	1a
Multiple Sclerosis		Decline	1c
Muscular Dystrophy		Decline	1e
Narcolepsy	More than 2 years from diagnosis	Standard	1c
Pacemaker		Decline	1a
Pancreatitis	Chronic or multiple episodes	Decline	1b
Paralysis	Includes Paraplegia and Quadriplegia	Decline	1e
Parkinson's Disease		Decline	1c
Peripheral Vascular Disease		Decline	1a
Pregnancy	Current; no complications	Standard	3e
Prostate Disease / Disorder	Infection, Benign Prostatic Hypertrophy, Confirmed, with stable PSA level	Standard	1d
	Cancer	Decline	1c & 1d
Pulmonary Embolism		Decline	1a
Retardation	Mild	Standard	1c
	Moderate to Severe	Decline	1c
Rheumatic Fever		Decline	1a
Sarcoidosis	Pulmonary	Decline	1c
Seizures	Petit Mal	Standard	1c
	All others	Decline	1c
Shoulder Injury	Within the past 12 months	Standard	1e
Sleep Apnea	Combined with history of overweight, poorly controlled high blood pressure, chronic obstructive pulmonary disease, or heart arrhythmia	Decline	1f
Spina Bifida		Decline	1e
Spina Bifida Occulta	Asymptomatic	Standard	1e
Stroke / CVA		Decline	1a
Subarachnoid Hemorrhage		Decline	1a
Suicide Attempt		Decline	1c
Thyroid Disorder		Standard	1f
Transient Ischemic Attack (TIA)		Decline	1a
Transplant, Organ or Bone Marrow	Transplant recipient or on waiting list	Decline	1f & 3f
Tuberculosis	Within 2 years of treatment or diagnosis	Decline	1c
	Over 2 years with no residuals	Standard	1c
Ulcer	Peptic or duodenal or gastric - symptom free for 1 year	Standard	1b
Ulcerative Colitis	Diagnosed prior to age 20 or within past 12 months	Decline	1b
Valve Replacement	Heart / Cardiac	Decline	1a
Vascular Impairments		Decline	1f
Weight Reduction Surgery	Surgery within past 1 year	Decline	1f
	After 1 year since surgery with no complications	Standard	1f
	History of complications such as Dumping Syndrome	Decline	1f

PRESCRIPTION REFERENCE GUIDE

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Abilify	Bi-Polar / Schizophrenia	N/A	Decline
Accupril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Accuretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aceon	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Actoplus	Diabetes	N/A	See "#" Below
Actos	Diabetes	N/A	See "#" Below
Advair	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aggrenox	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Albuterol	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Aldactazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aldactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Allopurinol	Gout	N/A	See Impairment Guide
Altace	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amantadine HCL	Parkinson's	N/A	Decline
Amaryl	Diabetes	N/A	See "#" Below
Ambisome	AIDS	N/A	Decline
Amiloride HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amlodipine Besylate/ Benaz	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Amyl Nitrate	Angina / CHF	N/A	Decline
Antabuse	Alcohol / Drugs	4 years	Decline
Apokyn	Parkinson's	N/A	Decline
Apresoline	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Aptivus	AIDS	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Aranesp	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Arimidex	Cancer	N/A	Decline
Atacand	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atamet	Parkinson's	N/A	Decline
Atenolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Atgam	Organ / Tissue Transplant	N/A	Decline
Atripla	AIDS	N/A	Decline
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Avalide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avandia	Diabetes	N/A	See "#" Below
Avapro	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Avonex	Multiple Sclerosis	N/A	Decline
Azasan	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azathioprine	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Azilect	Parkinson's	N/A	Decline
Azmacort	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Azor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Baclofen	Multiple Sclerosis	N/A	Decline
Baraclude	Liver Disorder / Hepatitis	N/A	Decline
	Liver Failure	N/A	Decline
Benazepril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Benicar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Benlysta	Systemic Lupus (SLE)	N/A	Decline
BENZTROPINE Mesylate	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Betapace	Heart Arrhythmia	N/A	Decline
	CHF	N/A	Decline
Betaseron	Multiple Sclerosis	N/A	Decline
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
BiDil	CHF	N/A	Decline
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bromocriptine Mesylate	Parkinson's	N/A	Decline
Bumetadine	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Bumex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Buprenex	Alcohol / Drugs	4 years	Decline
Bystolic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Calan	High Blood Pressure (HTN)	N/A	See "*" Below
Calcium Acetate	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Campath	Cancer	N/A	Decline
Campral	Alcohol / Drugs	4 years	Decline
Capoten	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Capozide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Captopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Carbamazepine	Seizures	N/A	See Impairment Guide
Carbatrol	Seizures	N/A	See Impairment Guide
Carbidopa	Parkinson's	N/A	Decline
Cardizem	High Blood Pressure (HTN)	N/A	See "*" Below
Cardura	High Blood Pressure (HTN)	N/A	See "*" Below

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Cartia	High Blood Pressure (HTN)	N/A	See "*" Below
Carvedilol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Casodex	Cancer	N/A	Decline
Catapress	High Blood Pressure (HTN)	N/A	See "*" Below
Cellcept	Organ / Tissue Transplant	N/A	Decline
Chlorpromazine	Schizophrenia	N/A	Decline
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cogentin	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Combivent	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Combivir	AIDS	N/A	Decline
Complera	AIDS	N/A	Decline
Copaxone	Multiple Sclerosis	N/A	Decline
Copegus	Liver Disorder / Hepatitis / Chronic Hepatitis	N/A	Decline
Cardarone	Irregular Heart Beat	N/A	Decline
Coreg	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corgard	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Corzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Coumadin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Cozaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Creon	Chronic Pancreatitis	N/A	Decline
Cyclosporine	Organ / Tissue Transplant	N/A	Decline
Cytosan	Cancer	N/A	Decline
Daliresp	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Demadex	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Depacon	Seizures	N/A	See Impairment Guide
Depade	Alcohol / Drugs	4 years	Decline
Depakene	Seizures	N/A	See Impairment Guide

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Depakote	Seizures	N/A	See Impairment Guide
Diabeta	Diabetes	N/A	See "#" Below
Diabinese	Diabetes	N/A	See "#" Below
Digitek	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Digoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Dilacor	High Blood Pressure (HTN)	N/A	See "*" Below
Dilantin	Seizures	N/A	See Impairment Guide
Dilatrate SR	Angina / CHF	N/A	Decline
Dilor	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Diovan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Disulfiram	Alcohol / Drugs	4 years	Decline
Dolophine	Opioid Dependence	4 years	Decline
Donepezil HCL	Alzheimer's / Dementia	N/A	Decline
Duoneb	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Dyazide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Dynacirc	High Blood Pressure (HTN)	N/A	See "*" Below
Dyrenium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edecrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Edurant	AIDS	N/A	Decline
Eldepryl	Parkinson's	N/A	Decline
Emtriva	AIDS	N/A	Decline
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Enalaprilat	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Epitol	Seizures	N/A	See Impairment Guide
Epivir	AIDS	N/A	Decline
Eplerenone	CHF	N/A	Decline
Eskalith	Bi-Polar / Schizophrenia	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Esmolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Exforge	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Felodipine	High Blood Pressure (HTN)	N/A	See "*" Below
Femara	Cancer	N/A	Decline
Foscavir	AIDS	N/A	Decline
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Fosrenol	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Gabapentin	Seizures	N/A	See Impairment Guide
	Restless Leg Syndrome	N/A	Standard
Gleevec	Cancer	N/A	Decline
Glipizide	Diabetes	N/A	See "#" Below
Glucophage	Diabetes	N/A	See "#" Below
Glucotrol	Diabetes	N/A	See "#" Below
Glyburide	Diabetes	N/A	See "#" Below
Glynase	Diabetes	N/A	See "#" Below
Haldol	Schizophrenia	N/A	Decline
Haloperidol	Schizophrenia	N/A	Decline
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hectoral	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Heparin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
Hepsera	Liver Disorder / Hepatitis	N/A	Decline
Humalog	Diabetes	N/A	Decline
Humulin	Diabetes	N/A	Decline
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline

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Hydroxyurea	Cancer	N/A	Decline
Hytrin	High Blood Pressure (HTN)	N/A	See "*" Below
Hyzaar	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Imdur	Angina / CHF	N/A	Decline
Imuran	Organ / Tissue Transplant	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
	Systemic Lupus (SLE)	N/A	Decline
Inamrinone	CHF	N/A	Decline
Inderal	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inderide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Inspra	CHF	N/A	Decline
Insulin	Diabetes	N/A	Decline
Intron-A	Cancer	N/A	Decline
	Hepatitis C	N/A	Decline
Invirase	AIDS	N/A	Decline
Ipratropium Bromide	Allergies	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Isoptin	High Blood Pressure (HTN)	N/A	See "*" Below
Isordil	Angina / CHF	N/A	Decline
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	Decline
Janumet	Diabetes	N/A	See "#" Below
Januvia	Diabetes	N/A	See "#" Below
Kaletra	AIDS	N/A	Decline
Kemadrin	Parkinson's	N/A	Decline
Kerlone	High Blood Pressure (HTN)	N/A	See "*" Below
	Glaucoma	N/A	Standard
Labetalol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Lamictal	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline
Lamtrofine	Seizures	N/A	See Impairment Guide
	Bi-polar / Major depression	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Lanoxicaps	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lanoxin	Irregular Heart Beat	N/A	Decline
	CHF	N/A	Decline
Lantus	Diabetes	N/A	Decline
Larodopa	Parkinson's	N/A	Decline
Lasix	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Leukeran	Cancer	N/A	Decline
Levatol	High Blood Pressure (HTN)	N/A	See "*" Below
	Angina	N/A	Decline
Levemir	Diabetes	N/A	Decline
Levocarnitine	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Levodopa	Parkinson's	N/A	Decline
Lexiva	AIDS	N/A	Decline
Lipitor	Cholesterol	N/A	Standard
Lisinopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lithium	Bi-Polar / Schizophrenia	N/A	Decline
Lodosyn	Parkinson's	N/A	Decline
Lopressor	High Blood Pressure (HTN)	N/A	See "*" Below
Losartan	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Lotensin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Loxapine	Schizophrenia	N/A	Decline
Loxitane	Schizophrenia	N/A	Decline
Lozol	High Blood Pressure (HTN)	N/A	See "*" Below
Lupron	Cancer	N/A	Decline
Lyrica	Seizures	N/A	See Impairment Guide
Mavik	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Maxzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mellaril	Schizophrenia	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Metformin	Diabetes	N/A	See "#" Below
Methadone	Opioid Dependence	4 years	Decline
Methadose	Opioid Dependence	4 years	Decline
Methotrexate	Cancer	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micardis	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Micronase	Diabetes	N/A	See "#" Below
Milrinone	CHF / Cardiomyopathy	N/A	Decline
Minipress	High Blood Pressure (HTN)	N/A	See "*" Below
Minitran	Angina / CHF	N/A	Decline
Mirapex	Parkinson's	N/A	Decline
	Other Use	N/A	Standard
Moban	Schizophrenia	N/A	Decline
Moduretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Moexipril HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Monoket	Angina / CHF	N/A	Decline
Monopril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Mysoline	Seizures	N/A	See Impairment Guide
Nadolol	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Naloxone	Alcohol / Drugs	4 years	Decline
Naltrexone	Alcohol / Drugs	4 years	Decline
Narcan	Alcohol / Drugs	4 years	Decline
Natrecor	CHF	N/A	Decline
Navane	Schizophrenia	N/A	Decline
Neurontin	Seizures	N/A	See Impairment Guide
Nifedipine	High Blood Pressure (HTN)	N/A	See "*" Below
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline

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Diabetes - If diagnosed, treated or taken medication for prior to age 35, client will not be eligible for coverage. If currently taking insulin shots or tobacco use within the past 12 months, client will not be eligible for coverage. If combined with overweight, gout, retinopathy, or protein in urine; client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage have been indicated.

If a timeframe appears in the “**RX FILL WITHIN**” column, this indicates that the drug was prescribed within the period noted. For those conditions, the timeframe impacts the Underwriting decision. If “N/A” appears in this column, then the Underwriting decision will be the same regardless of when the medication was prescribed.

MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Nitrek	Angina / CHF	N/A	Decline
Nitro-bid	Angina / CHF	N/A	Decline
Nitro-dur	Angina / CHF	N/A	Decline
Nitroglycerine/ Nitrotab/ Nitroquick/Nitrostat	Angina / CHF	N/A	Decline
Nitrol	Angina / CHF	N/A	Decline
Normodyne	High Blood Pressure (HTN)	N/A	See "*" Below
Norpace	Irregular Heart Beat	N/A	Decline
Norvir	AIDS	N/A	Decline
Novolin	Diabetes	N/A	Decline
Novolog	Diabetes	N/A	Decline
Pacerone	Irregular Heart Beat	N/A	Decline
Pancrease	Chronic Pancreatitis	N/A	Decline
Parcopa	Parkinson's	N/A	Decline
Parlodel	Parkinson's	N/A	Decline
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Pentam 300	AIDS	N/A	Decline
Pentamidine Isethionate	AIDS	N/A	Decline
Pergolide Mesylate	Parkinson's	N/A	Decline
Permax	Parkinson's	N/A	Decline
Phenobarbital	Seizures	N/A	See Impairment Guide
Phoslo	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Plaquenil	Systemic Lupus (SLE)	N/A	Decline
	Malaria	N/A	Standard
	Rheumatoid Arthritis	N/A	Decline
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	Decline
Plendil	High Blood Pressure (HTN)	N/A	See "*" Below
Prandin	Diabetes	N/A	See "#" Below
Prazosin	High Blood Pressure (HTN)	N/A	See "*" Below
Primacor	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Prinivil	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Prinzide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Procardia	High Blood Pressure (HTN)	N/A	See "*" Below
Prograf	Organ / Tissue Transplant	N/A	Decline
Proleukin	Cancer	N/A	Decline
Prolixin	Schizophrenia	N/A	Decline
Propranolol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Proventil	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Prozac	Depressive Disorder	N/A	Standard
Quinapril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Quinaretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ramipril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ranexa	Angina / CHF	N/A	Decline
Rapamune	Organ / Tissue Transplant	N/A	Decline
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rebif	Multiple Sclerosis	N/A	Decline
Renagel	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Renvela	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Requip	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Decline
Rilutek	ALS / Motor Neuron Disease	N/A	Decline
Risperdal	Bi-Polar / Schizophrenia	N/A	Decline
Risperidone	Bi-Polar / Schizophrenia	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Rituxan	Cancer	N/A	Decline
	Rheumatoid Arthritis	N/A	Decline
Ropinirole	Parkinson's	N/A	Decline
	Restless Leg Syndrome	N/A	Standard
Rythmol	Irregular Heart Beat	N/A	Decline
Serevent	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Seroquel	Bi-Polar / Schizophrenia	N/A	Decline
Sinemet/Sinemet CR	Parkinson's	N/A	Decline
Sodium Edocrin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol Hydrochloride	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sotalol HCL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Spiriva	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Spironolactone	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Sprycel	Cancer	N/A	Decline
Stalevo	Parkinson's	N/A	Decline
Starlix	Diabetes	N/A	See "#" Below
Suboxone	Alcohol / Drugs	4 years	Decline
Subutex	Alcohol / Drugs	4 years	Decline
Sustiva	AIDS	N/A	Decline
Symbicort	Asthma	N/A	Standard
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Symmetrel	Parkinson's	N/A	Decline
Tambocor	Irregular Heart Beat	N/A	Decline
Tamoxifen	Cancer	N/A	Decline
Tarka	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tasmar	Parkinson's	N/A	Decline
Tegretol	Seizures	N/A	See Impairment Guide
Tenex	High Blood Pressure (HTN)	N/A	See "*" Below
Tenoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Tenormin	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Theodur	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Theophylline	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Thioridazine	Schizophrenia	N/A	Decline
Thiothixene	Schizophrenia	N/A	Decline
Thorazine	Schizophrenia	N/A	Decline
Tiazac	High Blood Pressure (HTN)	N/A	See "*" Below
Tolazamide	Diabetes	N/A	See "#" Below
Tolbutamide	Diabetes	N/A	See "#" Below
Tolinase	Diabetes	N/A	See "#" Below
Toprol XL	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Toremide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trandate	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trimterene	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Tribenzor	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Trihexyphenidyl HCL	Parkinson's	N/A	Decline
Truvada	AIDS	N/A	Decline
Tyzeka	Liver Disorder / Hepatitis	N/A	Decline
Uniretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Univasc	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Valcyte	AIDS	N/A	Decline
Valproic Acid	Seizures	N/A	See Impairment Guide
Valstar	Cancer	N/A	Decline
Valturna	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vascor	Angina	N/A	Decline

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MEDICATION	COMMON USE OF CONCERN	RX FILL WITHIN	PLAN ELIGIBILITY
Vaseretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vasotec	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ventolin	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Verapamil	High Blood Pressure (HTN)	N/A	See "*" Below
Viaspan	Organ / Tissue Transplant	N/A	Decline
Viracept	AIDS	N/A	Decline
Viramune	AIDS	N/A	Decline
Viread	AIDS	N/A	Decline
Visken	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Vivitrol	Alcohol / Drugs	4 years	Decline
Warfarin	Blood Clot / Deep Vein Thrombosis	N/A	See Impairment Guide
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	Decline
Xeloda	Cancer	N/A	Decline
Xopenex	Asthma	N/A	See Impairment Guide
	COPD / Emphysema / Chronic Bronchitis	N/A	Decline
Zelapar	Parkinson's	N/A	Decline
Zemplar	Kidney Dialysis	N/A	Decline
	Renal Insufficiency/Failure	N/A	Decline
	Diabetic Nephropathy	N/A	Decline
Zestoretic	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zestril	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Ziac	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline
Zyprexa	Bi-Polar / Schizophrenia	N/A	Decline

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**TERM POLICY & ACCELERATED LIVING BENEFIT RIDER MONEY PURCHASE RATES
MONTHLY PREMIUMS / NON-TOBACCO USE**

Issue Age	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$75	\$100
0-18	24,911	35,587	46,263	56,940	67,616	78,292	88,968	99,644	N/A	N/A	N/A
19	24,263	34,662	45,061	55,459	65,858	76,256	86,655	97,054	N/A	N/A	N/A
20	23,609	33,727	43,845	53,963	64,081	74,199	84,317	94,435	N/A	N/A	N/A
21	22,436	32,051	41,667	51,282	60,897	70,513	80,128	89,744	99,359	N/A	N/A
22	21,374	30,534	39,695	48,855	58,015	67,176	76,336	85,496	94,656	N/A	N/A
23	20,864	29,806	38,748	47,690	56,632	65,574	74,516	83,458	92,399	N/A	N/A
24	N/A	28,490	37,037	45,584	54,131	62,678	71,225	79,772	88,319	N/A	N/A
25	N/A	27,285	35,471	43,656	51,842	60,027	68,213	76,398	84,584	N/A	N/A
26	N/A	26,178	34,031	41,885	49,738	57,592	65,445	73,298	81,152	N/A	N/A
27	N/A	25,126	32,663	40,201	47,739	55,276	62,814	70,352	77,889	N/A	N/A
28	N/A	24,184	31,439	38,694	45,949	53,204	60,459	67,715	74,970	96,735	N/A
29	N/A	23,753	30,879	38,005	45,131	52,257	59,382	66,508	73,634	95,012	N/A
30	N/A	22,497	29,246	35,996	42,745	49,494	56,243	62,992	69,741	89,989	N/A
31	N/A	21,368	27,778	34,188	40,598	47,009	53,419	59,829	66,239	85,470	N/A
32	N/A	20,346	26,450	32,553	38,657	44,761	50,865	56,968	63,072	81,384	N/A
33	N/A	N/A	25,243	31,068	36,893	42,718	48,544	54,369	60,194	77,670	N/A
34	N/A	N/A	23,810	29,304	34,799	40,293	45,788	51,282	56,777	73,260	N/A
35	N/A	N/A	22,827	28,095	33,363	38,630	43,898	49,166	54,434	70,237	96,576
36	N/A	N/A	21,104	25,974	30,844	35,714	40,584	45,455	50,325	64,935	89,286
37	N/A	N/A	N/A	24,427	29,008	33,588	38,168	42,748	47,328	61,069	83,969
38	N/A	N/A	N/A	22,792	27,066	31,339	35,613	39,886	44,160	56,980	78,348
39	N/A	N/A	N/A	21,592	25,641	29,690	33,738	37,787	41,835	53,981	74,224
40	N/A	N/A	N/A	20,305	24,112	27,919	31,726	35,533	39,340	50,761	69,797
41	N/A	N/A	N/A	N/A	22,145	25,641	29,138	32,634	36,131	46,620	64,103
42	N/A	N/A	N/A	N/A	20,474	23,707	26,940	30,172	33,405	43,103	59,267
43	N/A	N/A	N/A	N/A	N/A	21,869	24,851	27,833	30,815	39,761	54,672
44	N/A	N/A	N/A	N/A	N/A	20,590	23,397	26,205	29,013	37,436	51,474
45	N/A	N/A	N/A	N/A	N/A	N/A	21,805	24,422	27,039	34,889	47,972
46	N/A	N/A	N/A	N/A	N/A	N/A	20,425	22,876	25,327	32,680	44,935
47	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21,431	23,728	30,616	42,097
48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,007	22,151	28,582	39,300
49	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,612	26,596	36,569
50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24,691	33,951
51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,825	31,384
52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21,080	28,986
53	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26,757
54	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24,702
55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,741
56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,853
57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Policy Fee: \$100

**TERM POLICY & ACCELERATED LIVING BENEFIT RIDER MONEY PURCHASE RATES
MONTHLY PREMIUMS / TOBACCO USE**

Issue Age	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$75	\$100
18	N/A	22,883	29,748	36,613	43,478	50,343	57,208	64,073	70,938	91,533	N/A
19	N/A	22,422	29,148	35,874	42,601	49,327	56,054	62,780	69,507	89,686	N/A
20	N/A	22,075	28,698	35,320	41,943	48,565	55,188	61,810	68,433	88,300	N/A
21	N/A	21,716	28,230	34,745	41,260	47,774	54,289	60,803	67,318	86,862	N/A
22	N/A	21,345	27,748	34,152	40,555	46,958	53,362	59,765	66,169	85,379	N/A
23	N/A	20,986	27,282	33,578	39,874	46,170	52,466	58,762	65,058	83,945	N/A
24	N/A	20,661	26,860	33,058	39,256	45,455	51,653	57,851	64,050	82,645	N/A
25	N/A	20,305	26,396	32,487	38,579	44,670	50,761	56,853	62,944	81,218	N/A
26	N/A	N/A	25,948	31,936	37,924	43,912	49,900	55,888	61,876	79,840	N/A
27	N/A	N/A	25,415	31,281	37,146	43,011	48,876	54,741	60,606	78,201	N/A
28	N/A	N/A	24,786	30,505	36,225	41,945	47,664	53,384	59,104	76,263	N/A
29	N/A	N/A	23,985	29,520	35,055	40,590	46,125	51,661	57,196	73,801	N/A
30	N/A	N/A	23,091	28,419	33,748	39,076	44,405	49,734	55,062	71,048	97,691
31	N/A	N/A	22,569	27,778	32,986	38,194	43,403	48,611	53,819	69,444	95,486
32	N/A	N/A	21,452	26,403	31,353	36,304	41,254	46,205	51,155	66,007	90,759
33	N/A	N/A	20,062	24,691	29,321	33,951	38,580	43,210	47,840	61,728	84,877
34	N/A	N/A	N/A	23,392	27,778	32,164	36,550	40,936	45,322	58,480	80,409
35	N/A	N/A	N/A	22,222	26,389	30,556	34,722	38,889	43,056	55,556	76,389
36	N/A	N/A	N/A	20,513	24,359	28,205	32,051	35,897	39,744	51,282	70,513
37	N/A	N/A	N/A	N/A	22,300	25,822	29,343	32,864	36,385	46,948	64,554
38	N/A	N/A	N/A	N/A	20,833	24,123	27,412	30,702	33,991	43,860	60,307
39	N/A	N/A	N/A	N/A	N/A	22,495	25,562	28,630	31,697	40,900	56,237
40	N/A	N/A	N/A	N/A	N/A	21,195	24,085	26,975	29,865	38,536	52,987
41	N/A	N/A	N/A	N/A	N/A	N/A	21,815	24,433	27,051	34,904	47,993
42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,346	24,741	31,923	43,895
43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,903	23,143	29,862	41,060
44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21,580	27,845	38,288
45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,117	25,957	35,691
46	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24,250	33,343
47	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,605	31,082
48	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21,025	28,909
49	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26,816
50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24,831
51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22,907
52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	21,121
53	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
54	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
56	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
58	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Policy Fee: \$100

**CRITICAL LIFE BENEFITS ANNUAL PREMIUMS PER \$1,000
(Includes 100% Critical Illness Rider)**

UNISEX								
Issue Age	Non Tobacco	Tobacco	Issue Age	Non Tobacco	Tobacco	Issue Age	Non Tobacco	Tobacco
0	5.62	---	20	5.93	9.06	40	15.76	20.76
1	5.62	---	21	6.24	9.21	41	17.16	22.92
2	5.62	---	22	6.55	9.37	42	18.56	25.06
3	5.62	---	23	6.71	9.53	43	20.12	26.79
4	5.62	---	24	7.02	9.68	44	21.37	28.73
5	5.62	---	25	7.33	9.85	45	22.93	30.82
6	5.62	---	26	7.64	10.02	46	24.48	32.99
7	5.62	---	27	7.96	10.23	47	26.13	35.39
8	5.62	---	28	8.27	10.49	48	27.99	38.05
9	5.62	---	29	8.42	10.84	49	30.08	41.02
10	5.62	---	30	8.89	11.26	50	32.4	44.30
11	5.62	---	31	9.36	11.52	51	35.05	48.02
12	5.62	---	32	9.83	12.12	52	37.95	52.08
13	5.62	---	33	10.3	12.96	53	41.11	56.47
14	5.62	---	34	10.92	13.68	54	44.53	61.26
15	5.62	---	35	11.39	14.40	55	48.37	66.57
16	5.62	---	36	12.32	15.60	56	52.75	72.58
17	5.62	---	37	13.10	17.04	57	56.63	79.13
18	5.62	8.74	38	14.04	18.24	58	60.22	86.09
19	5.77	8.92	39	14.82	19.56	59	63.80	93.52

• **Issue Ages** — based on age nearest birthday

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 Prompt:	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	arlene.williams@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
Technical Helpdesk	2 8 0 8	helpdesk@aatx.com	254-297-2190

Not Sure Who To Call? Contact our Agent Hotline: (800) 736-7311, prompt 1, 1, 2

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select "App Drop")	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select "Mobile Application")	NA
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.

Mailing Addresses:

General Delivery
P.O. 2549
Waco, TX 76702

Overnight

425 Austin Ave.
Waco, TX 76701

Online Services:

www.occidentallife.com

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